

THE PERCEPTIONS OF PRINCIPALS AND TEACHERS OF LEARNERS WITH HIV/AIDS

**NOMPAPA REGINA THOBELA
SPTD HDE BEd Hons**

**Thesis submitted in partial fulfilment of the requirements for the degree
Master of Education (specialised education)
at
Stellenbosch University**



**SUPERVISOR:
Ms Marietjie Oswald**

December 2009

DECLARATION

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own, original work, that I am owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Signature:

Date:

Copyright © 2009 Stellenbosch University

All rights reserved

ABSTRACT

The HIV/AIDS pandemic presents many challenges to education in South Africa. The National Department of Education declared itself a central player in addressing the many challenges presented by HIV/AIDS. An important challenge relates to an increase in learners that experience barriers to learning and development in schools and classrooms. Education White Paper 6 of 2001 (Department of Education, 2001) emphasised that the implementation of inclusive education in schools should take the incidence and impact of HIV/AIDS into consideration and that learners with HIV/AIDS should be included into schools and given the necessary support to ensure quality learning. To successfully include and support learners with HIV/AIDS, principals and teachers should hold positive perceptions on the inclusion of these learners in schools and classrooms. Before strategies and techniques on how to support learners with HIV/AIDS can therefore be developed effectively, principals' and teachers' perceptions on the inclusion of these learners should be explored.

This qualitative study was designed to explore the perceptions of principals and teachers on the inclusion of learners with HIV/AIDS in mainstream schools and classrooms. The research was done within an interpretative paradigm. A qualitative research methodology was employed with purposive sampling of participants, semi-structured individual interviews and constant comparative analysis.

Research findings indicate that learners with HIV/AIDS as a chronic illness were accommodated in mainstream schools and classrooms in the community under investigation. The findings also suggest that positive attitudes would result in meaningful relationships between teachers, learners and parents. The findings furthermore indicate that certain teachers, especially those working in schools in the senior and further education phases in the specific community, should develop more positive perceptions of learners with HIV/AIDS in order to render appropriate support and care. Knowledge and training were found to be lacking. The transdisciplinary approach to support with its emphasis on collaboration across boundaries was seen as

the most appropriate approach in addressing the diverse needs of all learners with HIV/AIDS.

OPSOMMING

Die MIV/vigs-pandemie skep baie uitdagings vir die onderwys in Suid-Afrika. Die Nasionale Departement van Onderwys het verklaar dat dit 'n sentrale rolspeler is in die aanspreek van die vele uitdagings wat MIV/vigs bied. Een belangrike uitdaging in skole en klaskamers hou verband met 'n toename in leerders wat hindernisse tot leer en ontwikkeling ervaar. Die Onderwyswitskrif 6 van 2001 (Departement van Onderwys, 2001) het beklemtoon dat in die implementering van inklusiewe onderwys in skole, die voorkoms en impak van MIV/vigs in aanmerking moet neem en dat leerders met MIV/vigs in skole ingesluit moet word. Dit beveel voorts aan dat hulle die nodige ondersteuning moet kry om gehalte-onderwys te verseker. Ten einde leerders met MIV/vigs suksesvol in te sluit en hulle te ondersteun moet skoolhoofde en onderwysers positiewe persepsies huldig oor die insluiting van hierdie leerders. Voordat strategieë en tegnieke om leerders met MIV/vigs in skole en klaskamers te ondersteun effektief ontwikkel kan word, moet skoolhoofde en onderwysers se persepsies omtrent die insluiting van hierdie leerders eers ondersoek word.

Hierdie kwalitatiewe ondersoek is ontwerp om die persepsies van skoolhoofde en onderwysers oor die insluiting van leerders wat met MIV/vigs geïnfekteer is in hoofstroomskole en -klaskamers te ondersoek. Die navorsing is binne 'n interpretatiewe paradigma gedoen. 'n Kwalitatiewe navorsingsmetodologie is gebruik met doelgerigte steekproefneming van deelnemers, semi-gestruktureerde individuele onderhoude en konstant-vergelykende analise.

Navorsingsbevindings het aangetoon dat die gemeenskap wat ondersoek is leerders met MIV/vigs as chroniese siekte in hoofstroomskole en-klaskamers akkommodeer. Dit het ook uit die bevindings geblyk dat 'n positiewe houding betekenisvolle verhoudings tussen onderwysers, leerders en ouers tot gevolg sou hê. Die bevindings het verder aangetoon dat sekere onderwysers, veral diegene wat in skole in die senior en voortgesette onderwysfases in die besondere gemeenskap werk, meer positiewe persepsies moet ontwikkel van leerders met MIV/vigs ten einde toepaslike ondersteuning en sorg te verskaf. Daar is bevind dat kennis en opleiding ontbreek. Die transdissiplinêre benadering tot ondersteuning, met sy klem op samewerking oor grense

heen, is gesien as die toepaslikste benadering in die aanspreek van die diverse behoeftes van alle leerders met MIV/vigs.

ACKNOWLEDGEMENTS

I would like to express my deepest and most sincere gratitude and appreciation to the following people for their invaluable support:

My supervisor, Mrs M Oswald, for her professional guidance, motivation, consistent encouragement and unlimited support

The consultant from the writing laboratory, Ms S. Daniels, for help in writing techniques.

The Western Cape Education Department for giving me permission to conduct interviews in the schools

All the principals and teachers who were willing to participate in this study

My son, Aluta, for his perseverance and the support and understanding shown to me during the course of the study

My family, Mongezi, Sandiswa, Lazola and Ntuthuzelo for keeping the home fires burning. I also remember fondly the support given to me by the late Fuki

My best friend, Mpumelelo Hanabe, for providing transport to Stellenbosch

Nthabiseng for taking my work to and from Stellenbosch when I was not able to do so

Mr Danie Steyl for editing my thesis

Almighty God for giving me the grace and strength to cope, and for walking this journey with me

TABLE OF CONTENTS

DECLARATION	ii
ABSTRACT	iii
OPSOMMING.....	v
ACKNOWLEDGEMENTS	vii
LIST OF ADDENDA.....	xii
LIST OF TABLES	xiii
LIST OF FIGURES	xiv
CHAPTER 1: INTRODUCING THE INQUIRY.....	1
1.1 INTRODUCTION	1
1.2 PERSONAL MOTIVATION FOR THE STUDY	4
1.3 PROBLEM STATEMENT	5
1.4 RESEARCH AIM.....	7
1.5 THE THEORETICAL FRAMEWORK FOR THE STUDY	7
1.6 RESEARCH METHODOLOGY	9
1.6.1 Research paradigm.....	9
1.6.2 Research design	9
1.6.3 Methods of data collection.....	10
1.6.4 Methods of data analysis.....	10
1.7 CLARIFICATION OF TERMS.....	10
1.7.1 Bands.....	10
1.7.2 Principal	11
1.7.3 Teacher.....	12
1.7.4 Perception	14
1.8 STRUCTURE OF PRESENTATION.....	15
1.9 SUMMARY	15

CHAPTER 2: LITERATURE REVIEW ON INCLUSIVE EDUCATION AND HIV/AIDS	17
2.1 INTRODUCTION	17
2.2 EDUCATION FOR THE LEARNER WITH HIV/AIDS	17
2.2.1 Introducing the HIV/AIDS pandemic	17
2.2.2 HIV/AIDS as a chronic disease	18
2.2.3 Potential problems of learners who are HIV positive.....	20
2.2.4 Educational implications of HIV/AIDS	21
2.3 BARRIERS TO LEARNING AND DEVELOPMENT	23
2.3.1 Extrinsic barriers to learning and development	25
2.3.2 HIV/AIDS as an intrinsic barrier to learning and development	27
2.4 INCLUSIVE EDUCATION AS RECENT EDUCATIONAL INITIATIVE ...	28
2.4.1 Introduction.....	28
2.4.2 An international perspective on the movement to inclusive education	29
2.4.3 Inclusive education in South Africa.....	32
2.4.3.1 <i>The South African education system during the apartheid era.....</i>	<i>32</i>
2.4.3.2 <i>Education reform in post-apartheid South Africa.....</i>	<i>33</i>
2.4.4 The inclusive school community	37
2.4.5 The inclusive classroom.....	38
2.4.6 Role players in the inclusive school community	39
2.4.6.1 <i>Introducing the role-players in the inclusive school community</i>	<i>39</i>
2.5 THE SIGNIFICANCE OF INCLUSIVE EDUCATION FOR LEARNERS WITH HIV/AIDS.....	42
2.5.1 Inclusive education in the HIV/AIDS context	42
2.5.2 HIV/AIDS and inclusive education in the African context	43
2.6 SUPPORT FOR THE LEARNER WITH HIV/AIDS	46
2.7 CONCLUSION.....	49

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY 50

3.1 INTRODUCTION 50

3.2 RESEARCH CONTEXT 50

3.3 RESEARCH PARADIGM 51

3.4 RESEARCH DESIGN 54

3.5 RESEARCH METHODOLOGY 55

 3.5.1 Qualitative research 56

 3.5.2 The participants..... 57

 3.5.3 Method of data collection 58

 3.5.3.1 *Role of literature review* 58

 3.5.3.2 *The semi-structured, in-depth individual interview* 59

 3.5.4 Procedure 60

3.6 DATA ANALYSIS 61

3.7 DATA VERIFICATION..... 63

 3.7.1 Validity and reliability 63

 3.7.2 Dependability 63

 3.7.3 Credibility 63

3.8 ETHICAL CONSIDERATIONS 64

3.9 SUMMARY 65

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION 66

4.1 INTRODUCTION 66

4.2 EXPOSITION OF RESEARCH FINDINGS 66

 4.2.1 Including learners with HIV/AIDS in the Foundation and Intermediate Phases: the perceptions of teachers and principal..... 66

 4.2.1.2 *The perceptions of the teachers* 68

 4.2.1.3 *Perceptions of principal*..... 75

 4.2.2 Including learners with HIV/AIDS in the Senior Phase: the perceptions of teachers and principal 78

4.2.2.1	<i>Portrait of the learner during the Senior Phase</i>	78
4.2.2.2	<i>The perceptions of the teachers</i>	79
4.2.2.3	<i>Perceptions of the principal</i>	83
4.2.3	Including learners with HIV/AIDS in the FET Phase: the perceptions of teachers and principal	86
4.2.3.1	<i>Portrait of the learner during the FET Phase</i>	87
4.2.3.2	<i>The perceptions of the teachers</i>	87
4.2.3.3	<i>Dilemma of disclosure</i>	91
4.2.3.4	<i>The perceptions of the principal</i>	93
4.3	DISCUSSION OF RESEARCH FINDINGS	96
4.3.1	Introduction.....	96
4.3.2	Attitudes towards the inclusion of learners with HIV/AIDS	97
4.3.3	Learner progress.....	99
4.3.4	The dilemma of disclosing learner HIV/AIDS status.....	101
4.3.5	The value of support services in school and home	103
4.3.6	Training for school members	105
4.4	CONCLUSION.....	107
CHAPTER 5: CONCLUDING REMARKS, RECOMMENDATIONS, LIMITATIONS AND STRENGTHS.....		108
5.1	INTRODUCTION	108
5.2	CONCLUDING REMARKS	108
5.3	RECOMMENDATIONS	111
5.4	LIMITATIONS.....	113
5.5	STRENGTHS OF THE STUDY	114
5.6	CONCLUSION.....	114
REFERENCES.....		116
ADDENDA.....		131

LIST OF ADDENDA

ADDENDUM 1	131
ADDENDUM 2	134
ADDENDUM 3	135
ADDENDUM 4	137
ADDENDUM 5	139
ADDENDUM 6	150

LIST OF TABLES

Table 2.1: The effect of a chronic disease on developmental achievements	19
Table 3.1: Biographic information of participants.....	58
Table 3.2: Themes and categories related to interviews with teachers and principals	62
Table 4.1: Information on teachers as participants	69
Table 4.2: Themes and categories from the interviews with the Foundation and Intermediate Phase teachers	69
Table 4.3: Information on the principal as participant.....	75
Table 4.4: Themes and categories from the interviews with the primary school principal	76
Table 4.5: Information on teachers in the Senior Phase	79
Table 4.6: Themes and categories from interviews with Senior Phase teachers	80
Table 4.7: Information on the principal as participant.....	83
Table 4.8: Themes and categories from the interviews with the junior secondary school principal	83
Table 4.9: Information on teachers in the FET Phase.....	87
Table 4.10: Themes and categories from the interviews with the FET Phase teachers....	87
Table 4.11: Information on the principal as participant.....	93
Table 4.12: Themes and categories from the interviews with the senior secondary school principal	93

LIST OF FIGURES

Figure 3.1: Representation of the interpretative paradigm (adopted from Nieuwenhuis 2007:61)	53
--	----

CHAPTER 1: INTRODUCING THE INQUIRY

1.1 INTRODUCTION

In a recent paper, Beyers and Hay (2007:387) argue that with the impact of HIV/AIDS "certain dynamics entering the classroom will increase the demands on educators exponentially". Given the possibility that added demands are being placed on teachers due to the HIV/AIDS pandemic, this qualitative study wants to explore how principals and teachers perceive having to include learners with HIV/AIDS in their schools and classrooms. This study will be conducted in schools serving learners in all four phases of formal learning.

It has been shown that the history of education provision for learners previously defined as having "special needs" in South Africa was characterised by widespread exclusion, inadequate services and practices that prevented particular learners from access to and equal participation in the education system (Howell, 2000). However, after 1994 South Africa recognised that changes should be made and that policies and practices had to be put in place to address the inequalities in education by creating equal opportunities for all learners.

The transformation of the education system was seen as an important initiative to promote democracy in a country that had previously been characterised by segregation, inequity and inequality. The Constitution of the Republic of South Africa (Republic of South Africa, 1996a) forms the basis of the new democracy and officially came into use on 4 February 1997. The Constitution includes a Bill of Rights that is viewed as the cornerstone of democracy in South Africa because it entrenches the rights of all people. The values endorsed by the South African Bill of Rights do not allow unfair discrimination on grounds of race, gender, disability and several other social categories and uphold respect for human dignity and equality. The Constitution creates the basis for all policies in education. The South African School's Act, No. 84 of 1996 (Republic of South Africa, 1996b) recognises learner diversity and wants to ensure quality

education for all within a single system of education. The Act contends that all learners should share the right to basic education. In order to build a democratic culture in our different communities, it is important that learners should internalise democratic values, and for this to happen, schools and classrooms need to become places where democratic values and principles are lived. According to the report of the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee for Education Support Services (NCESS) (Department of Education, 1997), the central challenges facing the education system were to recognise and address the diverse learning needs of its learner body and to prevent and remove barriers to learning and development. On policy level, inclusion is also identified as one of the more important values that need to be embraced in the desire for a democratic education system.

Inclusion should address the experiences of all learners in the education system. Lorenz (2002) contends that inclusion is a positive response to the diverse needs of all learners, as it wants to include all learners in one education system, irrespective of abilities and disabilities. Inclusive education is a recent initiative in South Africa and is enshrined in Education White Paper 6 on *Special Needs Education: Building an Inclusive Education and Training System* (Department of Education, 2001). According to Engelbrecht (1999), inclusive education can be described as a single system of education dedicated to ensure that all individuals are empowered to become caring, competent and contributing citizens in a changing and diverse society. Furthermore, Green (2001) sees inclusive education not only as an option for education, but also as the strategy most likely to achieve democracy and justice in society.

The South African National Curriculum Statement (NCS) (2003a) also embraces inclusion as one of the principles that guide the broader strategies for achieving a vision for inclusive education. The other principles and values emphasised by the NCS are social justice, human rights and a healthy environment. These principles also emphasise inclusion as they promote equal access to the education system, access to the curriculum and the identification and addressing or removal of all barriers to learning and development. Inclusive education wants to create an enabling environment in which all learners find it safe to learn whilst being supported to realise their potential. The

fundamental aim of education should be to broaden the horizon of learners so that they understand and value diversity. At the same time, education should be sensitive to the needs of learners with HIV.

According to Landsberg (2005), certain health problems of learners can also present barriers to learning and development. Muthukrishna (2001) argues that many countries are faced with HIV/AIDS as a chronic health problem that affects the education system negatively. UNESCO and the United Nations regard it as important to raise global awareness with regard to the link between inclusive education and HIV/AIDS (Mittler, 2000). The document "Towards an African Response: UNESCO's Strategy for HIV/AIDS Education in Sub-Saharan Africa, 2002-2007", published in 2002, states that policy development in all countries should incorporate the mainstreaming of HIV/AIDS in an effort to combat its spreading. Kelly (2002) also suggests that, to meet the International Millennium Development Goal of universal access to compulsory education of quality for all, mainstreaming of HIV/AIDS in every aspect of education can prevent HIV transmission.

This ties very nicely with the South African call for inclusive education. Inclusive education in South Africa adheres to the broad definition that wants to address all forms of diversity and difference. HIV/AIDS can be seen as one form of diversity that needs to be addressed by inclusive education. Currently, the spread of HIV/AIDS in South Africa leads to an increase in the number of learners who encounter problems with regard to learning and development. It is estimated that four million South Africans, of which 250 000 are children of school-going age, are infected with the HI virus (Landsberg, 2005). These learners may struggle with the symptoms and stigmatisation of the disease and it can be expected that some may also have contracted the virus because of sexual abuse and rape resulting in additional stress, trauma and anxiety. It is crucial that these learners receive the necessary support to ensure quality learning. Education White Paper 6 on *Special Needs Education: Building an Inclusive Education and Training System* (Department of Education, 2001) emphasises that the development of an inclusive approach in education should take the incidence and impact of the spread of HIV/AIDS

and the inclusion of these learners in schools with the necessary support for their learning process into consideration.

Successful inclusion of learners with HIV/AIDS in the South African context needs to employ the principle of 'ubuntu' as a point of departure in addressing HIV/AIDS. Ubuntu emphasises the need for equality and respect for people living with HIV/AIDS in order not to marginalise or stigmatise them. According to Mulaudzi (2007) the notion of ubuntu offers a moral strategy for understanding and promoting the fight against HIV/AIDS. The notion of ubuntu can be translated in principles such as helping each other, sharing responsibilities, opportunities and challenges and collaborative decision-making. It seems as if people living with HIV/AIDS continue to suffer from discrimination and this means that education should be willing to play a role in changing the thinking of society in solidarity with people and children with HIV/AIDS. Schools should incorporate their local communities into the struggle and fight against HIV/AIDS (Mulaudzi, 2007).

1.2 PERSONAL MOTIVATION FOR THE STUDY

My interest in conducting a study to explore the perceptions of principals and teachers with regard to learners with HIV/AIDS emerged from my personal experience in the school where I am currently teaching. In my interactions with the learners, it came to my attention that some learners were victims of abuse and rape, which inevitably had a negative impact on their learning at school. I became really concerned when a grade six learner passed away as a result of AIDS. This learner became with the HIV virus when she was raped. Despite her obvious problems, which manifested in aggressiveness and high levels of frustration, she was not given any support in the school. Instead, she was labelled as a learner with emotional and behavioural problems. When undertaking a project as part of the structured component of my master's programme, three more learners that had been sexually abused came to my attention. Two of them were infected with the HI virus, and the third one fell pregnant.

The reality in my school is that learners are increasingly infected and affected by the spread of the HIV/AIDS pandemic. Some of the learners were already infected with the virus at birth. In many cases, learners stay away from school due to HIV/AIDS-related illnesses and miss a lot of work without receiving the necessary support.

Lately, I have found myself questioning the principals and teachers' willingness and ability to address the diverse needs of these learners. One obvious problem was the lack of training for teachers on HIV/AIDS. I am aware of one short workshop that the Western Cape Education Department (WCED) offered in 2002, and which was attended by a few selected teachers from our school. The WCED conducted a second workshop during 2007, and I had the opportunity to attend. I think that all teachers should receive training on how to include and support learners with HIV/AIDS and not only a selected few.

From what I have observed in my school, learners with HIV/AIDS need support in order to reach their full potential. Very often, these learners are labelled as learners with "special needs" and sent to the unit for Learners with Special Needs (LSEN) despite the fact that they are quite capable of learning and progressing in mainstream education.

I feel strongly that all teachers need the necessary knowledge and skills to support the learning of these learners effectively. However, training will not have the necessary impact if teachers are not willing to accept ownership of these learners and include them in their classes with the necessary support. This study is based on the premise that the perceptions of teachers regarding learners with HIV/AIDS will have a direct impact on their acceptance of ownership of these learners in their classes and the support that they will receive from teachers and from the staff in the school in general.

1.3 PROBLEM STATEMENT

Ebersöhn and Eloff (2003) contend that South Africa is currently trying to achieve a peaceful integration of all people from diverse cultures and races into mainstream society and education. Increased learner diversity can thus be expected to challenge school principals and classroom teachers. Beyers and Hay (2007:391) argue that the

inclusion of learners with HIV/AIDS in local schools and classrooms presents "probably the ultimate challenge for creating an inclusive environment in the classroom and school". Their argument is based on the fact that learners who are infected could experience attitudinal barriers from their peer group, teachers, the school as a whole and society in general. These learners also experience negative emotions due to trauma, stigmatisation and depression that can add to their needs in the classroom. "The danger is ever present that the emotional and social consequences of HIV/AIDS may usurp more and more time and energy of educators and learners" (Beyers & Hay, 2007:392). From this, it is evident that additional strain can be placed on resources and support.

In South Africa, however, a strong human rights perspective is evident in all education policies and legislation; therefore, the rights of learners with HIV/AIDS are protected and they should be accommodated in local schools. They have to be supported to lead fulfilling lives and should not be denied opportunities to receive appropriate education. The South African National Education Policy Act, No. 27 of 1996 (Republic of Education, 1996c), contends that "learners with HIV/AIDS in regard to their right to basic education should be accommodated in local schools". The Act also emphasises that learners infected with the HI virus are expected to attend classes in accordance with statutory requirements for as long as they are able to do so effectively. These sentiments are echoed by Education White Paper 6 on *Special Needs Education: Building an Inclusive Education and Training System* (Department of Education, 2001).

For these reasons, the different role players in schools should address the diverse learning needs of all learners effectively, also those with HIV/AIDS. These role players include school principals, the management team, teachers, health workers, counsellors, social workers, educational psychologists and community development workers. However, it is impossible to provide rigid guidelines regarding the support of these learners, as the learner's status is often not disclosed. Teachers and principals should nevertheless be well informed and prepared to accept responsibility for the learning of these learners in their respective schools and classrooms. Granting access to these learners to enrol in mainstream schools is not enough. Engelbrecht and Green (2007) argue that inclusive education is about the presence, participation and achievement of

all learners, thus also those with HIV/AIDS. Emphasis is placed on the quality of the learning experiences of these learners.

To accomplish the above, teachers need to be trained to deal adequately with these learners. Learners need to be invited to participate actively in all activities offered in the respective schools and classrooms and should receive the necessary support. However, what is the reality in practice concerning the inclusion of learners infected by HIV/AIDS in schools and classrooms? What are the perceptions of principals and teachers of including learners with HIV/AIDS? Research has been done in this respect, inter alia that of Beyers (2005) as reported in Beyers and Hay (2007), but in a black community near Paarl in the Western Cape Province, this issue has not been explored in any research study. It is the aim of this study to explore this gap in order to make research data available to schools in the community, first to create an awareness of the plight of these learners but also to inform possible support initiatives to ensure learning opportunities that are more equal for learners with HIV/AIDS.

1.4 RESEARCH AIM

This research inquiry aims to explore and understand the perceptions of principals and teachers of including learners with HIV/AIDS in mainstream schools and classrooms.

Answers to the following questions will be sought:

- What are the perceptions of principals of including learners with HIV/AIDS in the mainstream school?
- What are the perceptions of teachers of including learners with HIV/AIDS in mainstream classrooms?

1.5 THE THEORETICAL FRAMEWORK FOR THE STUDY

A theoretical framework provides an orientation to your study and positions your research in the particular discipline (Henning, Van Rensburg & Smit, 2004). For this study, the eco-systemic approach has been chosen as a theoretical lens. Inclusion and

inclusive education are based on understandings of how role players (learners included) interact in the broader social context. Interactions that occur between the individual and his or her social context are very important in understanding the individual's perceptions and actions.

The eco-systemic approach is a meta-approach drawing on ecological theory and general systems theory. The basic tenet of ecological theories as applied to social contexts is that individuals are microsystems that form part of the larger mesosystem, which in turn is embedded in the ecosystem and macrosystem (Donald, Lazarus & Lolwana, 2006). Engelbrecht and Green (2001) contend that systems theory provides a way of understanding the complex influences and interactions apparent in the education system, individual schools and classrooms. According to Kapp (2001), the eco-systemic approach allows studying the learner in a certain social context, as ecology is considered important in eliminating or intensifying a learner's problems. The learner is considered as being a part of broader systems, namely the family, classroom, school, education system, local community, broader community and social context. "From an eco-systemic perspective each individual learner is located within a complex network of intersecting contexts, all of which influence the extent to which he or she can benefit from instruction and make academic progress" (Johnson & Green, 2007:160).

Barriers to learning and development may exist at any level of the system, and this understanding of the learner-in-context implies that when barriers to learning and development are addressed, they can be located in the learner but also in the systems in which the learner is embedded. The many learners in schools who struggle to learn have often been negatively influenced by surrounding systems (Johnson & Green, 2007). One of the barriers identified by the NSCNET and NCESS Commission's Report (Department of Education, 1997) is negative attitudes. Within the context of this study, the perceptions of principals and teachers can be regarded as influenced by their values, attitudes and personalities, and also by their motives, experiences, expectations and cultural backgrounds (Lewis, 2001). Therefore, it can be expected that perceptions among participants regarding the inclusion of learners with HIV/AIDS could differ

based on their different attitudes, values, personality, motives, experiences and expectations.

In the context of this study, learners will be considered as part of their own social context with intersecting systems that can either address or intensify barriers to learning and development. Likewise, principals and teachers are also located in their own social contexts on which the Department of Education, the particular school and classroom, support systems and the local community can have an impact and need to be explored.

1.6 RESEARCH METHODOLOGY

1.6.1 Research paradigm

The proposed study will be conducted within an interpretive paradigm. Babbie and Mouton (2001) contend that a paradigm is the fundamental model or frame of reference from which to organise and reason within a research study. Cohen, Manion and Morrison (2005) argue that the interpretive paradigm begins with the individual who sets out to understand his or her interpretations of the world in which he or she is embedded. Merriam (1998) contends that, within the interpretative paradigm, education is seen as a process and the school as a lived experience. To gain insight in the school as a lived experience, it is necessary to investigate the principals' and teachers' perceptions of including learners with HIV/AIDS in their respective schools and classrooms.

1.6.2 Research design

In conducting a basic qualitative study, it is considered important to seek to discover and understand a phenomenon, a process, the perspectives and world-views of people involved (Merriam, 2002). A basic interpretative qualitative study will be conducted to investigate the perceptions of the principals and teachers in the foundation, intermediate, senior and further education and training phases respectively in three rural mainstream schools: a primary, junior secondary and senior secondary school. The three schools implicated in this study thus cover all the different phases and grades. In the primary school in the community learners from the Foundation, Intermediate en Senior Phases up to grade 7 is accommodated and in the junior secondary school learners from

the Senior Phase (grades 8 to 9). Learners attending the FET Phase (grades 10 to 12) are accommodated the senior secondary school. These schools are situated in a certain rural area in the Western Cape. These schools are mainly serving black African children from poor socio-economic backgrounds. In a basic qualitative study, the researcher is the primary instrument of data collection and data analysis.

1.6.3 Methods of data collection

A literature overview forms an integral part of the research process. Data will be collected by means of individual, semi-structured interviews conducted in English with each participating principal and teacher and will be tape-recorded and transcribed verbatim. An interview schedule with a set of predetermined questions will be used to guide the interviews.

1.6.4 Methods of data analysis

Qualitative data analysis is the process of bringing order and meaning to the data collected. The transcribed data will be analysed using the constant comparative method developed by Glaser and Strauss in 1967 (Merriam, 1998). This method is a central analytical approach of grounded theory studies (Patton, 2002) and has been adopted by many researchers who are not seeking to build substantive theory. The data text is read line by line to search for general statements. Provisional categories are underlined and then the relationships among categories of the data are identified as units of meaning. As the process of data analysis evolves, main themes are eventually identified, presented as research findings and discussed. The process of data analysis will be discussed in more detail in chapter 3.

1.7 CLARIFICATION OF TERMS

1.7.1 Bands

A learner's school years have been incorporated within the National Qualifications Framework (NQF), a legislative mechanism that has been developed to record all types of learning achievements within one of four phases. The General Education and Training (GET) band covers the first nine years of compulsory schooling from Grades 1

to 9, and for learners who are between 7 and 15 years of age. The GET band covers the following three phases:

- The Foundation Phase, which includes grades 1, 2 and 3
- The Intermediate Phase, which includes grades 4, 5 and 6
- The Senior Phase, which includes grades 7, 8 and 9

The Further Education and Training (FET) band includes grades 10, 11 and 12. The FET phase is not compulsory (Department of Education, 1997). This implies that there are two formal exit points for learners. The first exit point occurs at the end of the GET band when grade 9 has been completed and the final one at the end of the FET band when a learner completes grade 12.

1.7.2 Principal

The principal is the head of the school. The principal as a professional manager of the school should ensure that education is promoted in a proper manner Department of Education Act 76 of 1998 (Republic of South Africa, 1998).

The principal must see to it that the school management team is in place to facilitate effective management within the school to ensure that all teaching and learning activities are well organised and fully honoured by everybody in the school. The principal helps to create conditions and practices in the school that address the diverse learning needs of all learners and promote teaching and learning that enable diverse learners to succeed and support diversity (Riehl, 2000).

In terms of Section 16 (3) of the South Africa Schools Act 84 of 1996 (Republic of South Africa, 1996b), the principal as the head of the institution has the primary responsibility to protect learners from practices such as harassment, maltreatment or humiliation by teachers. The principal must ensure that systems are put in place to ensure that all learners are free from victimisation.

The principal must ensure that the processes, structures, systems and procedures are in place for the design and implementation of the school plan and that the administration

structure is in place for the effective monitoring and support of the school. The principal is responsible for the development of the staff in terms of the school development plan. He or she should co-operate with members of the staff and the School Governing Body to maintain an efficient and smooth running of the school.

According to the Department of Education Act 76 of 1998 (Republic of South Africa, 1998) the principal has to meet with parents concerning the learner's progress and conduct, and the principal should foster new meanings about diversity, promote inclusive practices within schools and build connections between schools and communities (Riehl, 2000). The principal needs to ensure that the school has a positive and healthy relationship with the community and that he or she has an open door policy encouraging the participation of all school members. The principal must ensure that external and internal communication strategies are in place to ensure effective sharing of information in the school and community. According to Riehl (2000), the school principal should have an understanding of the embeddedness of the school in the community in which it is located and should participate in community activities related to educational matters and community development (Department of Education Act 76 of 1998).

1.7.3 Teacher

The teacher is responsible for the learning process of the learner. According the National Education Policy Act, No. 27 of 1996 (Republic of South Africa, 1996c), the teacher needs to have a suitable qualification, at least equivalent to level 5 of the NQF. This would imply a Diploma in Education or higher qualification such as a degree. There are two recognised types of teachers: those that are office-based and those that are school-based. The office-based teachers are, among others, those that function as curriculum advisors or as support personnel. School-based teachers are full-time teachers in different schools including primary, secondary and special schools. They are engaged in classroom teaching, which include academic, administrative and pedagogic functions, and they have to organise extracurricular activities to ensure that the education of the learner is promoted properly. According to Landsberg (2005), the role of the teacher has changed from the transmission of knowledge to learner-centred

teaching. On 4 February 2000, the Department of Education published the policy on Norms and Standards for Teachers, which specify roles for teachers, like the following:

- Leader, administrator and manager

Teachers manage learning and carry out administrative duties in the classroom. They support learners and colleagues.

- Learning mediator

It points out that the teacher has to mediate learning in a manner that is sensitive to the diverse needs of learners, including those who encounter barriers to learning and development (Landsberg, 2005).

- Interpreter and designer of learning programmes and materials

The teacher should have a strong, constructed body of knowledge about children, teaching and subject matter. They should be able to select and prepare learning in a manner that is sensitive to the different needs of the learners (Landsberg, 2005).

- Lifelong learner

Teachers should achieve professional growth through research in their learning areas in broader professional and educational matters as well as in related fields. They should seek ways of adding to their skills through attending workshops, furthering studies, collaborating and networking to capacitate themselves to be able to deal with the diverse needs of their learners (Landsberg, 2005).

- Learning facilitator

The teacher should create an environment that provides opportunities to all learners to learn in meaningful ways (Landsberg, 2005).

- The teacher as bridger

There is an emphasis on the involvement and participation of parents and the community in the learning processes of the learner, and the teacher should bring the community into the school by cultivating a sense of belonging to the community that entails working together using the resources of the community to enrich learning (Landsberg, 2005).

- Assessor

Teachers as assessors should see assessment as a critical strategy to elevate learner's knowledge and skills. They should see assessment as an integral part of learning support by integrating the process of assessment into the teaching and learning process to promote effective learning (Landsberg, 2005).

1.7.4 Perception

Difference in perceptions is central to research and practice in education, but the study of human perceptions is complex, and definitions and theories are not without their theoretical debates. According to Lewis (2001), perception involves certain fundamental elements. In the first place, there is an experiencing person who can be called the perceiver. In the context of this study, principals and teachers of certain schools will be identified as perceivers. In the second place, something is being perceived, which in this case will be learners with HIV/AIDS. The third element to be taken into account in exploring perception is the context of the situation in which persons are perceived. For this study, the context would refer to all mainstream schools and classrooms in a black community in the Western Cape Province. The fourth element refers to "the process nature of perception starting with the experiencing of multiple stimuli by the senses and ending with the formation of *percepts [sic]*" (Lewis, 2001:275). In particular, this study aims to explore the *perceptions* of principals and teachers in mainstream schools in a black community in the Western Cape regarding the inclusion of learners with HIV/AIDS.

In line with Lewis (2001), Schutte and McLennan (2001) in Saunderson (2006) refer to the formation of perceptions as the process by which individuals organise and interpret

their sensory impressions in order to give meaning to their environment. Because each person gives his or her own meaning to stimuli, different individuals will 'see' things in different ways. The way in which a person interprets a situation often carries greater meaning than does the situation itself. An obvious deduction from this is that principals and teachers will hold different perceptions of the inclusion of learners with HIV/AIDS.

In the light of this, it was deemed necessary that, before strategies and techniques on how to support these learners in schools and classrooms effectively could be developed, principals' and teachers' perceptions of the inclusion of these learners should be explored.

1.8 STRUCTURE OF PRESENTATION

The brief outline of the research study report will be as follows:

Chapter 1 provides the background and objectives for the study.

Chapter 2 explores the literature on HIV/AIDS as a chronic disease and places it within the debate on inclusive education.

Chapter 3 presents the research design, methodology, data collection procedures, as well as the data analysis process.

Chapter 4 deals with the exposition and the discussion of the findings.

Chapter 5 includes the findings in the light of the research questions, the recommendations from the study, limitations of the study and further research possibilities within the focus of the study.

1.9 SUMMARY

In this chapter, the context of the transformation of South African education policies from the apartheid era to the new democratic South African Constitution and subsequent policy changes has been discussed to show how education transformation has progressed in line with international perspectives on education for all. The problem

statement and research questions were formulated, and the research design and research method for the study were briefly discussed. Certain of the central concepts of the study have also been clarified, and the literature review will explore HIV/AIDS and inclusive education in detail.

CHAPTER 2: LITERATURE REVIEW ON INCLUSIVE EDUCATION AND HIV/AIDS

2.1 INTRODUCTION

The purpose of the literature review is to advance the argument of the study as discussed in chapter 1. The literature review is an important source for planning and conducting the research as well as for explaining the findings (Henning *et al.*, 2004).

In this literature review, factors related to the inclusion of learners with the HIV/AIDS in the South African mainstream schools and classroom will be discussed. The discussion will first focus on HIV/AIDS as a chronic disease and how it affects the health of learners. Secondly, the educational implications for learners with HIV/AIDS will be addressed. The chapter will also provide an overview of the movement towards inclusive education, as well as an international perspective on inclusive education with a specific focus on the inclusion of learners with diverse learning needs. The development of inclusive education in South African will be discussed, and the chapter will be concluded with a discussion of concepts related to the inclusive educational approach, such as the inclusive school community, the inclusive classroom and the assessment of and educational support of learners with HIV/AIDS.

2.2 EDUCATION FOR THE LEARNER WITH HIV/AIDS

2.2.1 Introducing the HIV/AIDS pandemic

About two decades after the first cases were reported, HIV/AIDS has become the most distressing disease the world has ever faced and is now the leading cause of death in sub-Saharan Africa (UNESCO, 2003). The pandemic also affects continents like Asia, Eastern Europe, the Middle East, Central and South America, Latin America (Crewe 2002). Worldwide, an estimated 40 million people are living with HIV/AIDS, and the virus is viewed as a significant humanitarian and developmental challenge with implications for the well-being of individuals, households, communities and states (UNESCO, 2004; Pharoah, 2004). In the absence of accessible and comprehensive

responses to the pandemic, it is argued that Southern Africa will experience growing socio-economic problems (Pharoah, 2004). The HIV/AIDS pandemic has caused and will cause enormous suffering for children, families and communities (Richter, Dawes & Higson-Smith, 2004). Worldwide, millions of children are already infected and in certain countries, especially those in sub-Saharan Africa, a third of 15-year-olds will die of AIDS-related illnesses in coming years (UNESCO, 2004). "Action is needed to stop the spread and make for longer, more productive and more dignified lives for the infected and affected. Action is needed to kindle hope and demonstrate compassion" (UNESCO, 2004:9).

Environmental and developmental factors can contribute to the increase of chronic diseases such as HIV/AIDS (Kunneke & Orr, 2005). HIV/AIDS thrives when disadvantages such as poverty and violence meet (UNESCO, 2004). In South Africa, people living in poverty are very often affected by adverse conditions and left "vulnerable, powerless and isolated" (Prinsloo, 2005:28). The extent of ignorance is also particularly worrying because most of those infected do not know it, many do not understand the nature of HIV/AIDS, and myths are widespread and lead to prejudice, discrimination and exclusion. No wonder education is seen as the only answer to combat the pandemic (UNESCO, 2004).

2.2.2 HIV/AIDS as a chronic disease

HIV/AIDS can be identified as a chronic disease. A chronic disease is a life-threatening condition that can be rated on a continuum from mild to severe, is not easily cured or considered incurable and generally requires lengthy supervision by a health care team (Engelbrecht & Green, 2001; Gous & Mfazwe, 2002; Kapp, 2001). According to Kunneke and Orr (2005), a chronic disease interferes with the daily functioning of a person for more than three months in a year and usually has a long-term effect on the life of a person. Chronic diseases can have a diversity of symptoms and manifest in different ways. Kunneke and Orr (2005) have tabled the different stages of development, relevant developmental tasks and the subsequent effects of a chronic disease on developmental tasks. Their efforts in this respect and specifically with regard

to the middle childhood and adolescent phases are considered important to this discussion and will be presented in an adapted table, Table 2.1.

Table 2.1: The effect of a chronic disease on developmental achievements (Kunneke & Orr, 2005)

Developmental stage	Developmental tasks	The effect of the chronic disease
Middle childhood	Employing concrete operations and abstract thinking	Attending school, participating in hobbies and interacting with peers are necessary to achieve these tasks. If school is attended on an irregular basis and the learner is isolated in any way, these achievements will be inhibited.
	Developing industry and initiative	It is advisable that children have control over what happens to them by participating in their own care and medication administration. For this to occur, it is necessary that they get factual and honest information on the condition of their health.
	Acceptance by the peer group	Being ill may decrease peer interactions and make the child feel different from others. They may not proceed to the next grade with their peers, which will increase their social isolation. The school can facilitate social interaction through appropriate activities.
Adolescence	Developing formal operational thought	Delays in previous developmental stages may lead to cognitive and emotional immaturity and they may require opportunities to work and interact with peers. Illness often deprives them of these opportunities.
	Developing a good body image and self-image	Feelings of difference may result in anger and grief.
	Establishing independence	Health care requirements often prolong dependency on parents. With terminal diseases such as HIV/AIDS, they become unmotivated to learn as they feel that they may have no adult future.

The Human Immunodeficiency Virus (HIV) attacks the immune system and multiplies in such a way that it destroys the white blood cells that protect the body against all kinds of illnesses. It remains dormant with the possibility of later reactivation and it makes the individual a victim to a variety of infections that cause health problems like AIDS (acquired immune deficiency syndrome). There is no cure for the illness, vaccination is not yet in sight and treatment is still not widespread (UNESCO, 2004). AIDS requires drug treatment such as anti-retroviral drug therapy (ART) for long periods at a time. South Africa introduced ART into the public health system in April 2004 and this should increase the life expectancy of children infected by the HI virus (Kunneke & Orr, 2005).

2.2.3 Potential problems of learners who are HIV positive

According to the National Commission on Special Needs in Education (NCSNET) and the National Committee on Education Support Services (NCESS) Report (Department of Education, 1997), learners range from those in early childhood education to those in adult education. In this study, learners in the GET, intermediate, senior and FET phases will be implicated. These learners' ages range from approximately seven to eighteen years. Learners with HIV/AIDS will mostly be educated in mainstream schools and classrooms. Kelly (2002) argues that drugs are available for the treatment of HIV/AIDS. The advances in diagnosis and treatment for children with HIV infection lead to them living long enough to attend school (Frank, Miller, Wolff and Landry, 2004). Furthermore Franks *et al.* (2004) points out that children who are diagnosed HIV at birth survive well to school years, the majority of these children are likely to attend school and possess normal cognitive functioning.

Although these learners experience a chronic disease with more intensive health needs, there are no typical characteristics applicable to all learners with HIV/AIDS. Learners' health conditions may vary as some of them can experience limitations with regard to vitality, strength and alertness at certain stages of the illness. Heller *et al.* (1996) contend that HIV infection could affect every system, including the respiratory, cardiovascular, gastro-intestinal, renal, haematopoietic, endocrine, locomotor and

central nervous systems. Some learners may experience additional anxiety or trauma because they have acquired the HIV virus through being raped or through sexual abuse.

The virus very often damages the nervous system despite the use of ART. Damage to the nerves and neurons of the brain can lead to a range of problems that affect children differently (Kunneke & Orr, 2005). Kunneke and Orr (2005) highlight HIV-encephalopathy as the most severe problem that can result from damage to the central nervous system. This may lead to cognitive impairment and spasticity with resultant learning disabilities such as hyperactivity, speech or motor problems.

2.2.4 Educational implications of HIV/AIDS

According to the International Institute for Educational Planning and UNESCO's 2003 strategy for combating HIV/AIDS, education has a key role to play in both preventing and mitigating effects of HIV/AIDS on individuals, families, communities and society. It is estimated that 250 000 school-going children in South Africa are infected with the HI virus (Prinsloo, 2005). The increasing number of learners infected with the virus lead to an increase in the number of learners experiencing barriers to learning and development. HIV/AIDS is inclusive in the sense that it can affect anyone, making it imperative that all people living with HIV/AIDS should be protected by law from discrimination and the invasion of their privacy.

In South Africa, a strong human rights perspective is evident in all education policies and legislation, building on the inclusionary principles and values highlighted in the Constitution of South Africa. According to the Constitution of South Africa (Republic of South Africa, 1996a) and the South African Schools Act, No. 84 of 1996 (Republic of South Africa, 1996b), the rights of all learners are protected and they should be educated in local schools. They have to be supported to lead fulfilling lives and should not be denied opportunities to receive appropriate education.

In Education White Paper 6 of 2001 (Department of Education, 2001), inclusive education was promulgated and the development of inclusive education in schools should take the incidence and effect of the spreading of HIV/AIDS into consideration. South Africa has streamlined a range of policy initiatives at national level into a national

programme to combat the spreading of HIV/AIDS. The broad national plan to guide South Africa's response to the pandemic was launched by the South African Minister of Health in June 2000 (Prinsloo, 2005). The plan wants to address and reduce the effect of HIV/AIDS on individuals, families and communities.

According to Coombe (2000), the HIV/AIDS pandemic affects and disempowers the education system. In the light of this, the South African education system accepted the challenge to become a central player in addressing the challenges presented by the HIV/AIDS pandemic. One of the nine priorities formulated for educational development addresses the response of the education system' to the HIV/AIDS challenge (Prinsloo, 2005). According to Prinsloo (2005), the Tirisano plan highlights three projects as an intervention strategy for the education system to address the HIV/AIDS pandemic. The first project wants to create awareness about the pandemic, disseminate relevant information to eradicate all the myths about HIV/AIDS and combat discriminatory practices against individuals infected by the HI virus. The second project wants to ensure that life skills and HIV/AIDS education are integrated into the curriculum at all levels. Learners of all ages should be empowered with knowledge, values and attitudes to make them less vulnerable to the onslaught of the illness. The third project involves planning for HIV/AIDS and the education system. In this respect, the strategic objective is to develop models to identify the potential effect of HIV/AIDS on the education system.

Learners with HIV/AIDS attend mainstream schools and are often absent from school for long periods due to their illnesses. They return to school when the illness is more under control or they have improved sufficiently (Kapp, 2001). Kunneke and Orr (2005) contend that many learners with a chronic disease such as HIV/AIDS experience academic difficulties due to certain factors such as fatigue, pain and embarrassment about their physical appearance, discrimination and ridicule by their peers. The effect of medication can also be harmful to their school performance, and certain teachers might lack the necessary sensitivity and expertise to deal effectively with chronically ill learners.

Teachers are very often faced with challenges like inadequate training and educational resources to deal with these learners effectively. According to Coombe (2000), when an intervention is planned to empower teachers with knowledge on HIV/AIDS and skills to manage learners infected with the HI virus in their schools and classrooms, it is important to first explore and address their attitudes towards their learners and colleagues who are HIV positive, as well as the school's views on promoting the health and well-being of teachers and learners.

Teachers often find it difficult to present lessons on HIV/AIDS, as they feel uncomfortable having to discuss safer sex and other topics as part of sexuality education. When addressing HIV/AIDS in class, sensitive issues such as sexual and cultural issues need to be addressed (Pelzer, 2000). When developing HIV/AIDS prevention programmes for learners, teachers have to ensure that they understand the learners' attitudes, beliefs and perceptions with regard to HIV/AIDS in order to make lessons more effective (Sileo, 2005). Teachers might also experience emotional distress when learners or their families are seriously ill or die because of AIDS. At times like these, learners are often traumatised, and teachers might find it difficult to deal with these emotions (Kelly, 2002). These learners need extra assistance, support and encouragement in order to benefit from their educational experience, as success at school depends upon factors such as reasonable school attendance, their psycho-social well-being, parental attitudes towards the value of education and school attendance and the positive attitudes of teachers towards learners chronically ill with HIV/AIDS. When some of these factors are absent, severe barriers to learning and development may occur (Lewis & Doornby, 1995).

2.3 BARRIERS TO LEARNING AND DEVELOPMENT

In the light of the above, it is clear why HIV/AIDS can present as a formidable barrier to learning and development in the classroom and school. Before discussing the implications of HIV/AIDS for the learning process, it is important to first define the concept *barriers to learning and development*.

A barrier is anything that can become an obstacle to learning and development (Department of Education, 1997). Brümmer (1998) defines a barrier to learning and development as anything that can come in the way of the learning process. The barrier can be caused by circumstances like a learner's disability, a chronic illness, the learner's home situation or circumstances in the centre of learning. From the eco-systemic perspective, Donald, Lazarus and Lolwana (2006) show how the social context of the learner can influence his or her learning process. The eco-systemic perspective sees the learner as a unique social being that functions within various social systems such as a family, peer group, school and community. The learner is part of a particular family, peer group, classroom, school and a local and broader community that can influence his or her learning process in a positive or negative way. Socio-economic conditions, way of life and cultural patterns to which the learner is exposed can have an impact on the learning process of the particular learner.

The NSCNET and NCESS Report (Department of Education, 1997) explains that barriers to learning and development can be extrinsic and intrinsic. The report endorses the move away from a medical deficit or within-the-child model to an approach aimed at changing a social system (Swart & Pettipher, 2005). The medical model focuses on the disability or difference within the learner and ignores the barriers in the systems in which the learner is embedded. In the social systems change model, therefore, barriers to learning and development can be all the different factors across the spectrum that lead to the inability of the education system to accommodate learner diversity adequately and consequently leads to learning deficits. For these reasons, it is necessary to acknowledge that barriers to learning and development can be located in the learner, but also in the school, the broader society and the economic and political contexts (Department of Education, 1997). The NSCNET and NCESS Report that has informed Education White Paper 6 of 2001 (Department of Education, 2001) identifies different barriers to learning and development in the South African context. The extrinsic and intrinsic barriers will be discussed separately.

2.3.1 Extrinsic barriers to learning and development

Extrinsic barriers to learning and development can be associated with or influenced by the social context in which the learner is embedded. Extrinsic barriers to learning and development can stem from factors such as the learner's physical environment, poor socio-economic conditions and emotional and educational challenges. The NCSNET and NCESS Report (Department of Education, 1997) identified the following as possible extrinsic barriers to learning and development: socioeconomic barriers, discriminatory negative attitudes and stereotyping, inflexible curricula, inappropriate language of teaching and learning, inappropriate communication, inaccessible and unsafe environments, inadequate provision of support services, lack of enabling and protective legislation and policy, lack of parental recognition and involvement, and lack of human resource development strategies (Stofile & Green, 2007).

In the learner's physical environment, barriers such as the non-existence of facilities such as transport can cause hardships for the learner. A lack of basic services such as health services in certain communities can affect the learning process of the learner with a chronic illness such as HIV/AIDS negatively, as the learner needs to be away from school for long periods in order to access medical services and counselling (Department of Education, 1997).

Learners from less affluent communities are often exposed to hardships that make them vulnerable to educational failure. According to the NCSNET and NCESS Report (Department of Education, 1997), poverty is often caused by a high unemployment rate that results in families not being able to meet their basic human needs such as nutrition and shelter. According to Prinsloo (2005:28), poverty in South African communities manifests in adverse factors "such as ill health, undernourishment, deprivation of privileges, backlogs in education, an unsupportive environment (informal settlements and squatter camps), communication and language deficiencies, limited social status and a negative view of the future. South Africans living in poverty are vulnerable, powerless and isolated"

Poverty is a multifaceted condition with psychological and material effects that can have an immense effect on the learning process of children from these families (McKenzie & Loebenstein, 2007). These learners are often undernourished and emotionally stressed, which affects their learning process negatively. According to Kapp (2001), learners from a poor socio-economic background lack opportunities and resources that prepare them for school, with the consequence that they often perform poorly at school.

An extrinsic barrier that will most definitely have an effect on the learning process of learners with chronic illnesses such as HIV/AIDS is discriminatory and negative attitudes and stereotyping by teachers, peers and members from the community. The NCSNET and NCESS Report (Department of Education, 1997) points out that attitude can manifest as a barrier to learning. A discriminatory attitude on grounds of racism, class, gender, culture, disabilities, illnesses and religion can lead to the exclusion and marginalisation of learners. According to Coombe (2000), the stigma of HIV/AIDS can cause social isolation and trauma and decrease effective teaching and learning. Most often, the stigma is caused by a lack of knowledge.

Howell (2000) contends that the central idea in building an inclusive education system is the changing of attitudes towards differences. According to her, researchers have noted the attitude of teachers as the most critical factor in the implementation of inclusive education. UNESCO (2005) posits that a positive attitude of teachers towards inclusion depends on the previous positive experiences of including learners with diverse learning needs. Previous positive experiences with inclusion result in teachers being more prepared to accommodate learners with differences in their classrooms. Factors such as teachers' level of training, availability of resources, support in the classroom, class size and workload can influence the teacher's attitude. UNESCO (2005) contends that a negative attitude towards differences and results in discrimination and prejudices in society manifests itself as a serious barrier to learning and development.

2.3.2 HIV/AIDS as an intrinsic barrier to learning and development

An intrinsic barrier to learning and development is a barrier caused by factors such as health problems, disabilities, problems located in the psychological and neurological systems of the individual learner, etc. (Donald *et al.*, 2006). Intrinsic barriers to learning and development can also include intellectual impairment, communication barriers, learning impairments, sensory barriers and emotional disorders.

As indicated before, HIV/AIDS is a chronic illness that can affect the learning process of the learner negatively. HIV/AIDS affects the education of the learner in so far as it can cause poor school attendance, learner trauma and an inability to concentrate due to anxiety and a widespread sense of insecurity (UNESCO, 2002). The International HIV/AIDS Alliance (2006) argues that to meet the cognitive, emotional and social needs of learners with HIV/AIDS, they need to be made part of the family, school and community.

According to Kelly (2002), learners with HIV/AIDS often experience lassitude, pressure, anxiety and fear of social isolation due to the fear and stigmatisation associated with the disease. This often makes them unwilling to declare their HIV status and in this way they deprive themselves of the necessary support from schools and the community.

Learners who have contracted the HI virus by being sexually abused may be doubly traumatised by both the abuse and the illness and are in need of medical and psychological care. Should such support be unavailable, the learner can encounter severe barriers to learning and development. According to the NCSNET and NCESS Report (Department of Education, 1997), factors like physical, emotional or sexual abuse may lead to poor school attendance and learning breakdown, and the learner may also drop out of school. Friend and Bursuck (1999) hold that learners who have been abused may experience social and emotional problems manifesting in negative classroom conduct, a lack of interpersonal skills and an inability to adjust effectively to school life. Aggressive or disruptive behaviour and crying may result in rejection by their peers.

As a chronic illness, HIV/AIDS can act as an intrinsic barrier to learning and development, but the learner with HIV/AIDS living under impoverished conditions is made even more vulnerable to learning failure due to the effect of extrinsic factors exacerbating the effect of the chronic illness. Richter and Griesel, cited in Donald *et al.* (2006), contend that malnutrition and undernourishment are chronic overlapping conditions that affect physical, cognitive and other aspects of development. Often, these learners are further subjected to stress by being part of dysfunctional families where neglect and abuse may be part of their daily reality. Stigmatisation and abuse by teachers and peers can add further stress (Poulsen, 2006). Kelly (2001) contends that the lack of institutional action, lack of relevant knowledge of HIV/AIDS and discrimination and exclusion can cause havoc in the lives of these learners. Ebersöhn and Eloff (2006) emphasise that challenges such as negative attitudes, shame and fear, inadequate support services, the non-involvement of parents and unqualified and insensitive teachers that learners battling with HIV/AIDS often face can cause severe barriers to learning and development. It is imperative that schools and teachers take note of the plight of these learners and invite them to participate and experience quality learning in accepting and inclusive classrooms.

2.4 INCLUSIVE EDUCATION AS RECENT EDUCATIONAL INITIATIVE

2.4.1 Introduction

According to Kelly (2002), an education system that does not put forward an appropriate response to the HIV/AIDS pandemic runs the risk of being overwhelmed by its effect. For this reason, the World Education Forum (2000) declared that Education for All (EFA) has to take into account the needs of the poor and disadvantaged learners affected and infected by HIV/AIDS, hunger and poor health, as well as those with special learning needs.

As inclusive education is currently depicted as a possible answer for responding to learner diversity in education and thus also for addressing the learning needs of learners with HIV/AIDS, it is considered worthwhile to explore the movement to inclusive

education and the underlying rationale for inclusive education. During the 1970s, most education systems in the more affluent countries had established separate systems for learners with special needs and disabilities and those without these challenges. Segregated special schools thus catered for learners with special needs and disabilities. In many incidences, there were different schools for different disabilities, such as schools for the blind, the hard of hearing, the deaf and learners with intellectual disabilities. The rationale for these schools was that these learners would benefit from placement in separate settings. In many countries, special and mainstream educational institutions were governed by separate legislation and administrated separately. Special needs education was sometimes governed by legislation pertaining to health or social services rather than educational legislation. In many countries, provision for diverse learning abilities and needs was based on a process of assessment according to the medical model, which led to learners being labelled, categorised and segregated according to disabilities (Grenot-Scheyer, Bishop, Jubala & Coots *et al.*, 1996).

Gradually, a strong movement towards educating learners with diverse learning needs in mainstream schools and classrooms surfaced in different countries (including South Africa), and inclusive education can currently be considered a global initiative (Taylor, 2001; Green & Engelbrecht, 2007). The international movement to inclusive education will first be discussed briefly, before returning to the South African context.

2.4.2 An international perspective on the movement to inclusive education

Previously, the practice was to exclude any learner who was perceived to be different from standards set for from mainstream schools and classrooms. These learners were accommodated in special education, which developed as a separate system parallel to mainstream education in most developed countries (Green & Engelbrecht, 2007).

The inclusive education movement also originated from developed and more affluent countries such as the Scandinavian countries, the USA and the United Kingdom (Engelbrecht, Green, Naicker and Engelbrecht, 1999). During the 1960s, the separation of learners with diverse learning abilities from mainstream education was questioned

and led to a gradual inclusion of these learners in mainstream schools and classrooms. In the 1970s, countries like the USA and the United Kingdom followed suit and the trend of integrating learners with diverse learning abilities increased. During the 1990s, less affluent countries such as South Africa and Lesotho also developed more inclusive education initiatives.

On a global level, standards were set by the Universal Declaration of Human Rights (Universal Declaration of Human Rights of 1948) and the UN Convention on the Rights of the Child (Article 28 of the UN Convention on the Rights of the Child, United Nations, 1989), which emphasised education as a basic right of all children (Mittler, 2005).

When discussing the movement to inclusive education, it is important to consider the difference between mainstreaming on the one hand and integration and inclusive education on the other hand. Kapp (2001) defines *mainstreaming* as an approach that arose from the principle of normalisation that was developed in Scandinavian countries and were met by a positive response from most Western countries. Farrell (2000) contends that mainstreaming was the response of the USA to normalisation, whereas European countries employed the notion of *integration*. In both cases, it refers to placing learners with special educational needs in mainstream schools.

To a large extent, mainstreaming and integration are based on the medical model that locates the problem in the individual learner and requires the learner to adapt to the structures and practices of the school without the necessary support (Grenot-Scheyer *et al.*, 1996; Swart & Pettipher, 2005; Green & Engelbrecht, 2007). The social perspective on difference and disability, fundamental to inclusive education and inclusive schools and classrooms, represents a sharp departure from the medical model, as it does not view disability as a problem located in the individual but as a dimension of human difference. The diversity perspective as used by Green and Engelbrecht (2007) highlights a different way of thinking about the education system and schools. Inclusive education expects of education systems to make provision to protect the right of all learners, irrespective of different abilities and disabilities, and of schools to make the

necessary adaptations in order to accommodate all learners. Thus, the emphasis is on schools to change to be able to accommodate all learners with or without disabilities (Grenot-Scheyer *et al.*, 1996; Barton, 1998; Swart & Pettipher, 2005).

Barton (1998) contends that the segregated special education system is currently regarded as part of an oppressive social system through which people with disabilities are excluded from participation in society. Inclusion expects society to facilitate the acceptance of those who are different. Inclusive education wants to improve the education system for all learners, for example by adapting the curriculum and teaching approaches to be able to accommodate all learners (Grenot-Scheyer *et al.*, 1996; Swart & Pettipher, 2005).

UNESCO, the UN Development and the World Bank organized a conference in Jomtien as an initiative for Education for All (Mittler, 2000). The World Conference on Education for All held in Jomtien, Thailand, pointed out that many children in the world do not have access to quality education, and this was particularly the case as far as learners with disabilities were concerned. By 2000, the majority of the world's heads of state and education ministers made a commitment to the goals set by the education for all initiative.

In addition, the Salamanca Statement compiled at the Salamanca Conference in 1994 shaped the agenda for inclusive education by emphasising a call for inclusion of the world's children in restructured educational contexts. Representatives from 92 governments and 25 international organisations affirmed their commitment to the goals of education for all, recognising the necessity of providing education to children, youths and adults with diverse learning needs in the mainstream education system (UNESCO, 1994). UNESCO is currently active in the field of educational cooperation and aid, which enables the development of strategies in the provision of education for all. Education systems in all countries should ensure that all children should have access to free and compulsory education of quality by 2015 (UNESCO, 2000).

Green and Engelbrecht (2007) argue that the increased learner diversity in education places a responsibility on education systems worldwide to identify and address a wide

range of barriers to learning effectively. The fundamental principle of inclusive education is that all children should learn together whenever possible, regardless of differences they may have (UNESCO, 1994). In supporting this notion, all children are to be enrolled in mainstream schools, unless there are compelling reasons for doing otherwise. Inclusion in education is concerned with the well-being of *all* children. Sands, Kozleski and French (2000) view inclusive education as a process and outcome of social justice, equity and democracy in the education system. Inclusive education wants to ensure that those affected by chronic illnesses and disabilities, as well as those experiencing other barriers to learning such as poverty and inequality, can work and learn together with their peers in a caring school environment that respects the safety and human rights of all.

Among others, the international movement to inclusive education influenced the movement to a more inclusive education approach in South Africa (Swart & Pettipher, 2005). In the next section, the South African movement to and perspective on inclusive education will be discussed.

2.4.3 Inclusive education in South Africa

The movement to inclusive education and training system in South Africa, however, makes for an interesting exploration of an education system shifting from a segregated and exclusionary education approach to an inclusionary education system built on the celebration of human rights.

2.4.3.1 The South African education system during the apartheid era

In order to understand the concept of inclusive education in the South African context, it is important to start with a reflection on the history of special education. Although the development of special education in South Africa was in alignment with trends in other countries, certain political and philosophical influences resulted in vast inequalities and inconsistencies in the provision of education. The apartheid education system in South Africa was one of the most unequal and fragmented education systems possible. The education system was divided into 17 education departments based on race and disability. While white learners benefited from the education system and education and

support services for coloureds and Indians were reasonably well, "they were grossly underdeveloped in departments serving Africans" (Swart & Pettipher, 2005:16). This implies that the majority of learners, especially those experiencing barriers to learning and development, were not only discriminated against on ground of race, but also by separation along ability/disability lines (Swart & Pettipher, 2005).

The categorisation and segregation of learners experiencing barriers to learning and development, such as disabilities, was underpinned by a strong focus on the medical model that resulted in exclusion and inadequate educational and support services. The majority of these were black learners living in rural areas (Department of Education, 1997). "Many learners were mainstreamed by default, and since education was neither free nor compulsory for black children, many were simply not in school" (Stofile & Green, 2007:53).

2.4.3.2 Education reform in post-apartheid South Africa

In 1994, South Africa became a democracy. The democratic South African Government committed itself to a number of goals including the elimination of poverty and establishing the provision of effective health care and equal education for all. The new Constitution (Republic of South Africa, 1996a) includes a Bill of Rights that guarantees the right of all South Africans to basic education. Notions of justice, human rights and the redressing of previous inequalities have been at the heart of policy transformation in education since 1994. The new Department of Education has moved away from the segregated education of the apartheid era to a single system of education for all learners. In line with international education goals produced since the UNESCO Salamanca World Conference in 1994, the South African education system strives to redress the inequalities and inadequacies in education provision (Stofile & Green, 2007).

The South African Schools Act, No. 84 of 1996 (Republic of South Africa, 1996b) emphasises the right of all learners to quality education. The National Committee on Special Needs in Education and Training (NCSNET) and the National Commission on Education Support Services (NCESS) (Department of Education, 1997) were appointed in 1996 to investigate all aspects of special needs and support services in South African

education. The need for all learners to gain access to a single education system that was able to accommodate learner diversity in meaningful ways was recommended, and their right to participate in mainstream economic and social life was emphasised. No learner should be prevented from participating in the education system on any grounds. Mainstream teachers should be trained to identify and address barriers to learning in classrooms and schools (Department of Education, 1997).

The report further recommended an ongoing campaign to raise public awareness and to address discriminatory attitudes in education and broader society and a move away from an "individual change" to a "systems change" approach, thus moving away from supporting the individual learner to supporting the system to be more responsive to learner diversity through a structured community-based, preventative and developmental approach. Further practical implications are early identification of and intervention for learners at risk, an emphasis on health promotion at all centres of learning, and the development of preventative programmes that focus on substance abuse, violence, teenage pregnancy and HIV/AIDS. Development programmes for teachers and other human resources are seen as important, and in order to facilitate a welcoming and supportive ethos for learning and teaching, all aspects of a school as a centre of learning have to be developed. All schools have to develop a policy of inclusion, respect for humanity and ongoing anti-discrimination and human rights programmes. The development and provision of a flexible curriculum that can respond to the diverse learning needs of the learner population (outcomes-based education is recognised as a potential tool for achieving this), ongoing assessment and intervention, and partnerships with parents should be promoted. The development and implementation of a practical plan to move towards the vision of an inclusive education and training system is essential and implies the provision of adequate financial and other resources to implement this vision (Lomofsky & Lazarus, 2001).

According to Naicker (1999), the introduction of the outcomes-based education (OBE) curriculum in 1997 preceded the work of the NCSNET and NCESS Commission. By accommodating diverse learning needs, OBE is inclusive by nature (Lomofsky & Green, 2004). OBE emphasises the teacher's contribution in curriculum development

and highlights the need for teachers to develop their competence in identifying and responding to local needs in order to provide a flexible programme to accommodate diverse learning needs (Lazarus, Daniels & Engelbrecht, 1999). The outcomes-based curriculum is based on the assumption that all learners can be successful in the learning process, but not at the same time and in the same way. Successful learning can result in learning experiences that are more successful, schools can and should create the space and possibility for success, and teachers should have high expectations of all learners. A continuous assessment policy forms an integral part of outcomes-based education (Naicker, 1999).

The NCSNET and NCESS Commission's recommendations informed the development of policy on inclusive education that was eventually articulated in Education White Paper 6, which deals with special needs education and building an inclusive education and training system (Department of Education, 2001; Stofile & Green, 2007). In Education White Paper 6, an inclusive education and training system is defined as one that

- acknowledges that all children and youths can learn and that all children and youths need support;
- enables education structures, systems and learning methodologies to meet the needs of all learners;
- acknowledges and respects differences in learners, whether due to age, gender, ethnicity, language, class, disability, HIV or other infectious diseases;
- is broader than formal schooling and acknowledges that learning also occurs at home, in the community, and in formal and informal settings and structures;
- changes attitudes, behaviour, teaching methods, curricula and environment to meet the needs of all learners

- Maximises the participation of all learners in the culture and the curriculum of educational institutions and uncovers and minimises barriers to learning.

(Department of Education, 2001: 6, 7)

From the above, it is evident that the document adheres to the broad definition of inclusive education, acknowledging that all learners can experience barriers to learning at some time or another and that support should be made available to accommodate a range of diverse learning needs. The policy document views inclusion as recognising and respecting learner diversity and supporting all learners, teachers and the system as a whole in order to address the full range of learning needs. It focuses on teaching and learning actions with the emphasis on the development of effective teaching strategies that will benefit all learners. It also focuses on identifying and minimising barriers in the system that prevent it from meeting the full range of learning needs, and making support available in the classroom (Department of Education, 2001).

This framework outlined in the policy document provides for a realistic and effective process of implementation. Education White Paper 6 suggests a twenty-year plan to transform the education system to an inclusive education and training system. The twenty years are to include short-term, medium-term and long-term steps with the intention of ensuring sufficient human resource development to equip teachers with the necessary competences to accommodate learner diversity in a meaningful way. Human resource development for classroom teachers is considered important, as teachers are recognised as the primary resource for achieving the goal of an inclusive education and training system. In this respect, it is considered very important for teachers to make the conceptual link between outcomes-based education, as introduced in the Revised National Curriculum Statement (RNCS) for grades R to 9 (Department of Education, 2002b) and the National Curriculum Statement (NCS) for grades 10-12 (Department of Education, 2003), and inclusive education, as this would enable teachers to implement inclusive education more successfully (Stofile & Green, 2007). Currently, however, teachers tend to see inclusive education as an extra burden and part and parcel of innovation overload. Teacher trainers have to take note of the challenge of clarifying the relationship between the new outcomes-based policy and curriculum and inclusive

education (Stofile & Green, 2007). In the next section, the inclusive school, the inclusive classroom and the important role players in the inclusive school community will be explored.

2.4.4 The inclusive school community

Drawing on Swart and Pettipher (2007), the inclusive school community can be described as a caring community that celebrates learner diversity and invites all learners to participate and experience quality learning. The school culture of a community where learning takes place within a culture of care, sharing and mutual support is based on the principles of equity, justice, respect, acceptance and belonging. Relationships are based on trust and power sharing, and collegiality, collaboration, open communication and problem solving are valued. Inclusive schools can also be seen as inclusive learning communities, as learning is the heart of the change process, which is necessary to respond effectively to learning diversity. All role players such as the teachers, learners, parents, community members and the management team are included as full members in the inclusive school community.

Inclusive school communities are rooted in the philosophy that all children can learn and belong in the mainstream of school and community life. When transforming schools to become inclusive school communities, the rights of every learner need to be considered and the school needs to be restructured and recultured while the necessary changes in existing roles and school practice should be considered. Shared responsibility and decision-making processes, the consequent creation of alliances and affiliations among all role-players and the provision of mutual emotional and technical support are emphasised (Sands *et al.*, 2000).

An inclusive school community is thus sensitive to diversity and accountable in providing education to all, as it is based on democratic principles and values that promise equal access to educational opportunities for all through increased effectiveness (West, Ainscow & Stanford, 2005). It has an anti-bias approach that targets prejudice and discriminatory practices, as many attitude problems can occur through human interaction within the school community. This includes relationships between teachers,

between teachers and learners, between teachers and parents and also among the learners. The school culture honours the value inclusion and wants to spread the message of inclusion and equality to all the role players in the school community. In practice, this means that all the different role players could help to formulate a mission statement with clear goals and objectives and a vision for all learners (Lazarus, Daniels & Engelbrecht, 1999). Collaboration is an essential feature of an inclusive school community (Oswald, 2007).

The inclusive school culture thus entails the promotion of beliefs and values that create a secure, accepting, collaborating and stimulating community for learners (Department of Education, 2002a). It further includes a collective understanding among its members and is committed to improve teaching to be able to address diverse learning needs (Carrington & Elkins, 2002). Soodak (2003) contends that the inclusive school community is supported by inclusive policies and practices at school and classroom level.

The physical environment is user-friendly and is accessible in terms of the surrounding terrain, school buildings and classroom resources. Issues of access for people with disabilities, as well as a general consideration of safety and health are all important priorities. The curriculum in an inclusive system school community is developed and adapted to fit the diverse learning needs of all the learners and takes into account the effect and the incidence of HIV/AIDS (Lazarus, Daniels & Engelbrecht, 1999).

When applying the lens of the eco-systemic perspective, the inclusive school community can also be seen as laying the foundation for the development of an inclusive society and would likewise imply that the inclusive school community would inform the development of inclusive classrooms.

2.4.5 The inclusive classroom

The inclusive classroom embraces all learners as important and as winners. It accommodates all the diverse learning needs of learners, including those with disabilities (Stofile & Green, 2007; McLeskey & Waldron, 2007). Thus, the inclusive classroom is characterised by effective learning for all learners, irrespective of abilities

or disabilities. It maintains a supportive environment that is concerned about the welfare of all learners, and support services are seen as an integral part of the learning and teaching process. The supportive environment is created in such a way that all learners succeed as the full range of academic achievements and social behaviour is accommodated (Stanley & Greenspan, 2005; McLeskey & Waldron, 2007). The successful inclusive classroom is flexible and dynamic and tuned in to the learners' needs (McLeskey & Waldron, 2007).

The learning environment is warm, accepting and anti-biased as the rights of all learners are respected. The learners are welcomed into the classroom, invited to participate and supported to ensure quality learning for all learners. Inclusive education is predominantly about belonging, membership and acceptance (McLeskey & Waldron, 2007; Soodak, 2003).

2.4.6 Role players in the inclusive school community

2.4.6.1 Introducing the role-players in the inclusive school community

An effective learning process depends on all the social interactions of the learner in the different systems that form part of his or her social context. The different systems can afford or constrain the learning process of the learner, because within the eco-systemic framework, all the systems are seen as influencing one another in a continuous process of dynamic balance, tension and interplay (Donald *et al.*, 2006).

According to Friend and Bursuck (2002), inclusive practices are influenced by not only the characteristics and needs of the learners with diverse learning needs, but also by the total school system, including the management team of the school with the role of the school principal as a central contributor to the school culture, school policies and procedures, teachers' knowledge, skills, parents and family involvement and commitment.

i. The role of the school principal

According to the Employment of Teachers Act, No. 76 of 1998, the principal is responsible for the professional management of the school by providing professional

leadership in the school. The principal should ensure that the education of the learners is promoted in a proper manner by creating conditions and practices that address the diverse needs of all the learners in the school (Riehl, 2000).

According to Swart and Pettipher (2001), the principal has a key role to play in developing a shared vision for an inclusive school. Furthermore, they point out that the principal is the most influential individual to create a school culture and climate that will set the tone for a more inclusionary approach in the school. Swart and Pettipher (2007) further emphasise that the principal needs to engage in shared leadership, participative decision making and shared responsibilities by dispersing leadership throughout the school community. The principal should engage the staff in professional learning that supports school-wide change by creating staff development as a professional priority for teachers (Capper, Frattura & Keyes, 2000). The role of the principal is to increase the knowledge and commitment of teachers so that they can engage in collaborative modes of leadership that can move the school towards an inclusive school culture (Swart & Pettipher, 2007).

The management of the school has to foster understanding of inclusion and the development of skills and the practices needed among the staff. The school has to create policies that foster inclusive practices in order to address the learning needs of all learners better. The principal is an active member of the inclusive school community with responsibilities such as the establishment, development, management, support and monitoring of support systems in the school. Important in this respect is to set up an effective teacher support team (WCED Manual on Education Support Team, 2003).

The principal also has an important role in serving on the governing body of the school and in rendering the necessary support to the governing body in terms of the South African Schools Act, No. 84 of 1996. According to Capper *et al.* (2000), the principal should encourage the distribution of information, ideas and resources to the staff, parents and the community and should also build positive relationships with these role players as important members of the inclusive school community.

ii. *The role of the teacher*

According to the NCSNET and NCESS Report (1997), teachers should be concerned about the welfare of all learners and be aware of accessible resources in their area that can provide support. Manset and Semmel (1997) argue that the implementation of inclusive education can be mediated by the teachers' willingness to change their attitudes and practices. Teachers have the responsibility to be sensitive to the diverse needs of all learners attending their schools. Effective learning support can be produced through the collaboration of all systems involved in the education of the learner.

High quality education for all depends on the total restructuring of the school and fundamental changes to the roles and responsibilities of the teachers (Oswald, 2007). According to Oswald (2007), teachers have a significant role to play in the development of schools as inclusive school communities. They play a key role in successful learning experiences for all learners in an inclusive classroom (Stanley & Greenspan, 2005). Teachers need to be caring and compassionate and show empathy to ensure curriculum accessibility by networking with parents, education specialists, learning support coordinators, social workers, non-governmental organisations (NGOs) and health care workers. Teachers need to develop skills in collaborative problem-solving, interpersonal communication and in coping effectively with the complexity of differences. This can be accomplished through collaboration among all the role players in the inclusive school community. This will foster a sense of belonging and participation in the classroom that can facilitate learning for all (Oswald, 2007).

iii. *The role of parents and the community*

With regard to learners and their families, it is important to consider their beliefs and values related to disabilities embedded in the cultural beliefs. The SA Schools Act, No. 84 of 1996, allocates to parents the fundamental right to participate in decision making with regard to their children's educational futures. Governing bodies are established in all schools, and parents should be the majority in these structures (McKenzie & Loebenstein, 2007).

According to NCSNET and NCESS (1997), parent involvement and family support are essential in the education of the learner. Parents should be involved in planning school policy and must facilitate learning at home. Singh, Mbokodi and Msila (2004) contend that the role of parents is to build a bridge between the home and the school. They should participate in decision-making processes involving their children and be prepared to share knowledge about their children with teachers (Grove & Fisher, 1999). Parent involvement has a positive effect on the child's success in school, and the positive effect in their interactions with and support of their children can enhance their learning process (McKenzie & Loebenstein, 2007).

In the development of an inclusive school, the family plays a central role. According to Capper *et al.* (2000), parent and community involvement can assist in creating schools that are conducive to the learning process of all learners. According to McKenzie and Loebenstein (2007), parents need to assist their children in gaining access to schools. Parents have the right to choose the most appropriate context for their children's schooling, and schools are not allowed to disallow children access on any grounds (Republic of South Africa, 1996). In the case of learners experiencing barriers to learning and development, their parents should be involved in the collaborative process of support from the onset. Parents should thus play a central role in the collaborative team approach in the inclusive school community (Department of Education, 2001).

2.5 THE SIGNIFICANCE OF INCLUSIVE EDUCATION FOR LEARNERS LIVING WITH HIV/AIDS

2.5.1 Inclusive education in the HIV/AIDS context

According to Mittler (2000), inclusive education is seen as an expression of the struggle towards the achievement of universal human rights. Swart and Pettipher (2007) contend that the purpose of the Salamanca Conference on Special Needs Education was to promote the objectives of education as a fundamental human right aimed at equal educational opportunities for all learners. It ensures access to education for all learners, including those experiencing barriers to learning. Skrtic, Sailor and Gee (1996) contend that inclusive education signifies much more than the presence of learners with

disabilities in mainstream classrooms, as it represents educational innovation and improvement of the school on all levels for all learners. As pointed out in chapter 1, South Africa has made changes in line with the international trend on inclusive education, which culminated in Education White Paper 6 (Department of Education, 2001). This policy acknowledges and respects differences in learners, whether due to age, gender, ethnicity, language, class, disabilities, HIV and other infectious diseases (Beyers & Hay, 2007). Beyers and Hay (2007) contend that HIV/AIDS bring large number of learners into the support equation in the classroom. Furthermore, Beyers and Hay (2007) contend that inclusive education and the HIV/AIDS epidemic are two stark realities of the South African social and educational system.

In 2005, the United Nations took decisive action in the fight against HIV/AIDS. The "Unite for Children, Unite against AIDS" campaign was launched to support partnerships to advance actions for children, adolescents and young people affected by the pandemic. The literature review on HIV/AIDS has shown that some 4 million South Africans are infected with the virus (Coetzee & Spangenberg, 2002; Prinsloo, 2005). Donald *et al.* (2006) contend that the HIV/AIDS pandemic is currently a problem that needs more detailed consideration because it has devastating effects on families, adults, children, the youth, communities and society as a whole. It has risks that have implications for education. The majority learners with HIV/AIDS in South Africa are found in mainstream schools (Beyers & Hay, 2007). Education White Paper 6 on education contend that the development of an inclusive education and training system needs to take into account the incidence and effect of HIV/AIDS and other infectious diseases (Department of Education, 2001). The National Education Policy Act, No. 27 of 1996 (Republic of South Africa, 1996c), points out that policy on HIV/AIDS should ensure the respect of the rights of learners and teachers with HIV/AIDS.

2.5.2 HIV/AIDS and inclusive education in the African context

Venter (2004) contends that South African education uses various approaches that are mostly based on Western curricula, which are unfit for the majority of South African learners. South Africa needs education that is more relevant and meaningful to African learners (Viljoen & Van der Walt, 2003). Furthermore, Viljoen and Van der Walt

(2003) point out that all social, cultural, language, ethnic, racial and religious groups in South Africa should contribute to the national and educational identity to be able to share and uphold the ideal of education for all. Higgs and Smith (2002) contend that African and European philosophies regarding the concept of human beings differ, as the African model is based on collectiveness while the European model is based on an individualistic orientation towards life.

According to Lawrence (2002:56), “education is the main line of defence against HIV/AIDS and has a role to combat HIV/AIDS”. According to him, little opportunity has been afforded for engaging people and institutions in constructive discussions, especially across national borders, so as to share experiences and inform educational policy. Bhana (2007) contends that South Africa should begin to confront the HIV/AIDS pandemic by developing programmes to reduce and prevent HIV/AIDS in the early years of schooling.

According to Blankenberg (1999), South Africa must balance local, national and international interests to become a healthy nation that caters for the needs of its citizens. It should place high values on human worth, trust and dignity based on the philosophy of ubuntu, which indicates human conduct in relation with others. Furthermore, she points out that ubuntu is deeply rooted in the value system of the African society, as it forms part of the community and the values to be taught in the society. Higgs and Smith (2002) contend that the African philosophy claims that happiness partially consists in living with others and supporting one another.

Theron (2005) contends that education is driven by people, but in sub-Saharan Africa, education is sabotaged by the AIDS pandemic as teachers are dying, and the quality of education is eroded due to fewer numbers of experienced teachers. Hepburn (2002) argues that education in a world with AIDS must be different from education in an AIDS-free world, as a school with HIV/AIDS is radically altered in terms of content, process, methodology, the role and organisation of the school. HIV/AIDS education obviously varies according to the nature of the society. Affluent societies in developed countries, for instance, can afford to send children to school until their adolescence and

will therefore have different requirements to those of developing countries with a large impact of poverty. In sub-Saharan Africa, for instance, free education is not universal, because some schools need payment of school fees to operate and buy teaching materials, uniforms, recreational activities. This is difficult for some families. Some children drop out of school to help generate an income (World Bank, 1999). The education of children in the world with AIDS is delayed because children drop out of school to take on the responsibility of caring for sick parents or siblings left behind (Ainsworth, Beegle & Koda, 2000; Foster & German, 2000; Kelly, 2000; Williamson, 2000).

The effect of HIV/AIDS jeopardises children's rights such as the right of access to education, the right to participate in sport activities and the right to protection (German, 2002). Maile (2003) contends that the dilemma increases because of the stigma associated with HIV/AIDS and the ignorance or belief that HIV/AIDS is the punishment for discrimination against learners. South Africa acknowledges the seriousness of the HIV/AIDS and is committed to minimise its social, economic and developmental consequences for the education system by implementing HIV/AIDS policy in all public schools with regard to the enrolment of learners from early childhood to grade twelve to improve education and training institutions and teachers. Thus, the education system implements HIV/AIDS education for effective prevention and care in the context of the public education system (Notice 1926 of 1999, Government Gazette Vol. 410(20372); Department of Education, 1999).

The South African education system places life skills education in mainstream classrooms as a strategy aimed at creating debates and discussions on sex and sexuality issues (Buthelezi, Mitchell, Moletsane, De Lange, Taylor & Stuart, 2007). The HIV/AIDS pandemic has made significant demands on teachers, especially in disadvantaged communities that are more confronted by massive social issues like a high incidence of HIV/AIDS, rape, sexual violence, violence and poverty (Bhana, 2007; Richter *et al.*, 2004).

Kalichman and Simbayi (2004) contend that the challenges to the implementation of HIV/AIDS prevention in South Africa are pervasive due to the AIDS-related stigma that permeates some segments of South African society. Leach (2002) argues that to raise HIV/AIDS awareness in sub-Saharan Africa, the school should be seen as the obvious site for educating adolescents on HIV/AIDS prevention. Mulaudzi (2007) feels that the answer to these key challenges lies in the principles of collectivism. Collectivism is characterised by cooperation among the individuals sharing values, attitudes, and practices and providing support to one another to maintain the spirit of ubuntu. Le Roux (2000) contends that when a person ascribes to the values fundamental to ubuntu such a person should be humble, thoughtful considerate understanding, wise, generous, hospitable, caring, socially mature and sensitive. According to Mulaudzi (2007), the principle of ubuntu promotes solidarity with the emphasis on care, compassion, warmth, understanding, sharing and humanness where injury to one is an injury to all. It is clear that, from an ubuntu perspective, children's right to education is not only the right to receive education; they are to be treated as human beings with respect, understanding and moral values. Ubuntu is of great importance in African education, as it promotes the common good in society, including humanness as an essential element of human growth (Venter, 2004). Buthelezi *et al.* (2007) contend that in order to tackle HIV/AIDS successfully, education has to develop a climate in which young people are able to discuss sex and sexuality issues openly.

2.6 SUPPORT FOR THE LEARNER WITH HIV/AIDS

The Draft Guidelines for the Implementation of Inclusive Education (Department of Education, 2002a) specifies that learners who are infected with the HI virus should not be excluded from attending mainstream schools with non-infected learners because of negative assumptions associated with the disease. The South African Schools Act, No. 84 of 1996 (Republic of South Africa, 1996b), contends that admission requirements at schools should not unfairly discriminate against learners in any way, particularly on the grounds of race, gender, disability, religion, belief, culture or language. According to Williams (1998), access, participation and quality education are promised by inclusive education. Inclusive education does not assume academic readiness, but the

accommodation of all learners with the necessary support to meet their diverse needs in local schools and classrooms. Support services should ensure that the school system and curricula are transformed to address the needs of all learners.

Engelbrecht (2001; 2007) identifies collaborative partnerships between support professionals, but also between them and parents, teachers and learners as critical elements in the inclusive approach to schooling. Support in inclusive school communities emphasises collaboration as a way of working together on an equal basis as partners, while trust, respect, meaningful communication, a shared vision and cultural sensitivity are recognised as important characteristics of such a partnership (Blue-Banning, Summers, Frankland, Lord-Nelson & Beegle, 2004).

Education White Paper 6 (Department of Education, 2001) suggests collaborative partnerships with, among others, parents, the community and support professionals when emphasising a community-based approach to learner support. However, this is not easily accomplished. Engelbrecht (2007) lists a few barriers in this respect. In the first place, traditional power relations between professionals as experts and teachers and parents (and learners) as clients who are at the receiving end of services often lead to the silencing of important voices in collaborative efforts. Parents and teachers are often not viewed as equal partners. A lack of understanding of the components of interpersonal relationships can also present challenges, as well as territorial interests which vie against the idea of shared aims and accountability in collaboration. In order for collaborative partnerships to succeed with regard to support for learners with HIV/AIDS, transparency, equal power distribution, equal responsibility and especially a shared goal are necessary (Engelbrecht, 2001, 2007). Turnbull, Turnbull, Shank, Smith and Leads (2002) see collaboration as a dynamic process in which teachers, learners and families share their resources and strengths to address challenges in a creative and responsive way. They stress that it builds on the expertise, interests and strengths of everyone involved in the educational process.

Education White Paper 6 (Department of Education, 2001) suggests a district-based support team and a school-based support team as key support structures. District-based

support teams are there to build capacity at schools so that the school-based support team can support teachers to develop the knowledge, skills and especially the confidence to address a range of needs in the school and classroom. According to Landsberg (2005), the support system should take responsibility for the in-service training of teachers in terms of the assessment of and support for all learners including those with disabilities, chronic illnesses such as HIV/AIDS and for those experiencing other barriers in learning and development. The knowledge and skills of personnel at special schools (which are supposed to be converted to resource centres) will also be utilised as part of the district-based support teams.

From this, it is evident that effective collaborative partnerships will be necessary among the different education structures, but also the involvement of parents, the community and the services of other departments such as health, social welfare and justice (Johnson & Green, 2007). In a community-based approach, the support and contribution of the parent body and the community in which the school is embedded should be seen as valuable and indispensable. The fundamental principle of a collaborative approach is to bring various role players and sectors together to address challenges and to promote the development of an integrated support system that works together to meet the diverse needs of all learners (Turnbull *et al*, 2002). Such a support system fits into the notion of Tirisano promoted by the Department of Education. Tirisano is a Sesotho word which means working together hand in hand. In the context of this study, it is about working together to support all learners with HIV/AIDS effectively in their learning processes in schools and classrooms.

Mastropieri, Scruggs and Berkeley (2007) emphasise peer support in the classroom as valuable in learning and teaching. In cooperative learning, learners are encouraged to support, assist and help one another to achieve optimal learning through the employment of social skills. Peer support promotes social responsibility and a stronger understanding of the needs of others. Mastropieri *et al*. (2007) found that learners with diverse learning needs had benefited from peer support.

Donald, Lazarus and Lolwana (2006) point out that education is not only about cognitive and scholastic achievement, but also covers all aspects of healthy development of the whole learner. Teachers need to become key agents in promoting healthy development in the classroom and school. In general, mainstream schools are responsible for the education of learners with chronic diseases and should be working closely with several departments and NGOs to ensure that health promotion and support should be infused across all dimensions of the general curriculum. This can be fostered through the collaboration of all the systems involved, as collaboration should go beyond the boundaries of teaching and learning, especially when viewing collaborative processes from an eco-systemic perspective.

2.7 CONCLUSION

In this chapter, arguments are based on the premise of HIV/AIDS as a chronic illness and that the majority of learners with HIV/AIDS are accommodated in mainstream schools and classrooms. The chapter also elaborates on the effect of HIV/AIDS on the education of these learners and that both intrinsic and extrinsic barriers should be taken into account during the assessment and support of the learners.

Currently, inclusive education is the approach suggested by the South African education system to deal with learners with diverse learning needs, such as learners with HIV/AIDS. Inclusive education wants to open the door of learning to all learners and promises participation and quality education. Therefore, it is vital that schools become inclusive school communities to support the learning processes of learners with HIV/AIDS, especially in the light of the rapid spread of the HIV/AIDS pandemic.

The above has been debated in this chapter, and support for these learners and current research on including learners with HIV/AIDS in mainstream schools have been discussed.

In the next chapter, the research paradigm, design and methodology chosen as a means to answer the research questions mentioned in chapter 1 will be explored.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

As discussed in chapter 1, the main aim of this study was to attempt to explore the perceptions of principals and teachers associated with the inclusion of learners who are infected with the HI virus in mainstream schools and classrooms in three schools in a community near Paarl on the outskirts of Cape Town. In order to answer the research questions, a particular research design and methodology have been selected. An interpretative qualitative study was conducted to investigate the perceptions of selected participants in the rural primary, junior secondary and high school in the community.

Answers to the following research questions were sought:

- What are the perceptions of principals about including learners with the HIV/AIDS in the mainstream school?
- What are the perceptions of teachers about including learners with the HIV/AIDS in mainstream classrooms?

In this chapter, the research paradigm, design and methodology selected for this study will be discussed in detail. The focus will also fall on the sample of participants selected and methods that were used to collect, analyse and verify the data. Ethical considerations relevant to this study will also be discussed.

3.2 RESEARCH CONTEXT

The study was contextually based in the black community near the town of Paarl. The schools serve predominantly black African learners with isiXhosa as home language. The community is challenged by several socio-economic problems and hardships. Families are severely challenged by poverty. There is a lack of proper housing and many families live in shacks and squatter camps, with a high fire risk.

A large local textile mill and several manufacturing industries have recently closed their doors, which contributed to an increase in unemployment in the community. The crime rate is high and substance abuse, domestic violence, women and child abuse and an alarming increase in people infected and affected by the HI virus are realities facing the community.

The majority of learners' families live in poor, informal settlements without the necessary infrastructure. Several families live in the backyards of other families, paying rent that is very often the only source of income for home owners. Schools in the community are funded by the Western Cape Education Department and have been declared no-fee schools since 2006. Financially, the Department of Education fully support these schools.

3.3 RESEARCH PARADIGM

The study has been conducted within an interpretative paradigm. According to Babbie and Mouton (2001), a paradigm is the fundamental model or frame of reference used to organise observation and reasoning in a research inquiry. Guba and Lincoln (2005) contend that a research study has to be conducted within a certain research paradigm. "Paradigms are all-encompassing systems of interrelated practice and thinking that define for researchers the nature of their inquiry along three dimensions: ontology, epistemology and methodology" (TerreBlanche *et al.*, 2006:6).

Interpretative research is based on naturalistic phenomena that are socially constructed through individual and collective definitions of a situation. The aim of interpretative research is to develop an understanding of social life and discover how people construct meaning in natural settings (Neuman, 2000). It aims is to understand reality by discovering the meaning that individuals in a specific setting attach to it. The researcher becomes part of the situation and the phenomenon is being studied through the interactive social roles in a specific context. The following ontological question must be asked with regard to a research study: "What is the nature of reality and what can be known about it?" The epistemological dimension requires answers to the following

question: "What is the nature of knowledge and what is the relationship between the researcher as knower and the participant as would-be known?" With regard to the methodological dimension, the question requires an answer to how the researcher will go about obtaining the desired knowledge and understanding (Adams, Collair, Oswald and Perold, 2004). Researchers working in an interpretative paradigm acknowledge people's subjective experiences as important, valid, multiple and socially constructed (ontological dimension). Participants' experiences can be understood in interaction with them and while listening empathetically to them (epistemology). Merriam (1998) contends that, within the interpretative paradigm, education is seen as a process and the school as a lived experience.

In this study, to gain insight in the school as a lived experience, it was necessary to investigate the principals' and teachers' perceptions about including learners who are infected with the HI virus in their respective schools and classrooms. It was very important to understand the experience from the participant's point of view (TerreBlanche and Durrheim, 1999). Qualitative research techniques are usually considered as best suited to the research task within the interpretative paradigm (methodology) (Adams *et al.*, 2004; Maree and Van der Westhuizen, 2007).

According to Nieuwenhuis (2007), and as indicated in figure 3.1, the interpretative paradigm is grounded in the following assumptions:

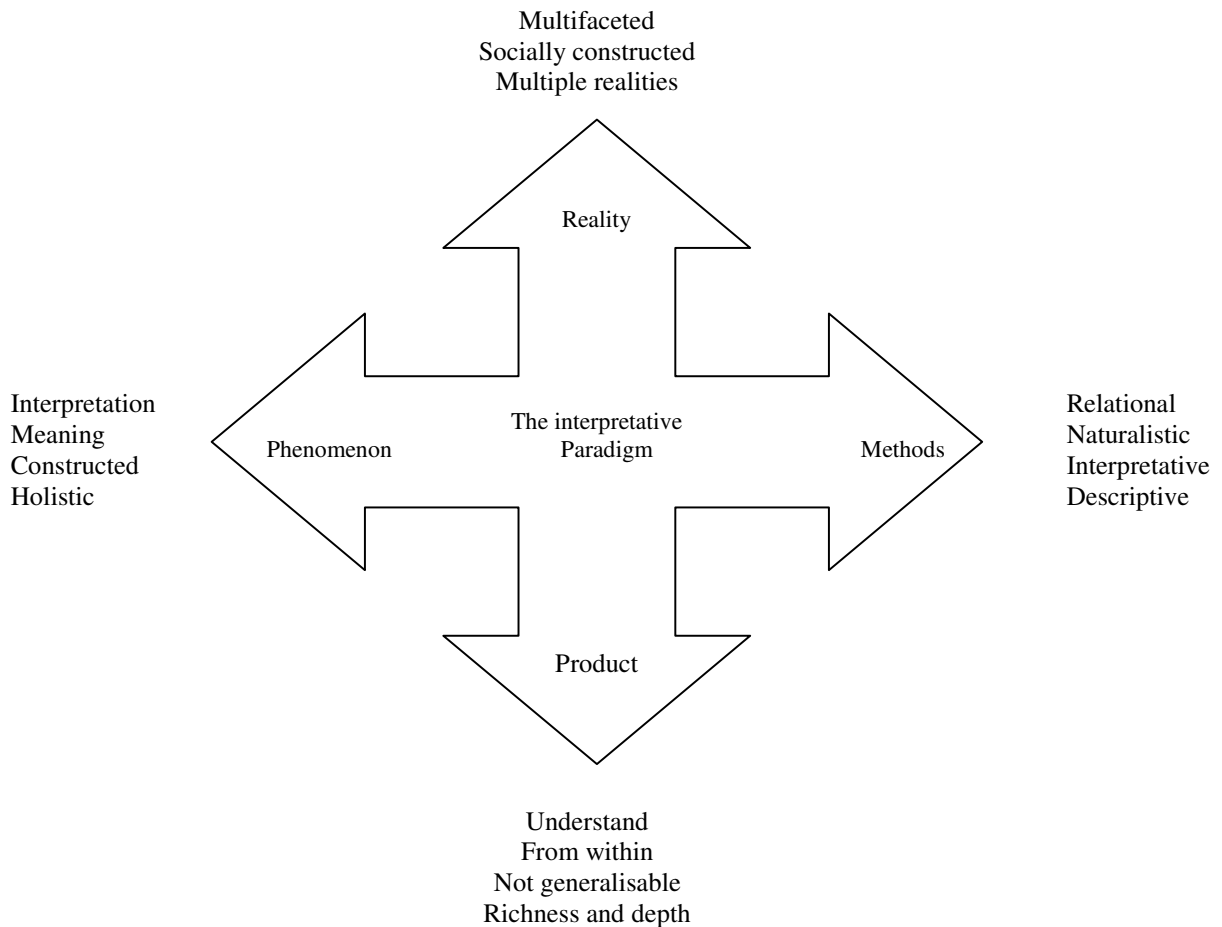


Figure 3.1: Representation of the interpretative paradigm (adopted from Nieuwenhuis 2007:61)

- Human life can be understood only from within, and the researcher tries to understand how people interpret and interact within their own social context.
- Reality is seen as socially constructed.
- Through understanding how people construct their own realities, the researcher can begin to gain insights in their perceptions and attitudes with regard to certain phenomena.
- The researcher has to accept that there are multiple constructions of phenomena.

- The world is seen as informed by our own knowledge and understanding of it.

In this study, working from the interpretative paradigm implies that the researcher employed a qualitative methodology to explore principals' and teachers' perceptions about the inclusion of learners with HIV/AIDS in mainstream schools and classrooms. Explorations and descriptions of these explorations with regard to the inclusion of learners with HIV/AIDS, as viewed from the perspective of principals and teachers, thus have certain richness and depth, as this was seen as a particular strength when working from a qualitative approach.

3.4 RESEARCH DESIGN

According to Mouton (2001), the research design of a study refers to the plan regarding the process of collecting, organising and describing data. "A research design is a strategic framework for action that serves as a bridge between the research question and the execution or implementation of the research. It provides a plan that specifies how the research is going to be executed in such a way that it answers the research question" (Durrheim, 2006. 34).

Babbie and Mouton (2001) distinguish between the research design and research methodology of a research study. They identify the research design as a plan or blueprint for the total research process. According to Durrheim (2006), the research design encompasses four dimensions: the purpose of the study; the theoretical paradigm informing the study; the context in which the study is carried out; and research techniques used to collect and analyse data. It starts with the research question and pays attention to the kind of study being planned and kind of results that the researcher is aiming for in order to answer the research questions adequately. The research design for this study was identified as an empirical study using primary data. Primary data refer to data collected by the researcher within a certain context. Babbie and Mouton (2001) contend that empirical research studies human behaviour, historical events or social programmes. Data sources are either numeric or textual. For this study, textual data will

be collected in the form of interview transcripts. As the purpose of this research study is to use a real-world setting and human subjects as participants, the applied research approach will be employed. Applied research is conducted in a field of common practices and is concerned with the application and development of knowledge about practice. Patton (2002) defines the purpose of applied research as contributing knowledge that will help people understand the nature of a problem in order to intervene to allow human beings more effective control over their environment.

TerreBlanche, Durrheim & Painter (2006) contend that qualitative research can be used for exploratory purposes and to formulate rich descriptions of a human phenomenon. According to Babbie and Mouton (2001), the exploratory approach is conducted to explore a topic or to provide a basic familiarity with the topic.

This study was both explorative and descriptive in that its aim was to explore, understand and carefully describe the phenomenon of including learners with HIV/AIDS in the context of mainstream schools, from the perspective of school principals and teachers. The unit of analysis was the perceptions of principals and teachers in the different mainstream schools in the selected community. The interpretative paradigm is typically associated with a qualitative research methodology.

3.5 RESEARCH METHODOLOGY

As indicated before, a qualitative research methodology has been employed in this study. The research methodology focuses on the specific tools and procedures to be used, such as methods of data collection and the selection of participants (Babbie & Mouton, 2001). It focuses on the individual steps for the research process and the best procedures to be used.

In a basic interpretative qualitative study, the researcher is the primary instrument of data collection and analysis. In a qualitative study "the researcher is interested in understanding how participants make meaning of a situation or phenomenon; this meaning is mediated through the researcher as instrument, the strategy is inductive" (Merriam, 2002:7).

In this study, data were collected by means of an individual interview conducted with each participating principal and teacher, as the unit of analysis was the perceptions of the principals and teachers selected from all the different school phases. The phenomenon to be explored was learners with HIV/AIDS in mainstream schools and the classroom context where the learners interact and learn.

The interview schedule with a set of predetermined questions was used to guide the interviews. The literature overview would form an integral part of the research process.

3.5.1 Qualitative research

According to Merriam (2002), in a qualitative study, the researcher is interested in understanding the meaning a phenomenon has for those involved. To understand the meaning a phenomenon has, the researcher goes to the setting in order to interview and observe participants in their context. Thus, the qualitative study is carried out in a real-life situation in an attempt to understand the phenomenon in context (Maree, 2007). Since the qualitative study focuses on meaning-making processes, the product is richly descriptive in words and sometimes pictures. Data are very often in the form of participants' own words.

According to Merriam (2002), the basic interpretative qualitative study is the most common form of qualitative research found in education practice. It draws upon concepts, models and theories in the educational practice in order to frame the study.

The purpose of this study was to understand the perceptions of principals and teachers about including learners with HIV/AIDS in mainstream schools and classrooms. As data collection methods, this study employed interviews, participants' observations and a literature overview to facilitate the study.

The qualitative study is interested in "a) how people interpret their experiences, b) how they construct their world and c) what meaning they attribute to their experiences" (Merriam, 2002:38). The eco-systemic approach is interested in considering any phenomenon in its social context and exploring the perceptions of principals and

teachers as important subsystems in the social context of the learners with HIV/AIDS in mainstream schools and classrooms.

3.5.2 The participants

A purposive sampling strategy has been used in this study. The three schools selected to participate in this study included all the phases and all the grades of formal schooling in South Africa and all the schools in a particular Black community. The criteria for selecting participants for this study were to find principals from different phases and teachers from different grades to ensure various perspectives. The reason for selecting principals from different school phases was to explore the link from the primary school to the FET level. The reason for selecting teachers in different phases was to explore the link from lower grades to higher grades, as the teachers were classroom teachers working with learners on ground level. The sample of teachers in the foundation phase was composed of female teachers as only female teachers are generally employed in this phase. In the intermediate, senior and FET phases, males and females in different grades were selected. Male and female teachers were selected, because in order to explore the phenomenon, it would be of vital importance to explore the phenomenon from male and female perspectives. Patton (2002) contends that from an information-rich case, one can learn a great deal about issues of central importance to the purpose of the inquiry. The study population consisted of a purposive selection of participants, so that relevant data could be collected.

The study specifically needed participants with the experience of teaching in mainstream schools where learners with HIV/AIDS are found. As the focus of the study was to explore the perceptions of different principals and class teachers in schools, the unit of analysis would be principals and teachers in all different phases of schooling. The phases were the foundation phase, intermediate phase, senior phase and further education and training. The population size consisted of three principals from different schools and two teachers in each phase. The group of participants was heterogeneous, as it included males and females.

Table 3.1: Biographic information of participants

Principals	Participants (pseudonyms)	Gender	Phase teaching	Grade teaching	Learning area	Teaching experience	School level
	Mr P	M	Intermediate	6	Economic Management Science	14	Primary
	Mr J	M	Senior	9	Life Orientation	15	Junior Secondary
	Mr H	M	FET			28	High
Teachers	Mimi	F	Foundation	1	All learning areas	13	Primary
	Zinzi	F	Foundation	3	All learning areas	10	Primary
	Chris	M	Intermediate	6&7	Social Science& Economic Management Science	16	Primary
	Sandy	F	Intermediate	5	All learning areas	10	Primary
	Hlomla	M	Senior	8&9	Geography	10	Junior Secondary
	Mandy	F	Senior	7	Life Orientation	13	Junior Secondary
	Dally	F	FET	10&11	Life Orientation	12	High
	Lunga	M	FET	11	IsiXhosa	16	High

3.5.3 Method of data collection

Methods of data-collection imply the range of approaches used in a research study to gather data that are to be used as a basis for inference, interpretation and explanation (Cohen *et al.*, 2005). A literature review and in-depth individual interviews were used as methods of data collection for this study. The interviews were tape recorded and the researcher also took field notes while observing participants during interviews.

3.5.3.1 Role of literature review

A literature review forms an integral part of the research process. Rubin and Babbie, cited by Fouché and Delport (2003), contend that an early review of literature is a prime source for selecting a topic to begin with. The literature review is used to form the basis

for the study. Arkava and Lane, cited by De Vos *et al.* (2002), contend that the literature review contributes to a clearer picture of the nature and meaning of the problem that has been identified. The literature review provides evidence that helps the researcher to take note of the latest developments and what has previously been done in the particular field of study (Mouton, 2003; Henning *et al.*, 2004; Silverman, 2000).

According to Henning *et al.* (2004), a literature review lays the foundation and sets the stage for the study research. In this study, the literature review helped to inform the choice of criteria to be used for selecting the participants for the study and it helped in formulating the problem. The study literature review was done in order to be able to identify factors related to answering the research questions and to find criteria to identify or to be able to select the participants for the study.

3.5.3.2 The semi-structured, in-depth individual interview

According to De Vos *et al.*, (2002), interviewing is the predominant mode of data collection in qualitative research. Silverman, cited by Cohen *et al.* (2005), points out that interviews are useful for gathering facts, assessing beliefs about facts and identifying feelings and motives. Tuckman (as cited in, Cohen *et al.*, 2005), states that the purpose of the interview is to be "used as principle means of gathering information directed to research objectives, it provides access to what is inside a person's head, it makes it possible to measure knowledge and information what the person likes or dislike and what the person thinks in terms of attitudes and beliefs". The interview gives the participants an opportunity to express them with regard to the research topic and to give their own points of view. As mentioned before, this study was conducted as a basic interpretative, qualitative inquiry. Interviews were used to capture and provide detailed accounts of the views, perceptions and understanding of principals and teachers of HIV/AIDS as a phenomenon in mainstream schools and classrooms.

The interview forms a unique form of conversation that provides the researcher with the empirical data about the lived realities of the participants and their perceptions of the topic under discussion. According to Maree (2007), the qualitative interview seeks to see the world through the eyes of the participants and aims to obtain rich descriptive

data that help the researcher to understand the participant's construction of knowledge and social reality.

The participants were guided and encouraged to share their perceptions regarding the inclusion of learners with HIV/AIDS. The study employed semi-structured interviews that implicated interview schedules. The interview schedules had sets of predetermined, relevant, open-ended questions that guided the interviews. The interview schedule was employed during the interview to ensure that the same open questions were asked to all the participants. According to Patton (2002), open-ended interview schedules consist of a set of questions that are carefully worded and arranged with the intention of taking each participant through the same sequence and asking each participant the same questions with essentially the same words.

The purpose of the interviews was to engage the participants to obtain in-depth descriptions of the principals' and teachers' perceptions about the inclusion of learners with HIV/AIDS in mainstream schools and classrooms. Semi-structured interviews require the participants to answer a set of predetermined questions (Maree, 2007).

The interview process, however, needs to be conducted in a flexible way to allow the participants a role in determining how the interview proceeds, as the interview may move away from the predetermined questions in the interview schedule. From the selected schools, I individually interviewed the principals and two teachers in each of the foundation, intermediate, senior and FET phases. Eight teachers were invited to participate. An individual, semi-structured interview was conducted with each of the participating principals and teachers. A tape recorder was used to enable the researcher to observe and take notes of contextual factors, participant reactions, body language and non-verbal communication.

3.5.4 Procedure

A letter to request permission to conduct the study in the relevant schools was written to the Western Cape Education Department (WCED) (see Addendum 1) and the permission was granted (see Addendum 2). Letters were then addressed to the principals of the different schools, informing them about the study and that the WCED had given

permission for the research study to be conducted in the different schools (see Addendum 3). The consent letter from the WCED accompanied the letter to the principal of each school. The participants completed consent forms and a section on biographic information (see Addendum 4). The interviews were conducted in the participants' second language (English). The participants' home language was isiXhosa. The interviews were conducted in English because the participants were all fluent in English and knew the terminology with regard to HIV/AIDS better in English. The interviews lasted about 60 minutes per participant in various places like the school and at their homes.

3.6 DATA ANALYSIS

Schumacher and Mc Millan (1997) describes data analysis as a systemic process of selecting, categorising, comparing and interpreting data, whereby the collected data are sorted or organised in order to gain sense of the data, to be able to verify data and to draw conclusions. Tesch's approach defines qualitative data analysis as the means to get a sense of the whole process by first reading through all transcripts and jot down ideas (De Vos *et al.*, 2002).

Qualitative data analysis is primarily an inductive process of organising the data into categories and identifying relationships among the categories. It is a process of bringing order, structure and meaning to the mass of collected data (De Vos *et al.*, 2002). In qualitative research, the researcher studies the selected issues in depth and detail and attempts to understand the categories of information that emerge from the data (TerreBlanche *et al.*, 2006). Cohen *et al.* (2005) point out that when the interview data have been collected, the next stage involves analysing the data by using a form of coding or sorting. Data analysis involves the "breaking up" of data into manageable patterns, trends and relationships to see patterns or trends that can be identified to establish themes in the data (Mouton, 2003).

In this study, the researcher participated in data collection with the intention to understand the perceptions of the participants in detail. The tape-recorded interviews

were transcribed verbatim and the field notes kept. The transcribed data were then analysed by using the constant comparative method developed by Glaser and Strauss in 1967 (Merriam, 1998). This method is a central analytical approach of grounded theory studies (Patton, 2002) and has been adopted by many researchers who are not seeking to build substantive theory. This is "because the basic strategy of the constant comparative method is compatible with the inductive, concept-building orientation of all qualitative research" (Merriam, 1998: 159).

The constant comparative method entails an inductive process of meaning-making (Henning *et al.*, 2004). This was done by assigning code words to a line, a sentence or a paragraph of the transcribed data as a first step, and data was coded and recoded by constantly comparing incidents. The code words were then grouped or categorised provisionally around a particular concept. Units of meaning were then identified and compared with provisional categories. Where units of meaning did not fit a provisional category, new categories were developed, and the category and its subcategories were then linked to develop main categories or themes (Merriam, 1998; Merriam, 2002). Using this dynamic and complex process of making meaning of the data, main themes eventually emerged, establishing the main patterns for the data (see Addendum 5 and 6).

Table 3.2: Themes and categories related to interviews with teachers and principals

THEMES	CATEGORIES
1. The role of teacher	Teacher attitudes Support Training
2. Learner	Progress
3. Dilemma	Disclosure

3.7 DATA VERIFICATION

3.7.1 Validity and reliability

According to Merriam (1998), validity and reliability are to be approached with careful attention to the conceptualisation, collection, analysis and interpretation of data. Validity is of key importance to effective research. Validity addresses the degree to which data interpretations and themes derived from the data have meaning for the participants and the researcher.

In qualitative research, validity might be addressed through the honesty, depth, richness and scope of data obtained from the participants or through the objective observations of the researcher (Cohen *et al.*, 2005). Reliability is an integral part of validity, as it signifies trustworthiness and is necessary for validity, which is easy to achieve (Neuman, 2000). Silverman, (cited by Cohen *et al.*, 2005), contends that one way of controlling for reliability is to have highly structured interviews with the same format and sequence of words and questions for each participant, as have been done in this study.

Maree (2007) describes validity and reliability for qualitative research as research that is credible, applicable, dependable and confirmable with the key criterion of trustworthiness. The strategies of verification that will be used to ensure validity and reliability in this study will be credibility, transferability and dependability as suggested by Lincoln and Guba (De Vos *et al.*, 2002).

3.7.2 Dependability

Dependability is closely linked with internal validity. It has to do with the consistency of data, whether findings can be replicated with the same subject or a similar context (De Vos *et al.*, 2002). Dependability was obtained tape-recording data and by asking my study supervisor to do a peer examination.

3.7.3 Credibility

Credibility is related to internal validity in which the aims of the study are to be demonstrated to ensure that the inquiry is conducted in a manner that shows that the

study was accurately identified and described (De Vos *et al.*, 2002). Internal validity seeks to demonstrate that the explanation of a particular event or issue can actually be sustained by the data from the research study (Cohen *et al.*, 2005). This study tried to capture and display the reality as it was seen through the eyes of the participants. The participants' exact words, field notes and verbatim accounts will be used to avoid bias. Schumacher and Mc Millan (1997) and Merriam (2002) suggest the following tactics to avoid bias:

- Rich, detailed descriptions will be provided to conceptualise the study so that findings can be transferred.
- The researcher will confirm interviews by giving participants an opportunity to verify meaning through casual conversation (member checking).
- The findings and the study process will be discussed with the study supervisor (peer review).
- The verbatim account and data will present direct quotations that illustrate the meanings of the participants.
- Data will be tape-recorded.

3.8 ETHICAL CONSIDERATIONS

I first asked permission from the different schools' management teams as the gatekeepers in their different schools. The participants were fully informed about the aims of the research study and also of the reason for conducting the interviews. All the participants were asked to sign consent forms, of which an example is attached in Addendum 4.

The participants' dignity and their right to privacy were in no way violated, and everything that they were prepared to share with the researcher were treated with confidentiality. Cohen *et al.* (2005) contend that the participant's right to privacy is protected through the promise of confidentiality. The interviews were tape-recorded, and extensive notes were taken as part of the process of observation during interviews.

The participants were assured of anonymity and the research data were treated as confidential. As no participant's name or the names of the schools were mentioned in the report on the study, their anonymity will not be threatened. The participants were informed that the information collected during interviews would be destroyed after the research. The participants were assured that the consent form was completed not to expose their names, but for verification. The schools were informed that the findings of the study would be made available to them. The WCED will receive a copy of the thesis after completion of the process.

3.9 SUMMARY

In this chapter, I indicated the problem to be explored, and the research questions were carefully formulated to ensure certain outcomes. I worked from the premise that the perceptions of principals and classroom teachers would inform their personal theory and practices with regard to the inclusion of learners with HIV/AIDS in their school and classrooms.

The research paradigm, design and methodology have been discussed as well as the research procedure, methods of data collection and analysis. I also discussed in more detail the semi-structured, in-depth interview and observation as captured in field notes. The methods of data verification and ethical considerations also received attention. In the next chapter, the findings of the research study will be presented and discussed.

CHAPTER 4: RESEARCH FINDINGS AND DISCUSSION

4.1 INTRODUCTION

As indicated in chapter 1 and three this study aimed to answer the following research questions:

- What are the perceptions of principals of including learners with HIV/AIDS in the mainstream school?
- What are the perceptions of teachers of including learners with the HIV/AIDS in the mainstream classrooms?

In this chapter an exposition of the research findings will be presented followed by a discussion of the findings. The findings will be presented under the following headings:

- Including learners with HIV/AIDS in the Foundation and Intermediate Phases: the perceptions of teachers and principal.
- Including learners with HIV/AIDS in the Senior Phase: the perceptions of teachers and principal.
- Including learners with HIV/AIDS in the Further Education and Training (FET) Phase: the perceptions of teachers and principal.

4.2 EXPOSITION OF RESEARCH FINDINGS

4.2.1 Including learners with HIV/AIDS in the Foundation and Intermediate Phases: the perceptions of teachers and principal.

In this section a brief portrait of the learner during the middle childhood years will be followed by an exposition of the main themes and categories as pertaining to the perceptions of the teachers and the principal in the Foundation and Intermediate phases of schooling in the community under investigation regarding the inclusion of learners with HIV/AIDS.

4.2.1.1 Portrait of the learner in middle childhood

A learner is someone who acquires knowledge and skills either in a formal or in an informal way. The NCSNET and NCESS report (Department of Education, 1997) refers to learners as those in education from early childhood to adult education. According to Green (2001) middle childhood is generally considered to be the period between the time when milk teeth are shed up to adolescence, most likely applying to the primary school years and specifically those spent in the Foundation to Intermediate Phases. Learners' ages can range from five to 12 years.

According to Kapp (2001) the child at this stage of his or her life should have developed the necessary physical, cognitive, and social skills and competences in order to be successful in a formal school situation. In terms of physical development Kapp (2001) contends that at this stage a learner's physical health should be strong enough to comply with the demands of the long school day. These learners' gross motor skills should be well developed in order to benefit from formal education as gross motor functions or the large muscles of the body help the whole body to move or to run (Green, 2001; Winkler, 2000). According to Winkler (2000) at this stage the fine motor functions should also be well-developed. The gross motor skills and the fine motor skills should thus be well developed in order to be able to respond quickly to messages coming from the brain. The level of physical maturity and neurological growth should allow learners to undertake activities that are featured in the school situation (Kapp, 2001). Green (2001) contends that at this stage in life learners acquire a more differentiated sense of identity and they also discover how the social world operates.

The level of cognitive development reached by these learners can be determined by their actions and speech and by the way they are thinking and acquiring new knowledge (Green, 2001). In the middle childhood phase changes in the child's language, thought patterns and concentration are visible (Kapp, 2001). It is expected that children should be able to understand and use at least one language fluently as language is the main tool for thinking critically about the world and how it works (Winkler, 2000). According to Piaget the reasoning typical of the middle childhood is 'concrete operational thought'

which implies that the learner now has “the ability to operate mentally in a systematic way on internal schemas that represent concrete experiences” (Green, 2001:82).

According to Green (2001) personal development is generally understood as growing emotional maturity and the emergence of characteristic behavioural patterns. In the middle childhood period emotional maturity can be equated with the growth of a sense of identity, the achievement of a sense of competence and the ability to manage the self and own emotions. At this stage the child should be able to make relatively simple decisions and they are expected to take some responsibility for their own behaviour. Green (2001) contends that emotional maturity promotes social maturity. The child should be confident to the extent that he or she is able to interact and understand peers and adults, and develop awareness of social norms and moral rules of the community to which they belong.

In the context of HIV and AIDS the child in his or her middle childhood may experience delays in development due to the negative impact of the illness. According to Kunneke and Orr (2005) learners with HIV/AIDS may attend school on an irregular basis leading to academic difficulties. They may not proceed to the next grade with their peers which can lead to social isolation. A decrease in peer interactions can cause the child to feel different from others which may further increase isolation. This will ask of teachers to intervene on behalf of these learners.

4.2.1.2 The perceptions of the teachers

In table 4.1 the phase of teaching, gender and a pseudonym are provided with regard to the teachers explicated in this section. Their names are replaced by pseudonyms in order to ensure anonymity and confidentiality. Three of the teachers were female and only one male as teachers in the Foundation and Intermediate Phases of formal schooling are predominantly female.

Table 4.1: Information on teachers as participants

PHASE OF TEACHING	GENDER	PSEUDONYM
Foundation Phase teacher 1	Female	Mimi
Foundation Phase teacher 2	Female	Zinzi
Intermediate Phase teacher 1	Male	Chris
Intermediate Phase teacher 2	Female	Sandy

The themes and categories as derived from the transcribed interviews conducted with the teachers in the two phases of schooling implicated in this section are indicated in table 4.2. Three themes were identified with two categories under the first theme.

Table 4.2: Themes and categories from the interviews with the Foundation and Intermediate Phase teachers

THEMES	CATEGORIES
The role of teacher	Attitudes Support
Learner progress	
The dilemma of disclosure	

i. The role of the teacher

In the first theme the participating teachers identified two important aspects regarding the *role of the teacher* that could impact on the inclusion of the learner with HIV and AIDS: the *attitudes* of teachers towards the learners with HIV/AIDS and the *support* that the teachers were willing to provide to these learners in their classrooms. The participating teachers indicated that the teacher's *attitude* towards the learner with HIV and Aids is of central importance. **Mimi** mentioned that "*as teachers we are not the same*", implying that as persons teachers are different and will thus approach learners in different ways. Certain teachers will maintain positive relationships with learners with HIV/AIDS, whilst others may act negatively towards these learners. They emphasised that positive teacher attitudes can really make a difference in the lives of learners with

HIV/AIDS because “.....as teachers we are different...you have ones you can lean on”
(Chris)

One of the teachers put it clearly that teachers need to change their attitudes and face the realities of HIV/AIDS. She considered it important that all teachers should be knowledgeable about issues pertaining to HIV/AIDS in order to be able to render support. She indicated that it was important not to ‘other’ learners with HIV/AIDS, but that they should be treated the same as the other learners.

“I think they need..., they must not treat HIV/AIDS infected learners special, they need just to accept that HIV is just like another sickness, they must not isolate those learners”.

(Sandy)

A teacher emphasised that all learners are entrusted to the teachers’ care and that teachers should view learners with HIV/AIDS in a positive way. She contends that the positive attitudes of teachers become visible when they start to offer special care to the learners as demonstrated by the following response:

“We must show love and accept these learner; we must be involved in their treatment programmes”.

(Zinzi)

With regard to the *support* category, one of the teachers acknowledged that the HIV/AIDS context was complex and it puts the learners at risk for emotional distress, as well as poor performance in terms of their learning progress. These risks have effects that place high demands on teachers. Teachers do not necessarily have the skills to deal with the complex realities of HIV/AIDS. The essence of this is captured in the following:

“I need to know how to help the learners to learn effectively.....how to render counseling to the learners in the classroom”.

(Sandy)

The above response indicated that some teachers realised the importance of supporting the learner in the classroom in a holistic way. They understood that they were required to explore more effective and relevant ways of responding to all learners, and thus also to the learners with HIV/AIDS. Teaching was not only about academic work, but teachers needed to find other ways to reach the learners' minds and hearts. The learners should also be supported in their social development. The following response is indicative of the above:

“When I plan my lessons I also cater for learners like her....I give the class skills on how to manage life’s challenges... how to live positively when you are HIV infected and how to deal with stress”.

(Sandy)

Some of the teachers indicated that they found it challenging to support learners with HIV/AIDS due to the fact that they did not have enough training in dealing with HIV and AIDS related issues. They pointed out that they needed in-service training and skills to be able to support the learner in his or her emotional distress and to be able to provide quality training. One of the teachers responded as follows:

“At the present moment it is difficult to deal with these issues as, as I have said, I have never received any training on HIV/AIDS”.

(Chris)

The support that some of the teachers rendered included calling the parents when they felt that the learner had to repeat the grade to ensure a better grounding for further learning. Teachers employed different teaching strategies to support learners that encountered challenges in their learning process. One of the teachers indicated that all learners could learn but not at the same pace.

“If I see that they are not coping... I have groups in my class...I have got a first group and second group. The first group is those learners who are coping well and the other one is the group for those that are not coping.... I give them lighter work. So I assess them and give them extra work to boost them”.

(Mimi)

Another teacher indicated that when she found that a learner was not coping well, she would try to be more practical by starting at the most basic level using concrete objects. She would also give the learner extra lessons. If the learner was still not improving, she would consult the parents and recommend that the learner repeated the grade. Then, if the learner was still struggling, she would refer the learner’s case to the Teacher Support Team (TST). The next step would comprise that the learner be referred to the school psychologist based at the local District Support Team. The school psychologist most often recommends that the learner be referred to the Learners with Special Educational Needs (LSEN) unit.

One of the teachers reported that she would support the learner at home should the learner be unable to come to school due to ill health. She would involve the parents by asking them to assist the learner to do the work whilst at home. She explained it as follows:

“I give myself time to visit him and I also bring him the work so that he is assisted at home when he feels well. Then when he is back I try to cover the work he missed and I involve the parent by asking her at home, give him more work to finish at home”.

(Sandy)

ii. *Learner progress*

The following theme reports on the teachers’ perceptions of the *learning progress of learners* with HIV/AIDS. The teachers were aware of the fact that policy indicated that these learners should be included in mainstream schools and classrooms. The majority of the teachers was prepared to include the learners in their classrooms and made the decision to treat them in the same way as learners without HIV/AIDS.

According to the teachers some learners with HIV/AIDS progressed well while others found learning more difficult, experiencing barriers to learning. Some of the learners were affected by concentration problems. One of the teachers painted the following picture:

“One can grasp immediately, but tend to forget at the same time or sometimes you teach her something now and then you see that as you pay attention to her, she just loses focus. The other one, is not concentrating and he loses his focus immediately”.

(Mimi)

The same teacher indicated that learners living with HIV/AIDS appeared to be experiencing barriers to learning due to poor school attendance. These learners tended to be absent from school due to the fact that they had to go for medical treatment. In other instances they stayed away from school because they were not feeling well. The following response is provided as proof:

“Ja... it has an impact on the learning process of the learner....one...the learner tend not to attend school regular[ly], they miss classes and lessons because they are ill. Also the impact is caused for instance [because] those who live in informal settlements come to school with [an] empty stomach because of socio-economic problems. They do not come to school regular[ly] as a result, they miss a lot of work”.

(Chris)

It is clear from the above that absenteeism affected learners’ learning processes as they missed a lot of work and then ended up not being ready to progress to the next grade. In this sense, HIV/AIDS has a negative impact on learner progress. Another teacher confirmed this by indicating that a learner with HIV/AIDS currently attending her class lost a lot of work and might end up repeating the grade.

From the above it is clear that several factors contributed to the complexity of the teachers’ lived experiences in their classrooms, of which learners with HIV/AIDS was

but one. Teachers had to work with the diverse learning needs of all the learners in their classrooms and this was not an easy task, especially due to the fact that classes were large and not easily managed.

iii. *The dilemma of disclosure*

Some of the participating teachers indicated that they did have learners with HIV/AIDS in their classrooms, but that they were not always aware of all the learners who were HIV positive in their school and classrooms. One teacher was aware of three learners with HIV in her classroom, whilst another could identify only one. The majority of the teachers learned about the status of the learners from the learners' parents. One teacher indicated as follows:

“I find out about the learner status from the learner's parent who came to me and ask me that she would love that her child be placed in my class as he is not well. She told me that the child is HIV positive and is receiving a treatment on it, so she wants a person who will understand him”.

(Zinzi)

The teachers acknowledged that it was a person's right not to disclose his or her status, but in some cases they did notice learners with symptoms indicating that they were most likely HIV positive. They preferred to know the learner's status in order to support the learner more meaningfully in his or her learning process, but that it was not easy to say that the child was HIV positive or to go and ask the parent. HIV/AIDS was a very confidential issue. Teachers generally tried to organise meetings with the learners' parents and then asked carefully. Most often the parents would confirm the learner's status. One of the teachers explained as follows:

“Sometimes you see the signs but it difficult to go to the parent and say your child is this way, maybe the parent is hiding it, maybe she is closing it, so I cannot say, because she might not feel right, I want the parent to come to me to tell me that my child is got this, so that is why I organise interview meeting with the parent”.

(Mimi)

The teachers indicated that even if they did have information about the learner's status they would prefer to remain quiet. It seemed as if the whole issue of HIV/AIDS carried a certain element of stigmatisation and that not all the teachers handled the issue with the necessary care. One teacher indicated it as follows:

“If they go to grade 2 their parents had to tell the grade 2 teacher. I'm afraid to tell other teachers. I am not supposed to do that the parents had to tell the teacher maybe they might not want to disclose their children status, because as teachers we are not the same.

(Mimi)

Stigmatisation and labeling often forced people to refrain from disclosing their status or the status of their children. Often when parents learned about the status of their children, they did not even tell the child who was affected about his or her status. An teacher indicated that to children HIV/AIDS is a threat. This was described as follows:

“One time the child was sick and the mother took her to the doctor; the doctor asked the mother whether the child knew that she was HIV positive. They were not aware that the child could understand them. When they went out of the surgery the child asked the mother: “Do I have AIDs?” The mother said no. She hid it from the child and the child died of stress”.

(Mimi)

4.2.1.3 Perceptions of principal

In table 4.3 the pseudonym of the principal as well as the level of schooling is indicated.

Table 4.3: Information on the principal as participant

PHASE	NAME
Principal in primary school	Mr. P

The themes and the categories as derived from the transcribed interview conducted with the principal of the primary school are indicated in table 4.4. Two themes were identified with two categories under the first theme.

Table 4.4: Themes and categories from the interviews with the primary school principal

THEMES	CATEGORIES
1. The role of teacher	Attitudes Support
2. The dilemma of disclosure	

In the interview conducted with the principal two themes were identified from the interview, the first theme consists of two categories.

i. The role of the teacher

In the first theme the principal of the primary school identified two important aspects regarding *the role of the teacher* as it pertains to the inclusion of the learner with HIV/AIDS: the *attitudes* of teachers towards the learners with HIV/AIDS and the *support* teachers are willing to render to these learners in their classroom.

The principal contended that the office was not informed about learners with HIV/AIDS. According to him there were learners with HIV/AIDS in certain classrooms and their teachers were dealing very well with these learners. Although the school did not have a specific programme on the dealing with HIV/AIDS, the staff was compelled to be extremely sensitive to it. **Mr. P** felt that the school employed staff who were mature and who could deal with the challenges of the pandemic. He supported this as follows:

“... because of the fact that our teachers are mature individuals, we really cope well with those identified”

(Mr. P)

With regard to the *support* of learners with HIV/AIDS, **Mr. P** suggested that support was seen as crucial and a basic necessity because when the learner was rejected he or she tended to leave school and were not interested in coming back to school. According to the school principal the school had a clear policy on HIV/AIDS entailing objectives and ways of dealing with disclosure, as well as ways of minimising the spread of

HIV/AIDS. This should start with the support services within the school. Currently the school did not have a support system in place, but they did have a committee that was dealing well with the welfare of both teachers and learners. They had a welfare wing like non-governmental organisations that allocated sections to people to deal with, among others, HIV/AIDS. He indicated as follow:

“ ... the coordinator needs support from all of us because the myths are no longer more important than facts on the pandemic, we should fight a collective battle”

(Mr. P)

He indicated that there was still a lot to be done in terms of supporting the learners with HIV/AIDS and wanted to encourage mutual and collective caring between the school and community. One of the tasks was to improve the school-community relationship by praising and recognising the contributions made by the community to the school. And also plough back to the community by educating the community about HIV/AIDS. He summed it up as follows:

“...[it] doesn't look to me that we are really educating them to our maximum potential. I think the school has the challenge to make clear programmes to caution the school and the community about the pandemic”.

(Mr. P)

ii. *The dilemma of disclosure*

The principal indicated that the school did not have clear records of the learners with HIV/AIDS. Those learners who were identified as being infected with the HI virus were often rejected by others. HIV/AIDS remained a confidential matter until it was disclosed. Parents seldom disclosed their children's status. He summed it up as follows:

“In true sense we do not have SWOT analysis on HIV and AIDS issues. The school has no clear programmes on the pandemic. At given stages we had cases where we lost a learner through this pandemic.

(Mr. P)

4.2.2 Including learners with HIV/AIDS in the Senior Phase: the perceptions of teachers and principal

In this section a brief portrait of the learner in the early adolescent phase will be followed by an exposition of the main themes and categories as pertaining to the perceptions of the teachers and the principal in the Senior Phase of schooling regarding the inclusion of learners with HIV/AIDS. In the community under investigation the learners in the Senior Phase of schooling are educated in a Junior Secondary School.

4.2.2.1 Portrait of the learner during the Senior Phase

During the Senior Phase of schooling learners are reaching the adolescent phase of development. Adolescence is the phase between childhood and adulthood. There are different approaches to defining adolescence. According to Ackermann (2001) the chronological approach identifies three stages to the adolescent phase: early adolescence, which ranges from approximately age 12 to 15, middle adolescence stage, ranging from approximately age 15 to 18 and late adolescence, ranging from age 18 to 25. Adolescence starts at puberty when the child's body growth and sexual maturity accelerate (Ackermann, 2001). Louw (1998) contends that adolescents undergo important aspects of change that are marked by an increase in height, weight and sexual maturity. Adolescents develop social, physical and cognitive changes that influence their views on their self identity and environment. During this phase children should develop a positive body image and self image.

According to Piaget children in their adolescent phase should be developing formal operational thought and should be more able to engage in role-taking (Louw & Edwards, 1998). Formal operational reasoning enables the child to deal with abstract concepts more effectively as reasoning becomes the dominant mode of thinking (Ackermann, 2001). Furthermore Ackermann (2001) contends that cognitive development depends on healthy social, emotional and physical development including neurological, sensory, motor and perceptual functioning. At this stage children become more self-conscious; they consider new possibilities regarding the self and exhibit more self-criticism (Ackermann, 2001).

According to Louw (1998) adolescents should be able to manage high order thinking and can understand the relationships between abstract principles. They can investigate social, political and religious systems, question value systems and are capable of reflecting on their own experiences.

Adolescents in the Senior Phase of schooling will most likely be in the early stage of adolescence. Self-discovery is important for and during this time of self-exploration peers play an important role. Social isolation can act as a barrier to successful identity formation. In light of this adolescents should be actively supported in developing meaningful interpersonal relationships (Ackermann, 2001).

According to Kunneke and Orr (2005) adolescents with HIV/AIDS (as a chronic illness) may experience delays in previous developmental stages that may result in cognitive and emotional immaturity while the illness may deprive them of opportunities to work and interact with their peers. Feelings of difference may lead to anger and grief and they may become unmotivated to learn as they may feel that they do not have an adult future.

4.2.2.2 The perceptions of the teachers

In table 4.5 the phase of teaching, gender and pseudonyms are provided with regard to the teachers explicated in this section. Their names are replaced by pseudonyms to ensure anonymity and confidentiality. Both a male and female teacher was interviewed.

Table 4.5: Information on teachers in the Senior Phase

PHASE TEACHING	GENDER	PSEUDONYM
Senior Phase teacher 1	Male	Hlomla
Senior Phase teacher 2	Female	Mandy

The themes and categories as derived from the transcribed interviews conducted with the teachers in the Senior Phase of schooling (junior secondary school) implicated in this section are indicated in table 4.6. Three themes were identified with two categories under the first theme.

Table 4.6: Themes and categories from interviews with Senior Phase teachers

THEMES	CATEGORIES
1. The role of teacher	Support Awareness/training
2. Learner progress	
3. The dilemma of disclosure	

i. The role of the teacher

The teachers identified two aspects regarding *the role of the teacher*. In the first place *support* to the learner with HIV/AIDS was highlighted but also *awareness* and *training* with regard to the accommodation of these learners. The participating teachers contended that the support for these learners was lacking in schools. In their school they had support structure like the teacher support team (EST) but the structure was not functioning well. The failure of the EST was due to the lack of human resources with expert knowledge and certain fields of specialisations. They emphasised that teachers needed to be tolerant, dedicated, loving and understanding of differences. The teachers strongly believed that the welfare of the learner was of central concern in terms of support. They indicated that these learners needed lot of support including academic support as well as moral support from both school and home. He indicated as follows:

“The TST [teacher support team] which I am the head of, [is dysfunctional] due to lack of human resources with specialisations”

(Hlomla)

The teachers indicated that something should be done to improve support for these learners. Teachers’ attitudes should change. They should see HIV/AIDS as a chronic disease. They pointed out that teachers should work as a team and share experiences and ideas to support the learners effectively. The female teacher responded as follows:

“Since there is incredible amount of anxiety, stigma and label[ing] around these diseases we need to turn everyone into true believers and try to move towards a more recognition of HIV/AIDS as reality”.

(Mandy)

In terms of academic support the participating teachers from the junior secondary school indicated that the learner in general was their core business. Learner development should be promoted. In terms of learners' experiencing learning problems, the focus should move from the theory to a more practical approach. Teachers should help learners with HIV/AIDS to feel accepted in the classroom and they should also visit them at home when they were ill and support their learning process:

“These learners require lot of support, firstly we need to make them feel accepted, visit them when they are ill and assess whether learning can take place and then give them tasks and learning material to read”

(Mandy)

The teachers indicated that the support for these learners should include a process that involves addressing the challenges encountered by these learners. The support should also enhance self- awareness, emotional development, as well as social development of the learner. The male teacher explained follows:

“We need to give our learners more skills on how to manage the life challenges like [how to] live a health[y] life style, how to live positively when you are infected and how to deal with stress positively”.

(Hlomla)

With regard to the second category highlighting *awareness and training*, the male teacher indicated that he was fortunate to be trained in dealing with HIV/AIDS but confirmed that not all the teachers had the opportunity to go for training. Furthermore he indicated that as teachers they had informal discussions on HIV/AIDS but they never engaged deeply on curriculum based matters. He indicated that the training he had received was just to create awareness as it did not touch on learning support. **Mandy** explained as follows:

“To me it [the training] was just an eye opener and wake-up call that [alert us] that it is affecting us all whether positive or negative. The training entails

ways [on how we] contract the disease, [and also] the statistics of those infected according to the various age groups globally”.

ii. *Learner progress*

In terms of academic progress the teachers indicated that these learners were the same as other learners in the classroom-some made good progress, whilst others encountered learning difficulties. The male teacher explained as follows:

“I do not have any problem in teaching these learners because they are normal like others. They are [the] same as others who are not infected, in fact at times they are better off than those learners. For example academically they progress very well”.

(Hlomla)

The teachers acknowledged that these learners faced particular learning challenges as some of them missed class to look after their siblings and at other times they were absent from school due to different illnesses or to go for medical treatment. They indicated that poor attendance was thus a major cause of learning difficulties which might lead to repeating a grade or dropping out of school. The female teacher contented that poor grades made them feel inferior to others.

iii. *The dilemma of disclosure*

The male teacher indicated that he knew of one learner with HIV/AIDS in his class, but was not sure about other learners as HIV/AIDS was a confidential matter. As parents were aware of practices of labeling still prevalent in the community, they were reluctant to disclose their children’s HIV/AIDS status. The fact that the contraction of HIV was associated with premarital sexual practices added to the challenge of disclosure. **Hlomla** explained that it was difficult to get to know the learner’s status unless the parent chose to inform the school. He narrated the following:

“I find out [about the learner] when the learner’s parent visited the school, due to the fact that other learners had been teasing her about her HIV/AIDS

status. How they knew [about the learner's status] was due to township gossip”.

4.2.2.3 Perceptions of the principal

In table 4.7 the pseudonym of the principal of the junior secondary school, as well as the level of schooling are indicated.

Table 4.7: Information on the principal as participant

PHASE	NAME
Principal in junior secondary school	Mr. J

The themes and the categories as derived from the transcribed interview conducted with the principal of the junior secondary school are indicated in table 4.8. Two themes were identified with two categories under the first theme.

Table 4.8: Themes and categories from the interviews with the junior secondary school principal

THEMES	CATEGORIES
1. The role of teacher	Support Awareness/training
2. The dilemma of disclosure	

i. The role of the teacher

Mr. J contended that HIV/AIDS made a significant demand on teachers with regard to *support* in the classroom and school. He pointed out that the issue of HIV/AIDS was very sensitive and it caused difficulties for teachers in their classrooms. Some of the learners experienced challenges that involved learning difficulties, as well as their socio-economic backgrounds that demanded extra support from the teachers. He explained this as follows:

“Secondly as I have said, HIV/AIDS is a very sensitive issue- sometimes it becomes difficult for the teacher to teach as most learners are affected by it. Some learners are [also] left behind by their parents who passed away through this disease. Some learners cannot learn effectively because they come to school with empty stomachs”.

(Mr. J)

Another factor that also impacted on the support that teachers could provide was the fact that student numbers were dwindling due to students dying of AIDS-related illnesses. This resulted in teachers being in excess and having to leave the job.

“It has significant demands on education, as the death rate of learners in schools is decreasing the learner ratio which [in] turn impact on teachers in terms of teachers being in excess which leads to right sizing”.

(Mr. J)

To **support the learners** the school had the teacher support team and the coordinating committee which was composed of Life Orientation teachers. There were also peer teachers. These learners taught other learners about HIV/AIDS. HIV/AIDS was also an integrated part of the Life Orientation curriculum. The school was engaged with these kinds of programmes. Mr. J commented as follows:

“We do have [a] teacher who is coordinating HIV/AIDS programmes who are liaising with the non-governmental organisations that always come to school. As I've said before, we have peer teachers that are being coordinated and they work hand in hand with the NGOs as well as teachers coordinating HIV/AIDS in our school”

(Mr. J)

The school tried to render support to teachers to deal with the challenges in their classrooms. With regard to **training**, the school supported teachers through staff development programmes. The WCED also tried to empower teachers through workshops and training. The non- governmental organisations offered support, as well.

He indicated that approximately 80% of teachers received the opportunity to attend the training.

“We conduct some programmes at the school and these programmes are staff development programmes where we come up with some topics and people go out and research on the topic, then we come together as the staff and share the findings so that at the end of the day we design some policy based on the findings. This policy will be implemented. We also have community organisations like Love Life and the NGOs”

(Mr. J)

ii. *Dilemma of disclosure*

Mr. J indicated that due to the confidentiality issue with regard to HIV/AIDS, the school had no information on the HIV/AIDS status of learners. He explicated as follows:

“Because HIV status is something that is very confidential and we can never force [on] someone to disclose the status. So we don't keep records of the learners who are infected by this disease. So in a nutshell we don't have the data”.

(Mr. J)

Although they knew about these learners in their classrooms, they had no special way of treating these learners as they believed that special treatment would imply discrimination. He indicated that they treated them as special only when the learners experienced medical difficulties.

Mr. J indicated that the school was guided by policies such as HIV/AIDS policy which stipulated clearly that a person's HIV/AIDS status had to remain confidential unless voluntarily disclosed; no one had the right to disclose another person's status. For them it was not an easy thing to accommodate learners with HIV/AIDS in their school as learners do not necessarily disclose their status. Parents very often did not disclose their children's status. In light of this it remained a dilemma how to successfully support these learners. He shared the following:

“As far as I know no parent in the school disclose the status of their children and the most difficult thing is that as teachers we don't have the right to ask any parent about the status of the child. So it depends on the parent's willingness. Even the information we have on the learner profiles doesn't say anything about the learner's status. We receive profiles from primary schools and [these] are not saying anything about learner's status. So it's not [an] easy thing to have”.

(Mr. J)

Although it was difficult to talk about HIV/AIDS, Mr. J believed that other parents were aware that learners with HIV/AIDS were accommodated in a school where their children were learning. Though the school had no statistics and information about learners with HIV/AIDS status the school did teach learners about precautions in terms of sport and also in terms of exposure to blood. He indicated as follows:

“This question of HIV/AIDS is still a very taboo to talk about because nobody comes straight [out] and say my child is HIV positive and therefore there is a treatment that the child is taking. I think our parents are aware that children must not be discriminated [against]. Up to now we never experience[d] any problems. So I think the parents' attitude is positive”.

(Mr. J)

4.2.3 Including learners with HIV/AIDS in the FET Phase: the perceptions of teachers and principal

In this section a brief portrait of the learner in middle adolescence will be followed by an exposition of the main themes and categories as pertaining to the perceptions of the teachers and the principal in the Further Education and Training (FET) Phase of schooling regarding the inclusion of learners with HIV/AIDS. In the community under investigation the learners in the FET Phase of schooling are educated in a Senior Secondary School.

4.2.3.1 *Portrait of the learner during the FET Phase*

As indicated earlier the adolescent developmental is applicable to both the Senior and FET Phases of schooling, but during the FET Phase learners are older: ranging from age 15 to 18. Ackermann (2001) defines this stage as the middle adolescent stage and the characteristics as explained with regard to adolescence in general will also be applicable to this stage of the adolescent developmental phase.

4.2.3.2 *The perceptions of the teachers*

In table 4.9 the phase of teaching, gender and pseudonyms are provided with regard to the teachers explicated in this section. Their names are replaced by pseudonyms to ensure anonymity and confidentiality. Both a male and female teacher was interviewed.

Table 4.9: Information on teachers in the FET Phase

PHASE OF TEACHING	GENDER	PSEUDONYM
FET 1	Female	Dally
FET 2	Male	Lunga

The themes and categories as derived from the transcribed interviews conducted with the teachers in the FET Phase of schooling (senior secondary school) implicated in this section are indicated in table 4.10 Three themes were identified with three categories under the first theme.

Table 4.10: Themes and categories from the interviews with the FET Phase teachers

THEMES	CATEGORIES
1. The role of teacher	Attitudes Support Awareness/training
2. Learner progress	
3. The dilemma of disclosure	

- i. *The role of the teacher*

In the first theme the participating FET-teachers identified three important aspects regarding the *role of the teacher* that could impact on the inclusion of the learner with HIV/AIDS: the *attitudes* of teachers towards the learners with HIV/AIDS, the *support* that the teachers were willing to provide to these learners in their classrooms and teachers; and their *awareness* of HIV/AIDS and *training* in this respect. The participating teachers indicated that the teacher's *attitude* towards the learner with HIV/AIDS was of central importance. One of the teachers indicated that not all the teachers in the Senior Secondary School were sensitive to the fact that there were learners with HIV/AIDS in their respective classrooms. According to this teacher for the teachers in the school there was a lot of stigma attached to HIV/AIDS. Some of the teachers in their school were known for rejecting learners with HIV/AIDS when seeking support. Teachers were also in the habit of gossiping about these learners as they tended to associate HIV/AIDS with promiscuity. The female teacher explicated as follows:

“In some instances some of the teachers [discourage] the learners; one of the teachers once said to the child: I don't know anything about HIV and AIDS because I am born again. What I know when you are not married you have to abstain, you know”.

(Dally)

The male teacher indicated that teachers were not always doing the best for their learners with HIV/AIDS. They found it difficult to teach them about HIV/AIDS as an ordinary teacher and not a Life Orientation teacher. He believed that the attitudes of teachers needed to change.

“As teachers we have [a] challenge of introspecting ourselves whether are we really servicing our learners; we need to change our attitudes and face the realities of HIV/AIDS”.

(Lunga)

With regard to *support* rendered to learners with HIV/AIDS, the female teacher believed that the most important first step towards the support of these learners was acceptance by both teachers and their peers. She felt that other learners should be

educated not to discriminate and accept their peers with HIV/AIDS. Teachers needed to encourage learners to accept, tolerate and understand each other. **Dally** explained it as follows:

“I tried to make other children to accept her, [by] educate [ing] them about the realities of HIV/ AIDS so that they cannot be afraid to sit next to this child”.

(Dally)

The teachers had the challenge of helping every learner to feel happy and comfortable in their classrooms. They were to develop a positive learning atmosphere in their classrooms as any form of labeling and exclusion could be harmful to the learning process of learners with HIV/AIDS. **Dally** felt strongly that HIV/AIDS was affecting these learners psychologically which was detrimental to their learning. They needed support on different levels in order to develop maximally.

As the teacher responsible for Life Orientation in the school, **Dally** emphasised that teachers had to support these learners when absent due to health problems. She pointed out that when a learner encountered problems she generally referred them to the social worker. Should the need arise; the social worker would refer the learner to a school psychologist. She indicated that this process of referral could be challenging at times particularly in time wasted to get the learners the help that they required urgently. In one instance a learner committed suicide as a result of delays in the process. **Dally** further indicated that the school was also supported by organisations such as Wagon of Hope, Love Life and other the non-governmental organisations. There was also a group of peer teachers supporting other learners experiencing difficulties. She explained as follows:

“We’ve got Wagon of Hope that is coming to our school. At the school [we have] peer education as one of the programmes. [We] also [have] Love Life games every Thursdays for grade 10s. There are NGOs who come during breaks and during the classes to offer some information and lessons around HIV/AIDS. We have learners [that] wear emblems [that] show that they are HIV/AIDS peer teachers, they are supporting each other, you know. Even

those who are in that programme we don't know their status they are there because of different reasons but we encourage them to join so that they can be able to educate each other”.

(Dally)

The teacher support team (EST) in the school had unfortunately been disbanded and no one was taking the initiative to revive it. At present the District Office and Life Orientation teachers were the only ones in the employ of the Department of Education providing support to these learners. With regard to learning support Dally further suggested the following:

“[If] a learner, for any reason, cannot be at school, the teacher must do follow up to [boost] the child [by giving them] work [to do] at home so that they can be able to get the opportunity to get CASS [continuous assessment] mark because we don't know when the child will be well and come to school”.

(Dally)

Dally indicated that HIV/AIDS should be included in all learning areas. It should be incorporated across the curriculum and learners should be accepted for who they were and taught to accept everybody crossing their path.

With regard to the category *awareness and training* the two teachers thought of forming a cluster of the schools in the community in order to implement an HIV/AIDS support programme. The rationale behind the cluster was to support one another as the majority of the teachers were not trained by the WCED. Teachers needed knowledge on HIV/AIDS. **Dally** thought that the WCED should provide compulsory training and workshops to all teachers. They needed to learn how to deal with these learners. Trained teachers tended to keep information to themselves and not share it with other teachers. Training sessions from the WCED were most often based on general information about HIV/AIDS but teachers also received training in counseling skills. **Dally** was, however frustrated and reported the following:

“After the training we thought that we will implement [what we have learnt] to make a difference, but unfortunately the environment did not allow us”.

ii. *Learner progress*

According to the teachers HIV/AIDS caused various challenges for the learners, such as emotional stress that made it hard for them to learn. Some learners were also acting as heads of households given that their parents had died of HIV/AIDS. According to Lunga some learners with HIV/AIDS progressed well like other learners, while others experienced learning difficulties. **Lunga**, the male teacher, explained as follows:

“Most of learners have no parents through HIV/AIDS; parents died [and] some are critically ill. That left the burden to children, as some children became ‘child headed’. [They are] looking after siblings. Sometimes they take days out of school and stay at home to look after their sick parents or siblings. That alone causes delays to school work as they miss the school work of that particular day. Sometimes even if there are in school they do not concentrate because you will find out that it’s only their bodies that are at school. The mind is back home. They are too challenged or emotional stressed by the effects of HIV/AIDS. It is really hard for these learners”.

When the learners were absent from school on a regular basis, they missed out on a lot of academic work. They tended to fall behind and found it almost impossible to catch up with the work; leading to poor performance. **Dally** had also observed that learners’ marks tended to drop when they received the diagnosis of their positive status. Once coming to terms with the implications of their illness, their marks tended to recover.

4.2.3.3 Dilemma of disclosure

The teachers indicated that learners preferred not to disclose their status. **Dally** was aware of one learner who disclosed her status. The learner was noticeably uncomfortable when she was telling her story. She indicated that these learners did not feel comfortable when teachers discussed HIV/AIDS in the classroom. She narrated this as follows:

“It is very difficult to teach those learners, especially because sometimes some of them [do] not want to tell when they are HIV positive. So now when you are teaching lessons [that] are connected with HIV/AIDS, you will find out that they are not feeling comfortable in the class, and sometimes they just read between the lines and think that you know their status. So some of the lessons affect [them], and yet you, as the teacher, you don't know”.

(Dally)

Lunga contended that even the parents did not disclose their children's status; instead they would associate it with tuberculosis. He further explained as follows:

“I never had the learner who is infected in my classrooms or else I never realised that there are such learner in my class. All in all, what I can say, I feel comfortable to teach [such a] learner. Maybe there is such learner, but unknown to me. To me all learners are the same; you have learners who are good in their school work and you have those learners who are slow learners”.

(Lunga)

The teachers said that the school was cautious about HIV/AIDS; in every classroom was a first aid kit. They also taught learners about HIV/AIDS precautions when exposure to blood was at stake. Dally further explained that Teacher indicates as follows:

“The [school] policy was designed by the Life Orientation Department together with UCT. We designed the policy and the Department of Education gave us the first aid kit. Each and every classroom has the first aid kit. When there is an emergency we can quickly use [the kit] to protect ourselves. We also encourage the teachers to do [it] ...Especially the sport committee, that they need to be cautious as in sport there is a lot of accidents. So they need to educate their players to have at least plastic gloves in their kit bag so that they can be able to help one who is injured”.

(Dally)

4.2.3.4 *The perceptions of the principal*

In table 4.11 the pseudonym of the principal of the senior secondary school, as well as the level of schooling is indicated.

Table 4.11: Information on the principal as participant

PHASE	NAME
Principal in junior secondary school	Mr. H

The themes and the categories as derived from the transcribed interview conducted with the principal of the senior secondary school are indicated in table 4.12. Two themes were identified with two categories under the first theme.

Table 4.12: Themes and categories from the interviews with the senior secondary school principal

THEMES	CATEGORIES
1. The role of teacher	Support Awareness/training
2. The dilemma of disclosure	

i. The role of the teacher

With regard to the theme *role of the teacher* the principal of the senior secondary school identified two important categories, namely *support* and *awareness and training*. According to **Mr. H** the support of learners with HIV/AIDS was a problem in their school. There was no teacher support team at the school, but they were currently trying to establish one. He ascribed the absence of a teacher support team to the attitudes of the teachers. Very often a teacher who was heading the team lost interest or left the school. In the absence of the leader, no one tried to sustain the team and eventually it disintegrated altogether. He believed that the right people were not put in charge of the team. They needed particular skills that they most often did not possess.

He was not experienced in teaching about HIV/AIDS and some of the teachers were uncomfortable about broaching the issue in class. In light of this they used learners as peer teachers to teach other learners about HIV/AIDS. Learners were more prepared to listen to their peers. They thought that their teachers' information on the issue was only part of a lesson. The school relied on the Life Orientation teachers for support as they were the ones who attended many training sessions related to HIV/AIDS. He further indicated that towards the end of 2008 *"somebody will come here to establish these two committees; these committees will be for learner support and teacher support"*. **(Mr. H)**. They indicated that they needed outside help to put together committees with the necessary skills to help with the support of these learners. These committees should also receive the necessary training in order to support the learners more meaningfully.

The school also received support from external service providers such as the District Education Office, Love Life and the non-governmental organisations (NGOs). In most cases he referred learners who needed support to the District Education Office. According to him the referral system was working. **Mr. H** further explained the following:

"In the life orientation classes we ask teachers to talk about precautions as, we say, these are sensitive issues and [at school] we have old learners so we need to be careful. Not every teacher is feeling comfortable [to teach about HIV/AIDS]. I think that is where the training comes in, and how to approach it is a difficult question. In the lesson you have to provide, [you need to] go and consult [so that you know]. How can I go out, how can I present this to the learners. But we want to make learners aware. That is why we allow as many of the NGOs [to assist], because we need these awareness programmes".

(Mr. H).

With regard to the *awareness and training* of the teachers in HIV/AIDS **Mr. H** indicated that HIV/AIDS was a very confidential issue which caused difficulties for teachers to deal with issues related to it. He pointed out that although the school had access to a booklet on HIV/AIDS, he still believed that staff development was needed.

The school had an appropriate policy that stipulated that support services like counseling for learners was very important, but the problem was that the majority of the teachers had not received training on HIV/AIDS. In light of this, the policy only remained on paper and was not implemented in the school. He acknowledged that the Western Cape Education Department offered training in HIV/AIDS but only a few teachers used the opportunity to attend. In most cases it was only the Life Orientation teachers who attended these training programmes. He would prefer that those teachers who received the training should be prepared to come and train the rest of the staff. He considered it as important.

“Because it is not only the learners [who are affected or infected]; also us, the teachers, we need to know where to go when need support. We do not know each other; [your status], it’s your secret. It is confidential but we need to know where to go when need support”.

(Mr. H)

ii. *Dilemma of disclosure*

According to the principal the school had no records on learners with HIV/AIDS as the learners did not disclose their HIV/AIDS status. According to him the District Education Office should have the data because they were the ones who dealt with these learners. Parents were also not prepared to disclose the status of their children mostly due to the stigma attached to HIV/AIDS in the community. At the school the staff sometimes gets a clue about the learner's status when the learner was being teased by other learners. They could, however, not act on this as they were not officially informed. Tuberculosis was often given as the reason for certain symptoms and used as a ploy to avoid the stigma of HIV/AIDS.

Mr. H further explained that the school had students coming to their school on Tuesdays to talk to the learners. The learners would rather talk to the students than the teachers. Three years back a boy visited him in his office to complain about his peers teasing him about being HIV positive. The learner wanted to go to the clinic to prove that it was not the case. **Mr. H** advised him to go for counseling as he [the principal]

was worried that the learner might be in a relationship with a girl who was HIV positive and the other learners were aware of this.

4.3 DISCUSSION OF RESEARCH FINDINGS

4.3.1 Introduction

According to Prinsloo (2005) approximately 250 000 school-going children in South Africa are infected with the HI virus implying an increase in the number of learners experiencing barriers to learning and development in schools and classrooms. HIV/AIDS as a chronic illness increases learners' susceptibility to emotional, behavioural and also cognitive challenges that can result in problems in reaching developmental milestones. Learners with HIV/AIDS need additional support and encouragement to benefit from their educational experience (Lewis & Doornby, 1995).

Our strong human rights perspective in South Africa as manifested in educational policies and legislation, however, promises inclusion of all learners in schools and classrooms and the necessary support as warranted by their diverse learning needs to ensure quality education for all learners (Department of Education, 2001). The Department of Education declared itself willing to become a central player in addressing the barriers presented by HIV/AIDS (Coombe, 2000). Howell (2000) contends that one of the key factors in inclusion in education is the changing of perceptions towards differences and disabilities. Positive attitudes can go a long way to the successful inclusion and support of a learner with a chronic illness, whilst negative perceptions can cause serious barriers to learning and development (UNESCO, 2005).

As mentioned before, the aim of this study was to explore the perceptions of both teachers and principals on the inclusion of learners with HIV/AIDS in three mainstream schools and classrooms in one black community in the Western Cape Province. In Section 4.2 the research results were presented in such a way that the distinction between the teachers' and principals' voice was clear. In the discussion of research findings, as presented under certain sub-headings, the principals' perceptions will be highlighted where their contribution different differs from that of the teachers. Of key

importance to this study was that the research findings suggested that in the community under investigation learners with HIV/AIDS were present in all of the three mainstream schools. Learners with HIV/AIDS were thus not excluded from mainstream schools and classrooms in the research community.

The discussion will first focus on the perceptions of teachers and principals regarding the inclusion of learners with HIV/AIDS. Subsequently the discussion will address teachers' and principals' perceptions of the learning progress of learners with HIV/AIDS, the dilemma of disclosure of the learner's HIV/AIDS status, the value of support in school and home, and the need for appropriate training for all role-players.

4.3.2 Attitudes towards the inclusion of learners with HIV/AIDS

The research results indicated that the majority of participants showed positive attitudes towards the inclusion of these learners in mainstream schools. The teachers never questioned the presence of these learners in their schools. In terms of learning support rendered to these learners the attitudes of teachers were identified as of central importance (UNESCO, 2005). Positive attitudes would result in meaningful teacher-learner relationships implying that the teacher accepted and valued these learners.

The findings indicated that in the primary school the attitudes of teachers' towards the inclusion of the learners with HIV/AIDS were mostly positive. Indications were that certain teachers however still needed to change their attitudes. Participants indicated that teachers' attitudes were not all the same, and they emphasised that all teachers needed to enhance quality learning for these learners by treating them equally and accepting ownership of all the learners in their classrooms as learners were entrusted to their care.

The principal in the primary school indicated that the school lacked information on the accurate number of the learners with HIV/AIDS. However he had confirmed that teachers in the primary school were mature and successful at addressing the needs of the learners identified with HIV/AIDS in their classrooms. The teachers were expected to handle the HIV/AIDS challenge sensitively.

The principal in the junior secondary school indicated that HIV/AIDS was a very sensitive issue that presented certain difficulties for teachers in their classrooms. He did not know how effectively teachers supported these learners in their classrooms. From the findings it seemed as if Senior Phase learners with HIV/AIDS were not identified as a result they were not receiving proper assistance as most teachers were not aware of these learners. The teachers were working within subject areas and only met with each class at certain intervals, making it more challenging to support learners successfully. One teacher indicated that he only discovered a learner's HIV/AIDS status by the off chance when the learner was teased by his peers. Learners in the Senior Phase are at the beginning of their adolescent phase where identity development is seen as the key developmental task. Peer acceptance and recognition is seen as very important and learners are also in need of support from significant adults. Exclusion and marginalisation can result in severe challenges to learning and development and should be addressed effectively within schools as well as classrooms (Ackermann, 2001).

With regard to the FET Phase the participating teachers' responses indicated that teachers' attitudes towards learners with HIV/AIDS were mostly negative due to the stigma attached to how these learners acquired the HIV virus. The participants in the FET Phase indicated that teachers tended to associate HIV/AIDS with promiscuity. In light of this these learners were forced to keep their status confidential rather than risk exclusion and ridicule. It seemed as if teachers needed to change their attitudes to ensure the inclusion of these learners.

The teacher is a valuable source of wisdom, skills and support. According to Berk (2006) negative attitudes of teachers can cause extreme harm to the development and learning of learners. Teachers need to show tolerance, dedication, love and understanding with regard to learners with diverse needs, including HIV/AIDS. Berk further (2006) contends that learners may adopt teacher's positive or negative views and start to live up to them. Schools included in this study needed to work hard to make the school environment more accommodative of learners with HIV/AIDS. Teachers needed to develop a more accepting and welcoming classroom culture by committing themselves to fulfil the objectives of quality teaching. According to Pretorius (1998)

adolescents need to experience the school environment as approving of them and should have the opportunity to actualise positive and supportive interpersonal relationships. Learners should be able to talk freely about their problems, experiences, needs and feelings whilst teachers listen with empathy, keeping the information confidential. Furthermore Pretorius (1998) indicated that “the school should maintain a meaningful balance between factual knowledge, evaluation marks and the psycho-social welfare of individual learners”.

4.3.3 Learner progress

The core business of education is learning, but learners from less affluent communities are often exposed to hardships that make them more vulnerable to educational failure (Department of Education, 1997). Where poverty and HIV/AIDS meet within the education system barriers to learning and development can be expected (Prinsloo, 2005).

The teachers who participated in this study indicated that learners with HIV/AIDS varied in terms of processing learning. According to them some of these learners were experiencing learning problems whereas others were progressing well. In the primary school teachers explored different strategies and approaches in supporting learners. Learners were for instance grouped according to different abilities (heterogeneously) so that they could assist each other. The teachers paid attention to the learners that encountered barriers to learning in order to ensure progress and parents were consulted when learners were at risk.

According to Dednam (2005) almost all classes in mainstream schools include learners experiencing learning problems which can improve with quality attention and support from teachers and parents. In the primary school that participated in this study there were more positive social interactions in terms of parents and peers. As reported parents were more visible and more involved in learners' learning and assessment procedures. The parents were also more concerned about their children's well-being. In the Senior and FET phases findings indicated that learners were more independent and teachers showed less interest in supporting the diverse learning needs of their learners. The lack

of learner-teacher interactions created more challenging problems for the learners. In this respect Berk (2006) warns that sensitivity and flexibility within a school learning environment is necessary for the successful progress and transition of learners. The WCED Manual on Education Support Team (2003) specifies that the school should aim to prevent the development of barriers to learning with regard to all learners. Kunneke and Orr (2005) contend that many learners with chronic diseases may experience academic difficulties as certain medication used to treat chronic diseases may directly or indirectly affect school performance.

The teachers pointed out that there were many factors that negatively impacted the learning progress of learners with HIV/AIDS. One of these came to the fore when learners had to make the transition from the primary school to the junior secondary school. Learners had to move from more intimate self-contained classrooms to the more impersonal secondary school where they had to change classes and teachers at regular intervals in a normal school day. Support and care for learners with HIV/AIDS was not so evident in the junior secondary and FET school as in the primary school. Berk (2006) contends that school transition often leads to environmental changes that fit poorly to the adolescent's developmental needs. The transition to the secondary school brings disruptions to the close relationships between the learner and the teacher, and interferes with peer networks as adolescence became more concerned with peer acceptance as well as adult support. The transition often brings less personal attention to learners as learners view junior school learning experience less favourable than their primary schooling experiences (Berk, 2006).

Dednam (2005) contends that school transitions can cause significant challenges to learners and negatively affect their academic achievement. Teachers in the junior secondary and FET schools did not know the HIV/AIDS status of the learners in their classrooms and could not really comment on their progress. Kunneke and Orr (2005) however argue that a chronic disease such as HIV/AIDS can interfere with the actualisation of physical, psychological and intellectual milestones of infancy, childhood and adolescence. Learner progress can be negatively affected by emotional problems

caused by failure, poor social perception, poor motivation and poor attention (Dednam, 2005).

Stofile and Green (2007) contend that barriers to learning and development include socio-economic barriers, negative attitudes, inflexible curricular, inappropriate and inadequate provision of support services, a lack of parental involvement and lack of human resource development strategies. As the majority of the learners implicated in this study were from backgrounds impacted by poverty, a high rate of unemployment, violence, a high rate of crime, alcohol and substance abuse, and teenage pregnancy learning difficulties aggravated by HIV/AIDS as chronic illness could be expected (Dednam, 2005).

Findings from the study indicated that these learners' progress was affected by factors such as learner absenteeism, learner's socio-economic background and emotional distress. The learners experienced a variety of cognitive or adjustment problems either due to the disease or prolonged absences from school. In bridging this gap some teachers tried to support the learners by sending them work to be completed at home and tried to engage the parents to assist them at home. They could also consider welcome back activities when these learners return to school. The WCED Manual on Education Support Team (2003) stipulates that every school should strive to establish an environment that will make the curriculum accessible to every learner by giving them opportunities to realise their potential.

4.3.4 The dilemma of disclosing learner HIV/AIDS status

Kunneke and Orr (2005) contend that classroom teachers are in a favourable position to observe learners within their every day's activities and that they should be able to recognise chronic diseases that affect learners in their classes. Furthermore they argue that teachers have the responsibility to obtain information from these learners' parents regarding the potential impact of their chronic illnesses on their learning and development. Should teacher-parent interaction be lacking, Kelly (2002) defines it as an information gap between the home and school. According to Kelly (2002) this gap can be crucial for the effectiveness of HIV preventive education programmes.

Teachers participating in this study were mostly positive about the inclusion of learners with HIV/AIDS and the schools seemed to have a school policy on HIV/AIDS in line with the national policy. But schools did not have clear data on the learners with HIV/AIDS as learners and parents were not compelled to disclose the status of their children. Respect for privacy, agency and choice is understandable but it makes it more challenging to provide the necessary support for these learners in schools. Teachers in this study however indicated respect for the parental right to hide the status of their children. Not all teachers have positive attitudes towards learners with HIV/AIDS. According to Kunneke and Orr (2005) teachers should understand that it is not their role to disclose the health status of their learners even to other teachers unless permitted by the parents.

From the findings of this study, it however became apparent that more trusting relationships and interactions between teachers and parents existed in the primary school where parents found teachers more caring and welcoming. Where this was the case, parents were more prepared to disclose their children's HIV/AIDS status enabling teachers to support these learners more successfully. These learners are in need of additional support and encouragement in order to benefit educationally. School success depends upon factors such as regular school attendance, the psycho-social well-being of these learners as well as the positive attitudes of teachers. Where any of these factors are absent, barriers to learning may occur (Lewis & Doornby, 1995).

In the Senior and FET Phases (adolescent phase) the dilemma of disclosure was experienced as more intense. In most cases learners' HIV/AIDS status was hidden. From the study it also became clear that some older learners with HIV/AIDS experienced their illness as extremely stressful and were not prepared to share it with teachers. Sometimes teachers noticed symptoms in learners indicating a positive HIV/AIDS status but then parents would prefer to identify the disease as tuberculosis. This was mostly done to protect their children from possible stigmatisation and exclusion. But social isolation and trauma can decrease effective teaching and learning. Most often, the stigma is caused by a lack of knowledge (Coombe, 2000; Maile, 2003). Learners with HIV/AIDS often face unwarranted social isolation due to the fear,

anxiety, pressures and stigmatisation associated with the disease which makes them unwilling to declare their HIV status depriving themselves of the necessary support from schools and the community (Kelly, 2002).

4.3.5 The value of support services in school and home

Education White Paper 6 (Department of Education, 2001) sees inclusive education as the most appropriate strategy for addressing the diverse learning needs of all learners. The document highlights that the development of inclusive education should take into account the incident and the impact of the spread of HIV/AIDS and other diseases. In light of Education White Paper 6 of 2001 the inclusion of these learners in mainstream schools and classrooms are thus guaranteed implying a right to learn in an environment where support is rendered to an extent that protects these learners from marginalising factors such as stigma as well as discrimination (Department of Education, 2001).

As indicated before, the disclosure of HIV status was identified as a dilemma in the three research schools implying that the learners were not receiving the essential care and support. Especially learners in the Senior and FET Phases learners with HIV/AIDS were not adequately supported.

It became apparent from the study that HIV/AIDS presented many challenges to teachers in the classroom. These learners were often ignored and were not receiving appropriate support. However it seemed as if primary school teachers were doing their best to cope with the situation, although they were not all well-trained in dealing with these learners. In the senior schools HIV/AIDS was seen as a learner deficit that should preferably be addressed by life orientation teachers and in extreme cases, the District Education Department. Non-governmental organisations and individual teachers also acted as agents of support and care.

In the Senior and FET Phases many learners with HIV/AIDS in mainstream schools were faced with learning difficulties as there was not enough support and care provided. They often had to repeat a grade and sometimes chose to drop out of school. In the Senior and FET Phases peer education programmes were encouraged where learners could support each other by teaching other learners about HIV/AIDS. Kunneke and Orr

(2005) see the process of learner's interaction as a positive approach that can enhance a social inclusion from the school and peer group.

Swart and Pettipher (2007) indicate that the aim of the support should be to develop a culture that focuses on quality learning for all learners. The establishment of a support network should thus enable effective learning in the classroom. According to the WCED Manual on Education Support Team (2003) schools should establish school based education support teams to be responsible for the provision of learning support together with the teacher involved in a particular learner's teaching and learning (Landsberg, 2005). It seemed from the research findings that schools were aware of the fact that they should have support teams but in most incidences education support teams were either not established or not fulfilling their support obligations. The main purpose of the teacher support team is to support the teachers in the school to prevent learning barriers, as well as learners experiencing barriers to learning and development (WCED Manual on the Education Support Team, 2003; Landsberg, 2005). Teacher support teams should also collaborate with the District Education Team, as well as parents and community members to prevent learner failure.

The teachers in this study argued that the HIV/AIDS challenge in schools calls for teamwork. All teachers needed to cooperate in order to achieve success. They believed that sharing experiences and ideas would bring the best support for learners. Teachers found HIV/AIDS a complex issue that needed the involvement of everyone and they believed that this could be achieved through forming partnership with all stakeholders. They believed that support services play a crucial role in developing learners learning and their intellectual, emotional and social domains.

Swart and Phasha (2005) contend that sharing a common goal makes it possible for participants to pool their knowledge and resources and make joint plans. Thus the concept of learning support should identify and acknowledge learner potential as well as the value of the collaboration of people from the systems surrounding the learner (Bouwer, 2005). Swart and Pettipher (2007) indicate that collaborative practices should involve frequent teachers' discussions of teaching practices, sharing resources, team

teaching practices, and decision making, as well as collaborative processes with parent and community members in order to strengthen the support network and ensure quality learning for learners with the HIV/AIDS virus.

4.3.6 Training for school members

According to Kelly (2002) schools should be safe and happy places for all learners. He further contends that this could be accomplished for learners with HIV/AIDS through a successful school's HIV prevention and support programmes that takes into account the real conditions of the learners. For the teachers to be able to meet the needs of all learners they have to expand their roles to optimise learning experience for all learners with HIV/AIDS (Kunneke & Orr, 2005). According to Landsberg (2005) teachers need systematic and intensive training either as part of their initial training or as well-planned in-service training by competent and experienced people in order to be able to cope with chronic illnesses such as HIV/AIDS in their classrooms. .

The study revealed that in all schooling phases, teachers in this study indicated that they would be more supportive of these learners once they were better trained in dealing with HIV/AIDS issues including learning support in the classrooms. Steps needed to be taken to provide teachers with training and awareness on HIV/AIDS. According to the principal of the junior secondary school, the school did support teachers through staff development programmes. The training of teachers was further supported by the WCED and non- governmental organisations that tried to empower teachers through workshops and training. He indicated that approximately 80% of teachers received the opportunity to attend the training. The principal of the senior secondary school believed that his staff needed more training as the majority of the teachers had not received training on HIV/AIDS. He acknowledged the training initiatives provided by the WCED but only a few teachers used the opportunity to attend. In most cases it was only the Life Orientation teachers who attended these training programmes. They did not cascade it to other teachers as he would prefer.

The teachers in this study believed that a culture of human rights and social responsibility should be nurtured in their schools and that this could be achieved when

HIV/AIDS was incorporated in every aspect of the school's life and if the education district could offer compulsory trainings to all teachers. According to Landsberg (2005) school based support team together with the education support services of the district should take responsibility for the in-service training of teachers. The participating teachers believed that these learners needed support in terms of counseling and that it would thus be valuable if all teachers were empowered with skills such as counseling in the classroom.

The teachers who did attend training workshops indicated that the training was too short and not straight to the point as it was dealing with precautions rather than learning support. They believed that follow up training sessions that specifically dealt with learning support were of vital importance. They indicated that it would be wise to sit and discuss issues related to HIV/AIDS as teachers so that they could capacitate one another. Kunneke and Orr (2005) contend that teachers may lack expertise in how to deal and how to integrate the child with chronic diseases into the classroom. Furthermore they point out that positive communication and teamwork between stakeholders like family, teacher, health team, school-based and district-based support teams providing support to the teacher will ultimately benefit the learner.

In conclusion the following can be highlighted: Learner diversity has to be managed and supported successfully in schools in order to ensure quality education for all, also for those learners with HIV/AIDS. There is no one size fits all (Swart & Phasha, 2005). This involves, among others, a personal relationship between learners, parents, community and teachers in order to ensure the mental and physical well-being of all learners (Swart & Phasha, 2005) as indicated in this study, some teachers lacked confidence in their ability to support learners with HIV/AIDS. They believed that capacity building could make the necessary difference. Schools also had to develop support structures that enhanced collaborative decision-making. Collaborative teams should include learners, parents, community members, as well as the teachers. All stakeholders should work together as a team in a holistic and integrated manner with the common aim to effectively combat HIV/AIDS and support learners infected and affected by the virus. Transdisciplinary approaches to support seem to be the best and

appropriate in understanding and addressing the diverse learning needs of all learners including the learners with HIV/AIDS. “The establishment of collaborative support teams based on a transdisciplinary approach to collaboration within schools (including teachers, parents and support professionals) and also at district level is seen as the strategy that will facilitate” the successful inclusion of all learners (Engelbrecht, 2007:178). Transdisciplinary collaboration is characterised by open communication, the commitment of all stakeholders, equality among partners, good skills, trust, respect and cultural sensitivity (Engelbrecht, 2007).

4.4 CONCLUSION

In this chapter the findings of the study have been presented, as well as the discussion of the findings. In the following chapter the focus will fall on the concluding remarks, recommendations and implications for future research, strengths and limitations of the study.

CHAPTER 5: CONCLUDING REMARKS, RECOMMENDATIONS, LIMITATIONS AND STRENGTHS

5.1 INTRODUCTION

As mentioned before, this research inquiry explored the perceptions of principals and teachers in the different schools in a black community near Paarl in the Western Cape Province about the inclusion of learners with HIV/AIDS in mainstream schools and classrooms through a basic interpretative qualitative study. The findings of the study have been discussed comprehensively in chapter 4. This final chapter will provide concluding remarks on the main findings of the study, discuss recommendations, mention limitations and strengths of the study and make suggestions for further study.

5.2 CONCLUDING REMARKS

As explained in chapter 1, South Africa has a strong human rights perspective, which is evident in all education policies and legislation. This implies that the rights of learners with HIV/AIDS should be protected and they should be accommodated in local schools. They need to be supported to lead fulfilling lives and should not be denied opportunities to receive quality education. Education White Paper 6 (Department of Education 2001) emphasises that the education system needs to be responsive to learner diversity by acknowledging and respecting differences in learners, whether it results from racial or social issues, poverty, disabilities and HIV and other infectious diseases.

From the findings of the study, it has become clear that learners with HIV/AIDS were accommodated in mainstream schools and classrooms in the community under investigation. However, Engelbrecht and Green (2007) argue that granting access to these learners to enrol in mainstream schools is not enough because inclusive education is not only about the presence of these learners in mainstream schools and classrooms, but also about ensuring their participation and achievement. Therefore, it is obvious that school principals and teachers should harbour positive perceptions towards the inclusion

of these learners in their schools and classrooms in order to be prepared to work for quality learning opportunities for these learners.

The literature review showed that teachers' perceptions towards HIV/AIDS may affect learner interactions because teachers are viewed as sources of information and support for learners (Dawson, Chunis, Smith & Carboni, 2001). The findings presented in answer to the research questions indicated that the attitudes of primary school teachers' towards the inclusion of the learners with HIV/AIDS were mostly positive, although certain teachers still needed to change their attitudes. In the junior secondary school, the status of learners with HIV/AIDS was seldom known, with the result that they were not receiving appropriate learning support. The teachers chose to pretend not to know of learners with HIV/AIDS present in their classrooms. The two participating teachers in the FET phase indicated that teachers in their school have less positive attitudes towards learners with HIV/AIDS because they tended to associate HIV/AIDS with promiscuity. In light of this, learners in the senior phases in particular chose to keep their status confidential and were consequently not receiving the necessary support to ensure academic progress.

The fact that schools did not have clear data on the learners with HIV/AIDS, because learners and parents were not compelled to disclose the status of their children, made it more difficult to support the learning processes of these learners. In the primary school, it was evident that interactions between teachers and parents were more positive. Where this was the case, parents were more willing to disclose their children's HIV/AIDS status, which enabled teachers to support these learners more appropriately. In the senior and FET (adolescent) phases, the dilemma of disclosure was experienced as more problematic. From the data, it seems that the learners with HIV/AIDS in the two senior schools often faced potential social isolation due to the fear and stigmatisation associated with the disease. This made them unwilling to declare their HIV status, with the result that they did not receive the necessary support from principals and teachers. Peer education programmes were encouraged in the schools where learners could support one another by teaching other learners about HIV/AIDS

The four teachers in the primary school seemed more supportive of the learning processes of their learners with HIV/AIDS, and positive interactions in terms of parents and peers were evident. Support and care for learners with HIV/AIDS was less evident in the junior secondary and FET schools. In these schools, learners had to function more independently, and teachers showed less interest in supporting the diverse learning needs of their learners. This caused challenges for all learners who had to make the difficult transition from the primary school to the junior secondary school, but especially for those who needed more intensive support due to a chronic disease such as HIV/AIDS. Learners had to move from junior learning environments that were more intimate to senior educational settings that were more impersonal.

It seems as if primary school teachers were doing their best to cope with the challenges presented by learners with HIV/AIDS, despite inadequate training. In the two senior schools, HIV/AIDS was seen as a learner shortfall that should preferably be addressed by life orientation teachers and in extreme cases, the district office of the Education Department. NGOs also acted as agents of support and care. Learners with HIV/AIDS in the senior and FET phases were faced with learning difficulties because sufficient support and care was not available. These learners sometimes even chose to drop out of school due to learning challenges. The schools that participated in this study knew that they were required to establish school-based education support teams that could support teachers and learners in their respective schools, but in all instances, education support teams were either non-existent or not fulfilling their support obligations.

The teachers from the three schools indicated that they were not adequately trained in dealing with HIV/AIDS issues, including learning support in the classrooms. According to the principal of the junior secondary school, his school did try to support teachers through staff development programmes. The training of teachers was further supported by the WCED and non-governmental organisations that tried to empower teachers through workshops and training. He indicated that approximately 80% of teachers received the opportunity to attend the training. The principals of the primary and senior secondary school believed that their staff needed more training on HIV/AIDS. Not all the teachers chose to attend the training initiatives provided by the WCED.

The teachers who participated in this study believed that a culture of human rights and social responsibility should be nurtured in their schools and that this could be achieved if HIV/AIDS were incorporated in every aspect of the school life and if the education district could offer compulsory training to all teachers. The teachers also indicated that training programmes did not provide training on how to support the learning of learners with chronic diseases. They also felt that training programmes should include a section on counselling skills for teachers because learners with HIV/AIDS need support in terms of counselling.

The teachers also suggested that teachers should learn together in order to capacitate one another. Collaboration between different role players such as the family, teachers and school-based and district-based support teams providing support to the teacher will also ultimately benefit the learner.

From the findings, it became clear that the schools in the community under investigation needed to reconsider their cultures, policies and practices in the light of the inclusion of learners with HIV/AIDS. Although it seemed as if the schools were doing some work in this respect and had certain interventions in place, the teachers needed to reconsider their attitudes towards these learners before embarking on whole school change and establishing successful learning support interventions, including all the significant role players. Certain recommendations will be made in the next section for schools to be able to cope more effectively with the challenge of HIV/AIDS as a chronic disease.

5.3 RECOMMENDATIONS

It is in the first place recommended that schools recognise their responsibility to implement the national HIV/AIDS policy formulated for schools. Schools should create awareness by visiting the policy frequently and ensuring that it is being integrated in all aspects of schooling, including the curriculum.

With respect to schools that have to cope with an increasing number of learners with HIV/AIDS, effective support for teachers and learners need to be in place. From the study, it seems that a considerable number of learners struggling with HIV/AIDS as a

chronic illness were not known to either the principals or the teachers who were the main supporters of their learning. In the light of this, these learners were not receiving the support that they needed to progress in their learning. Stigmatising and labelling in the broader community and in the schools seem to be the reason for the non-disclosure of status. It seemed as if a closer and more positive relationship among teachers, parents and learners could be associated with parents being more prepared to disclose the status of their children with the result that these learners could be supported more effectively. This became clear from juxtaposing the responses from the primary school participants and those from the more senior schools. It seems that one possible recommendation for principals and teachers could be to form positive, accepting and caring relationships with the parent body and the learners attending their schools.

As argued in section 2.5.2 more attention should be given to indigenous approaches to the support of learners with HIV/AIDS. The philosophy of ubuntu should be promoted to ensure appropriate support for learners with HIV/AIDS, but also for principals, teachers and parents. In order to combat the disastrous effect of HIV/AIDS in the lives of people and institutions such as schools, ubuntu with its emphasis on care, compassion, warmth, understanding and sharing should be actively advocated as the appropriate way to support learners and all other school members (Mulaudzi, 2007).

Another important recommendation is that training in HIV/AIDS should be compulsory for all teachers. In particular, training initiatives should address the attitudes of pre-service and in-service teachers, because findings from the study indicate that teachers need to change their attitudes and demonstrate collective care for these learners. Training initiatives should also include strategies on how to support the learning of learners with HIV/AIDS. The teachers also indicated that training in counselling skills would help them to assist these learners better. Teachers who were previously trained should be given the opportunity to upgrade their qualifications through in-service training or workshops.

Support for learners with HIV/AIDS is important, but support for teachers is equally necessary. One such mechanism is the Education Support Team to be established in all

schools as suggested by Education White Paper 6 (Department of Education, 2001). This team should work in close collaboration with the Education District Team in supporting teachers and learners with HIV/AIDS. It is also recommended that schools should accept ownership of these learners and reinforce positive attitudes towards learners with HIV/AIDS by recognising that these learners are the responsibility of all role players in the inclusive school community. Schools in a particular community such as the community implicated in this study should consider forming cluster schools where teachers from different schools could share ideas, experiences, knowledge and skills. Collaborative processes across the boundaries of the different schools can also assist with the challenging transitions that learners have to make when leaving one school for another.

Teachers should be prepared to support the learning of all learners in their classrooms. Barriers to learning and development can be the result when support for learners is not readily available on classroom level. This can lead to emotional stress, inhibit learning progress and can result in behavioural problems. Therefore, teachers should be trained to effectively support learners with HIV/AIDS by accepting and welcoming the learners in their classrooms and considering the emotional care of the learners.

5.4 LIMITATIONS

The study has certain limitations. The study was conducted only in three schools of one black community, implying limited transferability to other schools and communities. Whereas a qualitative study is usually a more in-depth study involving a small group of participants, a larger number of participants could have increased the transferability of the findings.

Another important limitation was the limited number of participants from each school included in the study. Focus group interviews would have allowed for more participant contribution and consequently a richer database. In the more senior schools, the participants were also mostly life orientation teachers who in general have a more

positive attitude towards learners in need of support. This could have given a particular emphasis to the data, excluding certain teacher voices.

5.5 STRENGTHS OF THE STUDY

The teachers and principals in this study provided insight into the schooling of learners with HIV/AIDS and into their own challenges with regard to learner diversity in their classrooms. By interviewing the teachers and principals on the inclusion of learners with HIV/AIDS in their classrooms and schools, awareness was created for the plight of these learners. This could potentially lead to a better coordinated HIV/AIDS strategy for the three schools in being particularly helpful in easing the transition of learners with HIV/AIDS from the primary to junior secondary school. A coordinated HIV/AIDS initiative from the three schools can also make a difference in the broader community in creating awareness of the needs of those infected and affected by the HI virus.

It was also hoped that principals and teachers would benefit from the feedback from this study and that this will challenge the three schools to accept agency to develop sustainable support service initiatives to deal with the challenge of HIV/AIDS in their respective schools. Support should be provided to teachers in order to deal with the needs of all learners, including those with HIV/AIDS, more appropriately.

5.6 CONCLUSION

Despite the fact that the disclosure of learners' HIV/AIDS status was an issue in this study, it was clear that learners with HIV/AIDS were included in all three the mainstream schools implicated in this study. The teachers and principals never questioned the presence of learners with HIV/AIDS in their schools. It seemed as if certain teachers were doing their utmost to include and support these learners successfully in their classrooms. The sustainability of education support teams in the schools seemed to be a problem and teachers and principals requested training in HIV/AIDS that is more appropriate. Schools should also transform themselves into inclusive communities of care and support, and parents should be invited as partners in the learning and caring of their children. The transition from the primary school level to

the senior schools should also receive. Schools should learn to cross boundaries and form clusters of support for learners.

REFERENCES

- Ackermann, C. 2001. Promoting development during adolescence. In P Engelbrecht and L Green. (Eds.). *Promoting learner development: Preventing and working with barriers to learning*: Pretoria: Van Schaik Publishers: 101-118.
- Adams, Q. Collar, L. Oswald, M. and Perold, M. 2004. Research in Educational psychology in South Africa. In I. Eloff and L. Ebersöhn (Eds.). *Keys to Educational psychology*. Cape Town: UCT Press: 353-373.
- Ainsworth, M. Beeglee, K. and Koda, G. 2000. *The impact of adult mortality on primary school enrollment in Northwestern Tanzania*. Manuscript prepared for UNAIDS.
- Babbie, E. & Mouton, J. 2001. *The practice of social research*. Cape Town: Oxford University Press.
- Barton, L. 1998. *The politics of special Educational Needs*: London: Falmer. Press
- Berk, L.E. 2006. *Child development: (7th Eds.)*. Pearson International Edition. Boston MA. USA.
- Beyers, C. and Hay, J. 2007. Can inclusive education in Southern Africa survive the HIV/AIDS pandemic? *International journal of Inclusive Education*, 11(4): 387-399.
- Bhana, D. 2007. The price of innocence: Teachers, gender, childhood sexuality, HIV/AIDS in early schooling. *International Journal of Inclusive Education*, 11(4): 431- 444.
- Blankenberg, N. 1999. In search of a real freedom: Ubuntu and the media. *Critical Arts*, 13(2): 42-65.

- Blue-Banning, M. Summers, JA. Frankland, HC. Lord Nelson, L. & Beegle, G. 2004. Dimensions of family and professional partnerships: Constructive guidelines for collaboration. *Council for exceptional children*, 70 (2): 167-184.
- Bouwer, C. 2005. Identification and assessment of barriers to learning: In E. Landsberg, D. Krüger and M. Nel. (Eds.). *Addressing Barriers to Learning: A South African Perspective*: Pretoria: Van Schaik Publisher: 45-60.
- Brümmer, L. 1998. *The welcome book: a guide to help teachers include children with disabilities into classroom*: Lansdowne: ELRU.
- Buthelezi, T., Mitchell, C., Moletsane, R., De Lange, N., Taylor, M. & Stuart, J. 2007. Youth voices about sex and AIDS: Implications for life skills education through “The learning Together” project in KwaZulu-Natal, South Africa. *International Journal of Inclusive Education*, 11 (4): 445-459.
- Capper, C.A. Frattura, E. & Keyes, M.W. 2000. *Meeting the Needs of Students of All Abilities: How leaders go beyond inclusion*: Corwin Press. California. 44-52.
- Carrington, S. & Elkins, J. 2002. Inclusive School Culture: Bridging the gap between Inclusive Policy and Inclusive Culture in Secondary School: *Support for learning*, 17(2): 57-57.
- Coetzee, M. and Spangenberg, J. 2002. Coping styles and quality of life in people with HIV/AIDS: A review: *Acta academica* 2003, 35(3): 205-222.
- Cohen, L. Manion, L. & Morrison, K. 2005. *Research methods in Education*: (5th Eds.). Routledge Falmer. London and USA.
- Coombe, C. 2000. *Keeping the education system healthy: Managing the impact of HIV/AIDS on education in South Africa*: Current issues in comparative. Pretoria.
- Crewe, M. 2002. Reflections on the South African HIV/AIDS Epidemic: *Society in Transition*, 33(3): 446-454. HIV/AIDS. Commentary.

- Dawson, L.J., Chunis, M.L., Smith, D.M. & Carboni, A.A. 2001. The Role of Academic Discipline and Gender in High School Teachers' AIDS Related Knowledge and Attitude: *Journal of School Health*, 71(1): 3-6.
- Dednam, A. 2005. First language problem: In E Landsberg, D Krüger and M Nel. (Eds.). *Addressing Barriers to Learning: A South African Perspective*. Pretoria: Van Schaik Publishers: 119-144.
- Department of Education. 1997. National Commission on Special Needs in Education and Training (NCSNET) and the National Committee for Education Support Services (NCESS). *Quality education for all: overcoming barriers to learning and development*. Pretoria: National Department of Education.
- Department of Education. 1998. Act No 76: Employment of teachers, Act of 1998.
- Department of Education. 1999. *National policy on HIV/AIDS for learners and teachers in public schools and students and teachers in further education and training institutions, Notice 1926 of 1999. Government Gazette Volume 410(20372)*. Pretoria.
- Department of Education. 2000. *Norms and standards for Teachers*. Pretoria: Government Printer
- Department of Education. 2001. Education White Paper 6: *Special Needs Education, Building an Inclusive Education and Training System*: Pretoria: Government Printers
- Department of Education. 2002a. *Draft conceptual and operational guidelines for the implementation of inclusive education*. Pretoria: Government Printers.
- Department of Education. 2002b. *National Curriculum Statement Grade 10-12 (Schools)*. Pretoria.
- Department of Education. 2003. *Revised National Curriculum Statement Grade R-9 (Schools)*. Pretoria.

- De Vos, A. S. Strydom, H. Fouche, and Delport, C.S.L. 2002. *Research at Grass Roots: For the social science and human service professions: (2nd Eds.)*. Pretoria. Van Schaik Publishers.
- Donald, D. Lazarus, S. & Lolwana, P. 2006. *Educational Psychology in Social Context: (3rd Eds.)*. Cape Town. Oxford University Press.
- Durrheim, K. 2006. Research Design: In M, TerreBlanche. K, Durrheim. and D, Painter (Eds.). *Research in Practice: Applied methods for social science: Cape Town*. UCT Press. 29-53.
- Ebersöhn, L. & Eloff, I. 2003. *Life Skills & Assets: (1st Eds.)*. Pretoria: Van Schaik Publishers.
- Ebersöhn, L. & Eloff, I. 2006. Identifying asset-based trends in sustainable programmes which support vulnerable children: *South African journal of Education: 26(3)* 457-472.
- Engelbrecht, P. 1999. A theoretical framework for inclusive education: In P , Engelbrecht. L, Green. S, Naicker. & L, Engelbrecht. (Eds.). *Inclusive Education in Action in South Africa: Pretoria*. Van Schaik.
- Engelbrecht, P. Green, L. Naicker, S. & Engelbrecht, L. 1999. *Inclusive education in action in South Africa*. Pretoria. Van Schaik.
- Engelbrecht, P. & Green, L. 2001. *Promoting learner development: Preventing and working with barriers to learning*. Pretoria. Van Schaik Publishers.
- Engelbrecht, P. 2001. Changing Roles for Educational Support Professions: In P. Engelbrecht. & L. Green. (Eds.). *Promoting learner development: Preventing and working with barriers to learning: Pretoria*. Van Schaik Publishers. 17-29.
- Engelbrecht, P. & Green, L. 2007. *Responding to the challenges of inclusive education in South Africa*. Pretoria: Van Schaik Publishers.

- Engelbrecht, P. 2007. Creating Collaboration Partnership in Inclusive School. In P. Engelbrecht & L. Green. (Eds.). *Responding to the Challenges of Inclusive Education in South Africa*: Pretoria. Van Schaik Publishers. 175-184.
- Farrell, P. 2000. The impact of research on developments in inclusive education: *International Journal of inclusive education*, 4(2): 153-162.
- Foster, G & German, S. 2000. Orphans crisis: In A, Hepburn. (Eds.). *Increasing primary education access for children in AIDS-affected areas*, 20(2): 87-98.
- Fouche, C.B. & Delpont, C.S.L. 2003. In-depth review of literature: In A.S, De Vos. (Eds.). *Research at Grassroots: For the social science and human service professions: (2nd impression.)*. Pretoria. Van Schaik Publishers. 127-136.
- Frank, B.A. Miller, M.D. Wolff, E.J. and Landry, K. 2004. HIV/AIDS and the teachers of young children: *Early Child Development and Care*, 174(3): 229-241. Taylor & Francis Ltd:
- Friend, M. & Bursuck, W.D. 1999. *Including Students with Special Needs: A practical guide for classroom teachers*. (2nd Eds.). Boston. Allyn and Bacon.
- Friend, M. & Bursuck, W.D. 2002. *Including Students with Special Needs: A practical guide for classroom teachers*. (3rd Eds.): Boston. Allyn and Bacon.
- German, S. 2002. The impact of HIV/AIDS on children in South Africa: In S, Maile. (Eds.). *Managing the disclosure of school learner's HIV status: Acta Academica*, 35(3): 185-204.
- Gous, J. & Mfazwe, L. 2002. *Learners with special needs*. Sandton: Heinemann Publishers.
- Green, L. 2001. Theoretical and contextual background. In P. Engelbrecht & L. Green. (Eds.). *Promoting learner development: preventing and working with barriers to learning*: Pretoria. Van Schaik Publishers. 3-16.

- Green, L. and Engelbrecht, P. 2007. An introduction to inclusive education: In P. Engelbrecht & L. Green. (Eds.). *Responding to the challenges of inclusive education in South Africa*: Pretoria. Van Schaik Publishers. 2-9.
- Grenot-Scheyer, Bishop, K.D.Jubala, K.A. and Coots, J.J. 1996. The inclusive classroom: Teacher created material: Professional's guide. Westminster, CA. USA.
- Grove, K.A. & Fisher, D. 1999. Entrepreneurs of meaning: Parents and process of inclusive education. *Remedial and Special Education*, 20(4): 208-215.
- Guba, EG and Lincoln, YS. 2005. Paradigmatic Controversies, Contradictions and Emerging Confluences. In NK, Denzil and YS, Lincoln. (Eds.). *Handbook of qualitative research*: Sage Publication. London. 191-215.
- Henning, E. Van Rensburg, W. and Smit, B. 2004. Finding your way in Qualitative Research: Pretoria: Van Schaik Publishers.
- Hepburn, A. 2002. Increasing primary education access for children in AIDS-affected areas: *In Perspectives in Education*. 2002. (Eds.). 20 (2): 87-98.
- Heller, K.W., Alberto, P.A., Forney, P.E. & Schwartzman, M. N.1996. *Understanding physical, sensory and health impairments*. Pacific Grove: Brooks/Cole.
- Higgs, P. & Smith, J. 2002. Rethinking truth. In E, Venter. 2002. (Eds.). *The notion of Ubuntu and communalism in African Educational Discourse*: Vol 23. Kluwer Academic Publishers. Netherlands. 149-160.
- Howell, C. 2000. Learners with "Special Needs".(2nd Eds.). In critical issues in South African Education-After 1994. Kenwyn. South African Juta and Company Limited. 108-130.
- International HIV/AIDS ALLIANCE. 2006. Supporting community action on AIDS in developing countries strengthening family and community support. UNICEF. Building Blocks.

- Johnson, B. and Green, L. 2007. Thinking differently about education support: In P, Engelbrecht and L, Green. (Eds.). *Responding to the Challenges of Inclusive Education in South Africa*: Pretoria. Van Schaik.159-174.
- Kalichman, SC. and Simbayi, L. 2004. AIDS care traditional beliefs about the cause of AIDS and AIDS related stigma in South Africa, *16(5)*: 572-580. Taylor & Francis Ltd.
- Kapp, JA. 2001. Children with problems: An orthopedagogical perspective: (6th Eds.). Pretoria: *Van Schaik Publishers*.
- Kelly, M. 2000. *Planning for education in the context of HIV/AIDS*. Paris. UNESCO International Institute for Educational Planning. Paris.
- Kelly, M. 2001. *Challenging the challenger: Understanding and expanding the response of universities in Africa to HIV/AIDS: A Synthesis Report for the working group on Higher Education*. Lusaka. University of Zambia.
- Kelly, M. 2002. Preventing HIV transmission through education: Paper presented at an International Policymakers Conference on HIV/AIDS New Delhi India. In 20 (2). *Perspectives in Education*: Pretoria.
- Kunneke, M. and Orr, J. 2005. Chronic disease: In E Landsberg. D Krüger and M Nel. (Eds.). *Addressing Barriers to Learning: A South African Perspective*: Pretoria: Van Schaik: 427-445.
- Landsberg, E. 2005. Learning support: In E Landsberg. D Krüger and M Nel. (Eds.). *Addressing Barriers to Learning: A South African Perspective*: Pretoria: Van Schaik: 61-77.
- Landsberg, E. Krüger, D. and Nel, M. 2005. *Addressing Barriers to Learning: A South African Perspective*: (1st Eds.). Pretoria. Van Schaik.
- Lawrence, J. 2002. The Internet and social development: African voices on HIV/AIDS and education: *In Perspectives in Education*, 20 (2): 55-74.

- Lazarus, S. Daniels, B. and Engelbrecht, L. 1999. The inclusive school. In P, Engelbrecht. L, Green. S, Naicker and L, Engelbrecht. (Eds.). *Inclusive education in action in South Africa*. Pretoria. Van Schaik. 45-68.
- Leach, F. 2002. School-based gender violence in Africa: A Risk to Adolescent Sexual Health: In *Perspectives in Education*, 20 (2): 99-112.
- Le Roux, J. 2000. The concept of Ubuntu: Africa's most important contribution to multicultural education: *Multicultural teaching*, 18(2): 43-46.
- Lewis, A. 2001. The issue of perception: some educational implications: *Educare*, 30(1.2): 272-288.
- Lewis, R. and Doornby, DH. 1995. Teaching special children in mainstream: Prentic Hall. New Jersey.
- Lomofsky, L. and Green, L. 2004. The impact of inclusion policy on school psychology practices in South Africa. *Educational and child psychology*, 21(4):31-42.
- Lomofsky, L. and Lazarus, S. 2001. South Africa: First Steps in the Development of Inclusive Education System: *Cambridge Journal of education*, 31(3): 303-317.
- Lorenz, S. 2002. First step in inclusion. A handbook for parents, teachers, governors and Leas. London. David Fulton Publishers.
- Louw, DA. 1998. Developmental psychology: In DA, Louw and DJA, Edwards. (Eds.). *Psychology: An introduction for students in South Africa*: Sandton. Heinemann.
- Louw, DA and Edwards, DJA. 1998. Psychology: An introduction for students in South Africa: (2nd Eds.). Sandton. Heinemann.
- Maile, S. 2003. Managing the disclosure of school learner' HIV status: *Acta Academica*, 35(3): 185-204.

- Manset, G. and Semmel, MI. 1997. Are inclusive programs for students with mild disabilities effective: *A comparative review: The Journal of Special Education*, 31.
- Maree, K. 2007. *First step in research*: Pretoria: (1st Eds.). Pretoria. Van Schaik Publishers.
- Maree, K. and Van der Westhuizen, C. 2007. Planning a research proposal. In K Maree. (Eds.). *First step in research*: Pretoria: Van Schaik Publishers. 23-45.
- Mastropieri, A. Scruggs, TE. and Berkeley, SL. 2007. Peer helping. *Educational leadership: Association for supervision and curriculum Development*.
- McKenzie, JA. and Loebenstein, H. 2007. Increasing parents recognition and involvement: In P. Engelbrecht. and L, Green. (Eds.). *Responding to the challenges of inclusive education in South Africa*. Pretoria. Van Schaik. 186-200.
- Mc Leskey, J. and Waldron, NL. 2007. Making Differences Ordinary in Inclusive Classrooms: *Intervention in School and Clinic*, 42(3): 162-168.
- Merriam, SB. 1998. *Qualitative Research and Case Study Application in Education: Revised and Expanded from Case Study Research in Education: (2nd Eds.)*. San Francisco: Josey Bass.
- Merriam, SB. 2002. *Qualitative research in Practice: Examples for discussion and analysis: (2nd Eds.)*. San Francisco: Josey Bass.
- Mitchell, D. (Eds.). 2005. *Contextualizing inclusive education: evaluating old and new international perspectives*. London: Routledge
- Mittler, DC. 2000. *Working toward Inclusive education: Social Contexts*: London: David Fulton Publishers.

- Mittler, P. 2005. The global context of inclusive education: the role of the United Nations. In D. Mitchell (Ed.). 2005. *Contextualizing inclusive education: evaluating old and new international perspectives*. London: Routledge: 22-36.
- Mouton, J. 2001. How to succeed in your Masters and Doctoral Studies: A South African guide and Resource Book: (1st Eds.). Pretoria. Van Schaik Publishers.
- Mouton, J. 2003. How to succeed in your Masters and Doctoral Studies: (4th Impression.). Pretoria. Van Schaik Publishers.
- Mulaudzi, FM. 2007. Comments on the xiv, International HIV/AIDS conference: An ubuntu perspective. *Religion and Theology*, 14: 105-115.
- Muthukrishna, N. 2001. Changing roles for schools and communities. In P, Engelbrecht. L, Green. S, Naicker. and L, Engelbrecht. (Eds.). *Promoting and working with barriers to learning*. Van Schaik. Pretoria. 45-58.
- Naicker, SM. 1999. A space for all: An introduction to Inclusive Education: Cape Town.
- Naicker, SM. 1999. Inclusive education in South Africa. In P Engelbrecht. L Green. SM Naicker and L Engelbrecht. (Eds). *Inclusive education in action in South Africa*: Pretoria: Van Schaik. 12-23.
- Nieuwenhuis, J. 2007. Introducing qualitative research: In K Maree. (Eds). *First step in research*: Pretoria: Van Schaik Publishers: 70-98.
- Neuman, L. 2000. Social Research Methods: Qualitative and quantitative approaches: (4th Eds.). Allyn & Bacon. Needham Heights MA. USA.
- Oswald, M. 2007. Training teachers to become inclusive professionals. In P Engelbrecht. and L Green. (Eds.). *Responding to challenges of inclusive education in South Africa*: Pretoria. Van Schaik. 140-158.

- Patton, M. 2002. *Qualitative Research and Evaluation Methods: (3rd Eds.)*. Sage publication. Thousand Oaks. California.
- Pelzer, K. 2000. Knowledge and attitude about HIV/AIDS of a sample of school teachers in South Africa. In *Social behavior and personality*, 31(4). 2003:349-356.
- Pharoah, R. 2004. *A Generation At Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa*. Pretoria: Institute for Security Studies.
- Poulsen, H. 2006. The gendered impact of HIV/AIDS on education in South Africa and Swaziland: *Save the children's experiences*, 14(1): 47-56.
- Pretorius, JWM. 1998. *Socio Pedagogics 2000: (1st Eds.)*. Pretoria. Van Schaik.
- Prinsloo, E. 2005. Socio-economic barriers to learning in contemporary society: In E Landsberg, D Krüger and M Nel. (Eds). *Addressing Barriers to Learning: A South African Perspective*: Pretoria. Van Schaik: 27-42.
- Riehl, C. 2000. The principal's role in creating inclusive schools for diverse students: A review of normative, empirical and critical literature on the practice of educational administration, *Review of Educational Research*. Washington Spring 2000, 70 (1): 55-81.
- Republic of South Africa. 1996a. *Constitution of the Republic of South Africa*. Pretoria: Government Printer.
- Republic of South Africa. 1996b. *South African Schools Act, Act 84 of 1996*. Pretoria: Government Printer.
- Republic of Education, 1996c. *National Education Policy Act, 27 of 1996*. Pretoria: Government Printer.

- Richter, L.M., Dawes, A. & Higson-Smith, C. 2004. The impact of HIV/AIDS on the development of children: A generation at risk? *HIV/AIDS, vulnerable children and security in Southern Africa*. Pretoria institute for Security Studies: 9-31.
- Sands, DJ. Kozleski, EB and French, NR. 2000. Inclusive education for 21st century: Belmont: Wadsworth.
- Saunderson, CP. 2006. "Onderwysers se sienings van gedragsebleme in die hoerskool" published Master Thesis. Stellenbosch University.
- Schumacher, S. and Mc Millan, JH. 1997. Research in Education: A Conceptual Introduction: Harper Collins. New York.
- Sileo, NM. 2005. Design HIV/AIDS prevention education. What Are the Roles and Responsibilities of Classroom Teacher?: *Intervention in school and clinic*, 40(3): 177-181.
- Singh, P. Mbokodi, S.M . & Msila, V.T. 2004. Black parental involvement in education: *South African journal of education*: 24(4):301-307.
- Silverman, D. 2000. Doing Qualitative Research: A practical handbook: (1st Eds.). Sage publication. Thousand Oaks. New Delhi. London.
- Skrtic, T.M. Sailor, W. and Gee, K. 1996. Voice, collaboration and inclusion: Democratic themes in educational and social reform issues: *Remedial and Special Education*, 17(3): 142-157.
- Soodak, LC. 2003. Classroom Management in Inclusive Setting: *THEORY INTO PRACTICE*, 42 (4): Ohio State University: 328-333.
- Stanley, I. and Greenspan, MD. 2005. Inside the Inclusive Classroom: Children's Special Needs can be met in a group with wide ranging abilities: *Scholastic parent and child*.

- Stofile, SY and Green, L. 2007. Inclusive education in South Africa: In P. Engelbrecht and L. Green. (Eds.). *Responding to the challenges of inclusive education in South Africa*. Pretoria: 52-66.
- Swart, E. and Pettipher, R. 2001. Changing Role of principals and teachers: In P, Engelbrecht. And L, Green. (Eds.). *Promoting learner development: Preventing and working with barriers to learning*: Pretoria. Van Schaik: 30-44.
- Swart, E. and Pettipher, R. 2005. A framework for understanding inclusion: In E.Landsberg D. Kruger and N. Nel. (Eds.). *Addressing barriers to learning: A South African Perspective*: Pretoria: Van Schaik: 3-23.
- Swart, E. and Pettipher, R. 2007. Understanding and working with change: In P. Engelbrecht and L. Green. (Eds.). *Responding to the challenges of inclusive education in South Africa*. Pretoria: 101-119.
- Swart, E. and Phasha, T. 2005. Family and community partnerships . In E, Landsberg. D, Kruger. and N. Nel. (Eds.). *Addressing barriers to learning: A South African Perspective*: Pretoria: Van Schaik: 213-235.
- Taylor, SJ. 2001. The continuum and its current controversies in USA: *Journal of intellectual and developmental disability*, 26(1): 15-33.
- TerreBlanche, M.& Durrheim, K. 1999. *Research in Practice: Applied methods for social science*: (1st Eds.). Cape Town. UCT Press.
- TerreBlanche, M. Durrheim, K and Painter, D. 2006. *Research in Practice: Applied methods for social science*: (2nd Eds.). Cape Town. UCT Press.
- Theron, LC. 2005. Teacher perception of teacher's and learner's HIV status with a view to wellness promotion South African: *South African journal of Education*, 25(1): 56-60.
- Turnbull, R. Turnbull, A. Shank, M. Smith, S. and Leads, D. 2002. *Exceptional Lives: Special Education in Today's Schools*: New Jersey. Merrill.

- UNESCO. 1994. Final report: World Conference on special needs education: Access and quality: Paris. UNESCO.
- UNESCO.2000. One School for All Children: EFA 2000 Bulletin.
- UNESCO.2002. Towards an African Response: *UNESCO's Strategy for HIV/AIDS Education in Sub-Saharan Africa, 2002-2007*: Published. 2002.
- UNESCO 2003. HIV/AIDS Education: A strategic approach: IIEP publication.
- UNESCO. 2004. UNESCO's strategy for HIV/AIDS prevention Education: 2004. IIEP Publications.
- UNESCO.2005. Guidelines for inclusion: Ensuring access to education for all: United Nations Educational Scientific and Cultural Organisation. Paris
- UNESCO's strategy for responding to HIV/AIDS. 2007. IIEP Publications.
- Venter, E. 2004. *The notion of Ubuntu and Communalism in African Educational Discourse: Studies in Philosophy and Education*: Kluwer Academic Publishers. Netherlands, 23: 149-160.
- Viljoen, C. T. & Van de Walt, J. L. 2003. Being and becoming: Negotiations on educational identity in South Africa: *South African Journal of Education*, 23 (1): 13-17.
- Western Cape Education Department. 2003. Education Support Team Manual: *Directorate: Specialised Education Support Services*: Western Cape
- West, M. Ainscow, M. and Stanford, J. 2005. Sustaining Improvement in Schools in Challenging Circumstances: A Study of Successful Practice: *School leadership and Management*, 25(1): 77-93.
- Williams, K.A. 1998. Disability awareness: 24 lessons for inclusive classroom: Portland, Me. J Weston Walch Publishers.

Williamson, J. 2000. Finding a way forward: Principles and strategies to reduce the impact of AIDS on children and families. Displaced children and orphans Fund: War victim Fund.

Winkler, G. 2000. All Children can learn: A South African handbook on teaching children with learning difficulties: Cape Town: Francolin.

World Education Forum. 2000. The Dakar framework for action: Education for all: Dakar Senegal.

World Bank. 1999. Confronting AIDS: Public priorities in a global epidemic. Oxford University Press.

ADDENDA

ADDENDUM 1



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

3265 Funda Street
Phola Park
Mbekweni
7655

2 February 2006

The Head: Education
(For Attention: Director: Education Research)
Western Cape Education Department
Private Bag X9114
Cape Town
8000

Dear Dr Cornelissen

RE: APPLICATION FOR RESEARCH IN WCED SCHOOLS

I am currently registered for the MEd in Specialised Education at Stellenbosch University and have to complete a thesis as part of the requirements for the programme. The title of my intended research study is as follows:

“The perceptions of principals and educators in Mbekweni of including learners with HIV and Aids”.



I am myself an educator at a primary school in Mbekweni and have lately come under the impression of the special learning needs of learners with HIV and Aids in schools in this area. Some of the learners are included in mainstream schools in Mbekweni, but I

Departement Opvoedkundige Sielkunde • Department of Educational Psychology
Privaat Sak/Private Bag XI • Matieland 7602 • Suid-Afrika/South Africa
Tel +27 21 808 2306 • Faks/Fax: +27 21 808 2021

question the fact that their learning and other needs are met to the point of ensuring equal and quality education for all of them. In light of this I decided to make this my special concern and to research the perceptions of both principals and educators with regard to the successful inclusion of these learners.

I would like permission to conduct a qualitative research study during the second and/or third term of 2006 in the following schools: **Mbekweni Primary School, Ihlumelo Junior Secondary School and Desmond Mpilo Tutu High School** in the West Coast Winelands EMDC. As part of the data collection process I intend to interview two educators in every phase: the foundation, intermediate, senior and further education phase. Eight educators will thus be invited to be participants in my study and I also intend to interview the three principals from the selected schools, should they be willing to talk to me on this important subject. I intend to conduct semi-structured interviews employing an interview schedule with a few relevant open questions on the subject. As my literature review has not been completed, I am at this stage not ready to develop suitable open questions, Should it be requested, I will be able to put the interview schedule at your disposal after completing the literature review.

All the information collected during the interviews will be handled ethically. The participants will be assured of anonymity and the research data will be treated as confidential.

I will be more than willing to share the research findings with you and will also be prepared to give feedback to the participants should this be requested.

Thank you for helping me to achieve my aims as this will also contribute to my own professional development, and hopefully the study will create greater awareness for the special needs of learners with HIV and Aids.

You are welcome to contact my supervisor, Ms M Oswald at 021 8082306 should you need more information.

Best regards

Thobela

Regina Thobela

Student number: 13531174

M Oswald

Supervisor: Ms M Oswald

Department of Educational Psychology

Stellenbosch University.

ADDENDUM 2

Navrae
Enquiries Mibuzo Dr RS Cornelissen
Telefoon
Telephone (021) 467-2286
IFoni
Faks
Fax (021) 425-7445
IFeksi
Verwysing
Reference 20060220-0054
ISalathiso



Wes-Kaap Onderwysdepartement

Western Cape Education Department

ISebe leMfundo leNtshona Koloni

Miss Nompapa Thobela
3265 Funda Street
MBEKWENI
7626

Dear Miss N. Thobela

RESEARCH PROPOSAL: THE PERCEPTIONS OF PRINCIPALS AND EDUCATORS IN MBEKWENI OF INCLUDING LEARNERS WITH HIV/AIDS.

Your application to conduct the above-mentioned research in schools in the Western Cape 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. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **10th April 2006 to 22nd September 2006.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2006).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the following schools: **Mbekweni Primary, Ihlumelo Junior Secondary and Desmond Tutu High.**
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:
**The Director: Education Research
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 20th February 2006

MELD ASSEBLIEF VERWYSINGSNOMMERS IN ALLE KORRESPONDENSIE / PLEASE QUOTE REFERENCE NUMBERS IN ALL CORRESPONDENCE /
NCEDA UBHALE INOMBOLO ZESALATHISO KUYO YONKE IMBALELWANO

GRAND CENTRAL TOWERS, LAER-PARLEMENTSTRAAT, PRIVAATSAK X9114, KAAPSTAD 8000
GRAND CENTRAL TOWERS, LOWER PARLIAMENT STREET, PRIVATE BAG X9114, CAPE TOWN 8000

WEB: <http://wced.wcape.gov.za>

INBELSENTRUM /CALL CENTRE

INDIENSNEMING- EN SALARISNAVRAE/EMPLOYMENT AND SALARY QUERIES ☎0861 92 33 22
VEILIGE SKOLE/SAFE SCHOOLS ☎ 0800 45 46 47

ADDENDUM 3



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

3265 Funda Street
Phola Park
Mbekweni
7655

14 April 2008

The Senior Managers
.....
.....
.....

Dear Sir / . Madam

RE: APPLICATION FOR PERMISSION FOR RESEARCH AT YOUR SCHOOL

I am currently registered for the MEd in Specialised Education at Stellenbosch University and have to complete a thesis as part of the requirements for the programme. I am interested in the perceptions of both principals and educators of including learners with HIV and Aids in schools and classrooms and would appreciate it if I could conduct my study in your school during the second school term of 2008. To realise my research objectives, I wish to interview two educators as representatives of each phase in your school and would also like to talk to the principal on this important subject.

I have been granted permission from the Director: Education Research from the Western Cape Education Department to conduct my research study in your school and wish to emphasise that all the information collected during the interviews will be handled ethically. The participants will be assured of anonymity and the research data will be treated as confidential.



Departement Opvoedkundige Sielkunde • Department of Educational Psychology

GG Cillégébou/Building • Ryneveldstraat/Street 7600 • Stellenbosch
Privaat Sak/Private Bag X1 • Matieland 7602 • Suid-Afrika/South Africa
Tel +27 21 808 2306 • Faks/Fax +27 21 808 2021

I will be willing to keep the research participants informed of the progress of my research project and will also be prepared to make my research results available to the research participants.

I will appreciate it very much if you are kind enough to help me in achieving my goals. You are welcome to contact my supervisor, Ms M Oswald at 021 8082306 should you need more information.

Best regards



Regina Thobela

Student No 13531174



Ms M Oswald

Supervisor

Department of Educational Psychology

Faculty of Education

Stellenbosch University

ADDENDUM 4



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenner • your knowledge partner

Study Title: *Learners with HIV and AIDS in mainstream schools and classroom*

The researcher: Nompapa Regina Thobela

PURPOSE OF STUDY:

You are invited to participate in this research study because you are an educator in a mainstream school and classroom, where learners who are infected with the HIV and AIDS virus generally learn. The purpose of this study is to explore the perceptions of principals and educators of teaching learners infected with the HIV and AIDS virus in mainstream schools and classrooms.

As part of the data collection process, I intend to interview both the principals of the different schools and two educators in every phase. I am interested in hearing from you how you view the learning process of learners with HIV and AIDS in your classroom and school.

The purpose of this consent form is to give you the information about the study; in order to allow you to make an informed decision on participating in this research. Should you be willing to become part of my study, I will appreciate it if you can sign the consent form.

PROCEDURES:

Your involvement will last for approximately an hour. A tape recorder will be used as a tool to assist the researcher in capturing the information for the purpose of later analysis. You will be asked to complete a short form on your biographical details.

BENEFITS:

There are no immediate benefits for participating in this research study, but the results of the study can assist in planning for the learning process of learners infected by the HIV and AIDS virus. I am more than willing to share the research findings with you.

ANONYMITY AND CONFIDENTIALITY:

No participant or school name will be disclosed in the research study. The recorded information of participants will be kept confidential. The tape recorded data will be destroyed when the study has been completed.

QUESTIONS:


If you have questions about this research study don't hesitate to contact Regina Thobela at 021-8682188 during office hours or 076 3357 227 after hours.

Departement Opvoedkundige Sielkunde • Department of Educational Psychology

GG Cilliegébou/Building • Ryneveldstraat/Street 7600 • Stellenbosch
Privaat Sak/Private Bag X1 • Matieland 7602 • Suid-Afrika/South Africa
Tel +27 21 808 2306 • Faks/Fax +27 21 808 2021

Your signature indicates that the aims of this research study have been explained to you, that your questions have been answered and that you agree to take part in this study.

Participant's name
NONKULUKU..... MAXAM


.....
Signature of participant

29-07-08
.....
Date

RESEARCHER STATEMENT

This is to confirm that I have discussed the above information with the participants


.....
Signature of researcher

2008-07-29
.....
Date

ADDENDUM 5

Interview with the foundation phase teacher Key: I = Interviewer M= Teacher		
	<p>I How do you feel teaching learners with HIV/AIDS?</p> <p>M Oh ...I just feel... okay because I see... <u>no differences as a teacher</u>I just <u>accept them as other learners with no HIV status</u>. So when I teach them I <u>don't want the others to know</u> that ...that the person or a learner is HIV. So I don't want them to feel that, I am a person who want more... ah ..how can I mention it to anything that can happen to that learner and <u>to prevent other learners from anything that is happening to that learner</u>. So if she<u>she can bleed they must avoid touching the blood</u>.</p> <p>I I just want to know, it seems by what you say that you know of learners in class that are HIV?</p> <p>M YES... <u>I've got ...I know three of them</u></p> <p>I How did you come to know about the status of these learners?</p> <p>M Oh...as I am teaching them I am <u>assessing them in the classroom</u>, then <u>I see some of them such as such are different to others who are maybe healthy...and the..n</u> ..a ah by ob...<u>observing them</u> I once <u>ask their parents to come to me</u>, and then I wrote a letter to ask them to come to me. When the parents came to me I talk to the parents, I just wanted to find out maybe there is any problem with the child because <u>I see that is not coping at</u></p>	<p>Try to treat all learners the same. Accept them.</p> <p>Does not want other learners to know. Dilemma-avoids touching the blood. Does she know about all the learners with HIV and AIDS in her classroom?</p> <p>She knows the learners' status.</p> <p>Assess in classroom; can see that they are maybe not healthy. Ask the parents to come to her. Ask carefully. Admitted HIV</p>

all. Then the parent come out and she told me that the child is HIV positive that is little longer, because the other one I have in the classroom which I've got other one who is also positive. She ...is..very cute, because why... she grasp quickly, but as I .. observe her sometimes, she got lost, that is why I don't want to say she ...ma..y, may not grasp. Maybe as time goes she is going to grasp.

I Okay you think there might be other learner in your class that you do not know about their status, who might be HIV positive, you might not know about?

M Yes sometimes you see the signs but it is difficult to go to the parent and say your child is this way, maybe the parent is hiding it, maybe she is closing it, so I cannot say, because she might not feel right, I want the parent to come to me to tell me that my child is got this and this so that is why I organise an interview meeting with the parent.

I Okay ... there is something else that you've said I want to follow up before the next question. You said about keeping your eye on the children on serious thing specifically for blood and staff like that something you said about handling.

M Yes ...I have to use gloves.

I Have you got gloves?

M Yes every classroom has the first aid kit with gloves.

I You've answered a little bit of this next question. What impact does HIV and AIDS have on the learning process of the learners? In other words

and AIDS status.
Learner is not coping.
One is coping fairly well, grasp quickly.

She needs time.

Can pick up certain signs that might indicate HIV and AIDS.
Confirms that she does not know the status of all her learners.
Finds it difficult to ask the parents: they may want to hide it.
Still organising meeting.

She knows how to handle blood, etc. trained in workshop 2006

She grasps

you've said a bit that two of them has learning problems and other one is got a main big problem.

M Yes the other one can gra..grasp immediately, but tend to forget at the same time or sometime you teach her something now and then you see that as you pay attention to her, she just loosing focus as if it is just a beginning.

I and the third one?

M The third one is a very quiet person and he is a boy ... if he sits there, then you can see he is not concentrating and he loose his focus immediately than other one, and other one is my repeater, she was in my class last year.

I Is she over age?

M She is not over age, she's still young but she came to school at the age six. She repeat the class. Last year I thought that she was young, I thought that she need more time, then I ask her mother to let her stay behind again so that she can repeat the class so that she can grasp better to have a better grounding, but as time goes I realised that there is something wrong and I ..started to see signs that told me there is something wrong with the girl. I didn't wanted to judge her immediately from the first year because I was thinking that she was not ready she was young but this year I had to call her mother and the mother told me that she is HIV positive.

I So it might be that the HIV status is got something to do with the learning?

M Yes ... because I ask the mother whether she is getting any medication, treatment and she said yes she

quickly forget easily. Loses concentration forgets what she has learned.

A quiet boy is the third one

Repeater is a girl with learning difficulties.

Young; held back in grade1 but realises that there were problems.

Identifies the signs that told her there is something wrong.

Mother confirmed HIV and AIDS status.

Find out from the parent. Parent discloses and tells her that the child is getting medical

<p><u>is.</u></p> <p>I and the other one?</p> <p>M The other one is also getting treatment, but the other one the boy a ahI make the research about the boy which is in my class...and then after I made that research about the boy <u>I find out that his mother is late</u>, and the boy is staying with the aunt. I don't know whether did they take the child to the doctor to find out about his status. So <u>I don't have full information</u> as such about him, but other cousin of her mother told me that he is infected.</p> <p>I Me and Regina we see HIV and AIDS as the chronic illness, can you tell us whether do these learners stay away from school when they feel ill? Do they come to school?</p> <p>M They are <u>regular attenders, provided the day they are to go for treatment.</u></p> <p>I So what about the research that you made, boy is getting medication, treatment?</p> <p>M I stillplanning to go to the aunt to find out because I tried to <u>call her for several times</u> but she only sent another girl and I <u>want to know more from them.</u> Because <u>I want to advice her to take him to the doctor</u> so that he can get treatment if necessary.</p> <p>I Okay will you say all in all in both of those three cases the learning process is affected?</p> <p>M Yes as I said, I think <u>it is affected.</u></p> <p>I Now the other question I'm worried about is the support for them, the learning support, I can hear that you do give them support, how do you help them with support, specifically learning</p>	<p>treatment</p> <p>The boy's mother is late.</p> <p>Does not have full information about the learner.</p> <p>They attend except the when they go for treatment appointment.</p> <p>Keep on organising meeting but the parent does not turn up.</p> <p>Learning is affected.</p>
---	--

support?

M If I see them that they are not coping...I've got groups in my class... I've got first group and second group. The first group are those learners who are coping well... and the other one that is not coping I give them lighter work. So I assess them and give them extra work to boost them.

I So all the three of them is in the second group?

M One is not in because they perform on different levels.

I Do you find the coping well in their groups?

M The...bo..y if I help the boy I can see that he is concentrating, but immediately if I put him alone there he can't cope, that is what I've observed to him is that he want to be next to me and always pay attention to him.

I And other learners do you sometimes get them to help others?

M Yes I do, I also take those who cope to assist others, and show them how to do this and this. I divide them but sometimes I mix them with those who are right.

I want them to copy from those who are right I want to see whether they can copy something right from those.

I A ah...some teachers in your school might be worried about learners with HIV and AIDS in their classrooms, what advice cans you give them? I don't know if you have some of your colleagues who do cope with learners who are HIV in their classrooms?

M I just want to say I am not sure, because I'm not

Group the learners according to their abilities. Group one for those coping and group two is for those who are not coping. Those not coping are given easier work and extra work to boost them. Learners are performing differently.

The boy concentrates well when assisted. Does not cope alone.

Learners performing well are helping others. Sometimes the group is mixed.

<p>with them.</p> <p>I You do not talk about this?</p> <p>M A ah...we talk about HIV and AIDS, but I am not sure whether do they have these learners in their classrooms, <u>we speak generally about HIV and AIDS.</u></p> <p>I A ah you said you speak generally about HIV and AIDS?</p> <p>M Yes, but they <u>do sympathise with the learners</u>,but I don't want too much sympathy about these learners because wh..y, <u>they are going to make them feel out</u>, they are not going to <u>feel that they are normal</u> so that's why I don't want to have <u>too much sympathy</u> with them, I just <u>want to treat them as others.</u></p> <p>I A ah... this is one I've asked before, maybe I can ask it again and then you say if you want to say anything else. How do you feel when a learner in your classroom is frequently absent due to the medical treatment, but you said they are regular attenders?</p> <p>M They are the <u>two are regular attenders</u> but the boy <u>I'm not sure.</u></p> <p>I Do you think he is ill from time to time?</p> <p>M I don't think because to me he is looking as <u>somebody who look ill</u> but he is just closing it. Sometimes he look ill but <u>he is a very quite person</u>, that the problem. So I don't know how is he outside with others and at home.</p> <p>I As the aunt doesn't want to come, then have you ever visited home?</p> <p>M A ah ...I just ask him once when can I visit his aunt and the child told me that her aunt is working she</p>	<p>Not sure about other teachers knowledge of HIV and AIDS.</p> <p>Teacher speaks generally about it.</p> <p>Teachers do sympathise with the learners. They treat them as others. Doesn't want too much sympathy, it will make learners to feel out.</p> <p>Learners attend but not sure about the boy. The boy is very quiet, he looks ill although he doesn't say.</p>
--	--

comes late from work and it is far away in the informal settlements.

I I just want to know whether is he getting the medication?

M That is why I wanted to get the real thing from the aunt so that I can advise her.

I Apart to the time that you were working at the clinic have you ever received training on HIV and AIDS as a teacher?

M Yes we had.

I Who organise it?

M It was long time ago, it was a half day workshop from WCED.

I Do they thought you how to support learners if they are chronic ill, and how to support the learners, do they work with that?

M No because they didn't go deep because they told us that we will have another session but , maybe they will go deeply into it. We still waiting but as far as as I went from my clinic where I was, I get workshops, advise people on how to stay away from sex that make them to be infected with HIV and AIDS, and that is where by I get the information and I went out to tell them that it infects through sexual intercourse and from using same needle and by maybe if you,ve got a cut and you can't touch the blood of other person you must be careful, but by eating or kissing you won't get affected.

I As far as I know there is a specific document from the WCED of how to handle HIV and AIDS in your schools, are you aware of that?

M I think the school has policy on HIV and AIDS

The guardian is not able to come to the teacher. The home is far in the informal settlements; it is not easy to visit late. Not sure about the boy status, want information from the parents.

Confirms that she has received training.

Short training from WCED.

Find it not benefiting. Not based on learner support. They were promised about follow up training not yet fulfilled.

<p>and every body can be aware of what is HIV and AIDS.</p> <p>I Do you think is the good thing to put the teachers around the table and to talk about the document, as to get everybody informed about the document?</p> <p>M I think its <u>good so that everybody must be informed</u> especially about learners because <u>learners are our daily bread</u>, and then <u>we are the parents during the day</u> for these learners and we work with them daily. I think it is good we get the document.</p> <p>I So do you say the training which you receive from the WCED was just the general information. They didn't thought you what to do in the classroom I mean the support.?</p> <p>M Yes, yes they just told us that we had to regard the <u>learners as same in the classroom.</u>, we shouldn't <u>classify them</u>, we just had to <u>see all the learners as the same</u> in the classroom.</p> <p>I I'm worried because I've gathered that some children become infected not by birth but by other ways.</p> <p>M Yes I <u>also picked up that.</u></p> <p>I What do you do to deal with these children because now they had double thing like that they had to cope with that, what do you do as a teacher?</p> <p>M Is just to <u>take them to counseling</u>, it is the best thing for them.</p> <p>I Have you got the place to take them for counseling?</p> <p>M We can organise I think <u>there must be a place for counseling</u> if they undergone such things because if</p>	<p>School has policy</p> <p>She thinks it is good to inform every teacher about the learners. She cares for the learners during the day while parents are at work.</p> <p>WCED does not discriminate the learners, it regard them as the same.</p> <p>Recognises that not all the learners are infected by birth.</p> <p>Regard counseling as the best</p>
---	--

<p>they been raped or abused and we find out that they are HIV positive the child has to get counseling.</p>	<p>support for these learners. There should be such services.</p>
<p>I So I think counseling is very important in the case like this because it is such a bad thing to be raped especially for the child. A ah the learning support person from school, does the school have a person helping with learner support, maybe a person from outside, have you got anybody who helps with the support at school or from WCED?</p>	
<p>M I think <u>we can phone WCED</u> because <u>we don't have such person in school.</u></p>	
<p>I Have you got EST Teacher support team?</p>	
<p>M <u>Yes we have.</u></p>	
<p>I Is there anything you can take to the EST?</p>	<p>No one who can do counseling at her school.</p>
<p>M Yes although it is <u>not so functional.</u></p>	
<p>I It seems to me, then you can correct me if I'm wrong but at this stage it seems to me that the teachers, classroom teachers are the only support that these learners have?</p>	<p>There is EST.</p>
<p>M Yes in this sense aah because why <u>I'm the support for the learners in my class</u> and I am <u>not disclosing the learner status.</u></p>	<p>not functioning well.</p>
<p>I Whats going to happen if the three learners go to grade 2.</p>	
<p>M If they go to <u>grade 2</u> their parents had to tell the <u>grade2 teacher</u>, because I'm afraid to tell other teachers. I am not suppose to do that the parent had to tell the teacher maybe they might not want to disclose their children status. Because as <u>teachers we are not the same.</u></p>	<p>Teachers are the only support that the learners have.</p>
<p>I If you get a child that was raped by a person</p>	<p>Parents are to inform teacher about the status of the</p>

who is HIV positive and you find out that the child is real distressed. Do you think the teacher might know if is HIV positive?

M I don't think they will know as sometime we had a case where the learner was raped and was distress, she tends to fight with boys. The teacher thought that she had behavioural problems. One child was here at school she was sick and the mother took her to the doctor, the doctor ask the mother whether the child knows that she is HIV positive, they were not aware that the child can understand English, a ah.... when they went out of the surgery the child ask the mother now. I have AIDS, the mother said no, she hides that to the child and that child died of stress because all time she tells others that she has HIV and AIDS?

I Do you think if the mother open up and tell the child or teacher that, they could support because now the child is standing between two voices the doctor said she is HIV positive and the mother says no.

M I think if she could have got somebody to talk to her at that stage, at that time she could have accepted, because the children take HIV and AIDS as a threat for them, she could have tell the child that you are sick you must use this medication and you must always use it. It is life time, maybe there are also people who are sick with TB, high blood pressure, diabetes and are to use medication for the rest of their lives.

I What you telling is that there is still lot of labeling and stigmatisation regarding HIV and AIDS in the community?

child.

She confirms that not all the teacher have a good hearth.

The child became stressed with the status.

Parents hide the children status to the child. The child died of stress.

Need to tell the child about the status. HIV and AIDS is a threat. Encourage the learner to accept the

<p>M <u>Yes</u></p> <p>I So it means there is a lot have to do as the school to fight that stigmatisation?</p> <p>M Yes because the <u>community label the people</u> with HIV and AIDS. Some times you find them talking or gossiping about people suspecting them that are positive. Such a such a child is positive because of this and this.</p> <p>I I am just wondering if we can talk about HIV even in the grade 1 classes talk about it to those learners.</p> <p>M As a <u>lesson or awareness</u>, I think they are <u>aware about HIV and AIDS ...</u> but they <u>don't know deeply</u>. So I think <u>we need awareness</u> on what is sight effects or what are the ... chronic...illness, as is <u>one of the many chronic diseases</u>.</p>	<p>status.</p> <p>There is still stigmatisation and labeling in the community.</p> <p>Awareness is needed. HIV and AIDS to be treated as chronic disease.</p>
--	---

ADDENDUM 6

Interviews	Provisional categories	Direct word from participants
<p>Foundation phase Teacher 1 Mimi Teacher 2 Zandy</p> <p>Intermediate phase Teacher 1 Sandy</p> <p>Teacher 2 Chris</p>	<p>Accepting of all learners</p>	<p>Accept and treat learners the same.</p> <p>Feel that learners are the same. Treat them the same. Want the learners to be accepted by teachers and other learners. Treat learners special. Accommodate the learners as inhabitants of our world. Learner part of the community.</p> <p>Feel great about the learners. Encourage learners to accommodate these learners. Education must accommodate these learners. Teach them equal. Teachers not to single out these learners. Teach learners to accommodate them. Treat them like other learners.</p>
<p>Foundation phase Teacher1 Mimi</p> <p>Teacher 2 Zandy</p> <p>Intermediate phase Teacher 1 Sandy</p>	<p>Parents are informants</p>	<p>Ask parents to come to her, ask carefully, admitted HIV and AIDS status. Parent hides the learner status. Want information from the parents.</p> <p>Get information from parent. Parent confirms the child is getting treatment. Ask permission from parent to inform grade 4 teachers about learner status.</p> <p>Parent confirms the child's status.</p>

Teacher 2 Chris		Parents have to inform the next grade teacher.
<p>Foundation phase Teacher (1) Mimi</p> <p>Teacher (2) Zinzi</p> <p>Intermediate phase Teacher (1) Sandy</p> <p>Teacher (2)</p>	<p>Progress of the learner</p> <p><i>(Learner)</i></p>	<p>Learner is not coping. One is coping fairly well. She needs time. Grasp immediately but turned to forget at the same time. She just loose focus. He is not concentrating and loose focus immediately than other one. Other one is my repeater. Learner progress is affected. If I put him alone there, he can't cope.</p> <p>Learner is active and is progressing well.</p> <p>HIV/AIDS affect learning process. Learner concentrates on his status. Make drawback at his studies. Loose lot of work and may end up failing the grade. He is a repeater, he failed grade 5.</p> <p>He is coping this year. He can progress with support. They become more time learners because of poor performance.</p>
<p>Foundation phase Teacher (1) Mimi</p>	<p>Teachers' attitudes.</p> <p><i>(Teachers)</i></p>	<p>We are parents during the day for these learners. Teachers sympathise with these</p>

<p>Teacher(2) Zinzi</p> <p>Intermediate phase Teacher (1) Sandy</p> <p>Teacher (2) Chris</p>		<p>learners. As teachers we are not the same.</p> <p>You feel very soft. We must show love and acceptance to those learners. We must be involved in their treatment programme.</p> <p>They must not isolate those learners. They need to accept that HIV/AIDS is just like another sickness.</p> <p>As teachers we are differ, you have one you can lean on.</p>
<p>Foundation phase Teacher(1) Mimi</p> <p>Teacher (2) Zinzi</p> <p>Intermediate phase Teacher (1) Sandy</p>	<p>Disclosure. <i>(dilemma of disclosure)</i></p>	<p>I got learners with HIV/AIDS. I know status of three learners. Assess them in the classroom. I see that some of them are different to others who may be healthy. See signs that might indicate HIV/AIDS. Parents hide it. See sins that told me there is something wrong with the girl. The mother told me she is HIV positive. The other one is getting treatment. The boy's mother is late. I call the aunt for several times. I want to know more from them. I want to advice them to take him to the doctor so that can get treatment.</p> <p>Taught most of them. She told me that the child is HIV positive and is receiving treatment.</p> <p>Know the learner status. Receive information from parent since he was always sick. Can notice the symptoms from the</p>

Teacher(2) Chris		<p>learner.</p> <p>I did have one previous year. Learner discloses her status, she told me she had to go for treatment, sometimes was not feeling well. It was not easy for the learner to disclose. Learner wants to stay unknown.</p>
<p>Foundation phase Teacher (1) Mimi</p> <p>Teacher (2) Zinzi</p> <p>Intermediate phase Teacher (1) Sandy</p> <p>Teacher (2) Chris</p>	<p>Learner attendance <i>(Learner)</i></p>	<p>Regular attenders provided they are to go for treatment.</p> <p>Learner got many days absent. Learner has to be absent in school through sickness or due to appointment with the doctor. In some work he falls behind.</p> <p>When he is sick he become absent for a long time.</p> <p>Poor attendance, they miss some of the work. When do the task they are not there. They miss some of the classes. End up not having continuous evaluation mark because they were not in class. They end up becoming more time learners. They miss some of the work and that has impact in their performance. Sometimes she was not feeling well; learner is frequently absent due to medical treatment. Her absence is done by unforeseen circumstances. Mostly she had common cold which takes more than three days. She misses lot of work.</p>
<p>Foundation phase Teacher (1) Mimi</p>	<p>Support strategies <i>(Teacher)</i></p>	<p>She repeats the class. She needs more time. Can repeat the class so that can grasp better to have better grounding. Had to call the mother. I've got</p>

Teacher (2) Zinzi

groups. I've got first group and second group. The first group is those learners who are coping well. The other group is not coping I give them lighter work. I give them extra work to boost them. I take those who cope to assist others. We can phone WCED because we don't have such person in our school. There is EST although it is not so functional. I'm the support for these learners in my class. Could have somebody to talk to her. She [parent] could have told the child that you are sick. I just take them for counseling. There must be a place for counseling.

Intermediate phase
Teacher(1) Sandy

I try basic work using concrete objects. I try to be more practical and give the learner extra lessons. If not improving I consult the parent and ask the learner to repeat the grade. If not improving I refer the child to the TST. They organise a session with the school psychologist. If the child does not show progress is transferred to the LSEN unit. I'm not sure of learner support. There is a TST and also the school clinic which visit the school. If need more support the school can organise school psychologist. The class teacher first then the teacher refer the child to the group of teachers called TST and there are also school clinic. Try to understand why the learner is behaving in that manner. Teacher must show support. We need to network with other services in the community like NGOs. NGOs are relevant sources of support as they have support groups.

I visit him at home, also bring him the work. I try to cover the work he miss and involve parents to help at home. Teacher is responsible for her class. I

<p>Teacher(2) Chris</p>		<p>need to know how to help the learner to learn effectively. How to render counseling to learners in the classroom. No support structure at school. Teachers provide the support. There is EST at school. EST is only working during referral time. Teachers are only support for the learners. Organise support programmes, social workers to visit learner's homes. Need to empower EST.</p> <p>There is EST, learner needs must be met. Teachers must make learners happy. Educate the parents on how to deal with the learners.</p>
<p>Foundation phase Teacher (1) Mimi</p> <p>Teacher (2) Zinzi</p> <p>Intermediate phase Teacher (1) Sandy</p> <p>Teacher (2) Chris</p>	<p>Teachers awareness</p> <p><i>(Teacher)</i></p>	<p>Trained in handling the child having blood. Trained in 2006. A half day workshop from WCED. They didn't go deep. They told use that we will have another session. We are still waiting.</p> <p>Had training in 2006. Training was about knowledge about HIV/AIDS. Training was not about support, we learn about precautions.</p> <p>Had attended training. WCED provides training. Never received training.</p>
<p>Foundation phase Teacher (1) Mimi</p> <p>Teacher (2) Zinzi</p> <p>Intermediate phase Teacher (1) Sandy</p> <p>Teacher (2)</p>	<p>Learners socio-economic background.</p> <p><i>(Learner)</i></p>	<p>Home is far away in the informal settlements.</p> <p>Most of the parents are single. Parent is sick he cannot provide support. Parents leave work to look after sick children.</p>

Themes:

1. The role of teachers.
 - Attitudes.
 - Support.
2. The learner.
 - Socio-economic background.
 - Progress.
3. The dilemma of disclosure.