

**AN INVESTIGATION INTO THE RELATIONSHIP BETWEEN THE
IMPACT OF HIV/AIDS ON CHILDREN AND THE CHANGING ROLE
OF EDUCATORS IN DALINDYEBO HIGH SCHOOL IN THE
MTHATHA DISTRICT, EASTERN CAPE**

GLORIA NTOMBOVUYO NTSHANGASE

Assignment presented in partial fulfillment of the requirements for the degree of Master of
Philosophy (HIV/AIDS Management) at Stellenbosch University



Supervisor: Gary Eva

March 2007

DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously, in its entirety or in part, submitted it at any university for a degree.

Signature:

Date:

ABSTRACT

I have been moved by the effect HIV and Aids have on learners and educators. More and more children are affected either as they are HIV-infected or a family member is HIV-infected. Educators therefore have begun to come into increased contact with infected and affected learners at school and must be prepared to deal with the effects of the disease in the classroom.

It is from the above situation that I researched about the changing role of educators due to the effects of HIV and Aids on learners.

My research looked into the readiness of educators to cope with HIV and Aids inside and outside the classroom. I also looked at the diverse issues affecting children infected with and affected by HIV and Aids like the need to work and care for ill adults, trauma related to the illness and death of a family member and discrimination and stigma they suffer at school. I also looked at the impact of HIV on education.

In conclusion, recommendations regarding the provision of social and emotional care and support to infected and affected learners are made. Recommendations on teacher education programmes that will equip educators with appropriate skill are also made.

OPSOMMING

Ek is deur die effek van MIV en VIGS op leerders en onderwysers geraak. Meer en meer kinders word geaffekteer, óf wie self met MIV geïnfekteer is, óf as deel van 'n gesin met 'n HIV-geïnfekteerde lid. Opvoeders is dus al hoe meer in kontak met geïnfekteerde en geaffekteerde leerders in die skool en moet voorbereid wees om die gevolge van hierdie siekte te konfronteer.

Dit is in die konteks van hierdie situasie dat ek navorsing gedoen het oor die veranderende rol van opvoeders weens die effekte van MIV en VIGS op leerders.

My navorsing het gekyk na hoe gereed onderwysers is om met MIV en VIGS binne en buite die klaskamer te wedywer. Daar is ook gekyk na die diverse kwessies wat kinders wie geïnfekteer of geaffekteer is deur MIV en VIGS konfronteer, soos die behoefte om te werk en om vir siek ouers te sorg, trauma verwant aan die sieke of dood van 'n gesinslid, en diskriminasie en stigma wat hulle in die skool ondervind. Daar is ook gekyk na die impak van MIV op onderwys.

Aanbevelings is gemaak met betrekking tot die voorsiening van sosiale en emosionele sorg en steun aan geïnfekteerde en geaffekteerde leerders. Aanbevelings word ook gemaak oor opvoedingsprogramme vir onderwysers wat hulle met geskikte vaardighede sal toerus.

ACKNOWLEDGEMENTS

For the success of this piece of work, I wish to express my gratitude to my supervisor for his meticulous care, kindness and academic guidance which he extended to me through my working on it.

Success in the collection of data is attributed to learners who confidentially volunteered and came up as HIV-infected and affected learners and educators who volunteered to work with infected and affected learners. Their cooperation and supply of all information required made it possible for me to pursue the objectives of the study. A special word of thanks goes to Mr. S. Mfamana who assisted me in typing the script.

Last but not least, I wish to express my warmest thanks to my husband Vuyani and my two daughters, Vuyiswa and Vuyelwa for the forbearance and constant inspiration during the period of my absence from home.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION

1.	Statement of the problem	1
1.1	Background of the problem	1
1.2	The problem	2
1.3	Aim of the study	3
1.4	The hypothesis	4
1.5	Definition of terms	4
1.6	Method of study	5
1.6.1	Literature review	5
1.6.2	Questionnaires and interviews	5

CHAPTER 2: LITERATURE REVIEW 6

2.1	Factors inherent to the learner	6
2.1.1	The struggle to get education	6
2.1.2	Dealing with grief	7
2.1.3	Emotional impact	8
2.1.4	Self Esteem	9
2.1.5	Child headed household ‘a mother to her brothers’	10
2.2	Factors inherent to the educator	11
2.2.1	The educator as counselor	11
2.2.2	Supporting learners in grief	11
2.2.3	Handling of medication in a school situation	12
2.2.4	Coping skills for educators	13
2.2.5	HIV and Aids and Educators who consider leaving the education sector	14
2.3	Conclusion	15

CHAPTER 3: METHODOLOGY

3.1	Introduction	17
3.1.1	Quantitative and Qualitative research method	17
3.1.2	The questionnaire	18
3.1.3	Interview	19
3.2	The population	19
3.2.1	Educators	20
3.2.2	Learners	20
3.3	The pilot study	20
3.4	Educators' survey questions for interview	21
3.5	Learners' Questionnaire	21
3.6	Data analysis and consolidation	22
3.7	Challenges I encountered as a researcher	22
3.8	Conclusion	23

CHAPTER 4: DATA CONSOLIDATION AND ANALYSIS 24

4.1	Introduction	24
4.2	Educators' responses	24
4.2.1	Academic and professional qualifications	24
4.2.1.1	Academic qualifications	24
4.2.1.2	Professional qualifications	24
4.3	Responses of educators on pre-service and in-service courses and their suggestions	25
4.3.1	Teachers' suggestions on pre-service and in-service courses	27
4.3.1.1	Pre-service training course	27
4.3.1.2	In-service training course	28
4.4	Analysis of the responses on care and support	29
4.5	Social and emotional needs	30
4.6	Learners' Responses	32
4.7	Views on sexuality and economic status	34
4.8	Discrimination and stigma	37
4.9	Conclusion	37

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS	38
5.1 Introduction	38
5.2 Summary of findings	38
5.2.1 Emotional suffering of children and educators	38
5.2.2 Quality of education	39
5.2.3 Pre-service and in-service courses	39
5.3 Recommendations	40
5.3.1 Care and support intervention	40
5.3.2 Establishment of a school based support team	42
5.3.3 Pre-service and in-service training	42
5.3.4 Education for all including orphans and vulnerable children	43
5.4 Conclusion	45
 6. LIST OF REFERENCES	 47
 APPENDIXES	
Appendix 1: Administration of medicine	51
Appendix 2: Educators' survey questions for interview	52
Appendix 3: Learner Questionnaire	55

CHAPTER 1: INTRODUCTION

1. Statement of the problem

1.1 Background of the problem

According to research done by UNICEF in 1998 many of the people dying of Aids are between 15 and 49 years and often leave children behind. For example in 1999 alone, 1 million children aged 0-14 found themselves left with one or no parents. In terms of cumulative Aids orphans, it was estimated that by 1999 there were 13.2 million Aids orphans throughout the world. It is difficult to overestimate the trauma and hardship that the increase in Aids-related morbidity and mortality has brought upon children. Denied the basic closeness of family life, children lack love, attention and affection, in the same way children living in war-affected areas are. They are pressed into service to care for ill and dying parents, removed from school to help with farm or household work or pressured into sex to help pay for necessities their families can no longer afford.

In the context of HIV and Aids, learners fall into two main groups, infected learners and affected learners. HIV or Aids affects many learners in one way or another. This includes learners from households with infected family members and learners orphaned as a result of HIV and Aids. Orphaned children are negatively affected because not only are they grieving the loss of a parent, but they may be stigmatized by society because of their association with HIV or Aids also. They are often plunged into demanding situations without support systems or services within an impoverished community.

It is not only the child in direct contact with an HIV-infected family member who is affected by HIV or Aids epidemic. All children will be directly affected by the epidemic because of their daily contact with peers who have been personally affected, by going to school with infected learners and losing a friend or family member to an Aids-related death (Melvin, 2000).

The epidemic presents the education sector with a number of challenges and issues to address. One of them is that of children taking up adult responsibilities. Due to illness and ill health in the family, the children, especially those at secondary school level, have to carry out adult responsibilities which include taking care of their sick parents and or their young siblings. Such children also lack financial support. This may affect the attendance and performance of such children in schools.

Both learners and educators encounter problems of stigmatization due to lack of knowledge on how to deal with people living with HIV and Aids. The school children also suffer psychological effects due to peer pressure and exposure to Aids-related deaths. This creates the demand for educators to provide counseling services to children to mitigate poor performance. Hence the sector has to deal with challenges of providing additional counseling services in schools.

The social, emotional and spiritual needs of a person infected with or affected by HIV or Aids is very prominent and this support is important. As far as Aids orphans and other disintegrated family situations are concerned, the school can play a major role in this kind of support. The educator therefore is more likely to be able to fulfill many of the needs of the learner and the family. At present there is no cure for HIV and Aids and there will be HIV-infected learners as well as learners who are affected in some way by HIV for quite a while. Given this state of affairs, educators can provide a loving environment in which a sick or needy learner can be emotionally and spiritually supported (Melvin, 2000).

1.2 The problem

Due to the fast-changing world we are living in, and the challenges it poses to both learners and educators, the role of the educator will have to be much wider than it has been traditionally. Children with HIV for example, are living longer and the number of children with HIV or Aids who are attending school is expected to grow. As an educator at Dalindyebo High School in the rural areas of Mthatha, Eastern Cape, I have observed that an educator in these areas is one of the few sources of help to both the school and the community. It is from this observation that I felt that educators need an understanding of

special education, social and psychological issues as well as some the medical needs of their learners. In some instances the educator may be entrusted with information about a student's parents or a staff member's HIV-status and must understand the ethical and legal requirements for respecting confidentiality.

Educators may also be expected to confront educational and psycho-social issues among children whose parents have the disease. Educators may also be expected to provide HIV and Aids education and answer students' questions about HIV or Aids in a manner that is developmentally and culturally appropriate. In some scenarios educators find themselves in a situation where learners sometimes need immediate attention, advice or support, and without any qualification or training they are just forced to do the job. Educators have taken the role of community facilitator, pastoral care-giver and counselor that may not traditionally have been seen as the task of a teacher. Educators therefore have to shift from their traditional role of imparting educational knowledge and skills only, and be able to respond to:

- Current social and educational problems of learners particularly with an emphasis on the issues of drug abuse, child and women abuse, HIV and AIDS and environmental degradation.
- Learners' needs for counseling and tutoring learners who need assistance with social and learning problems.

The above information triggered my interest to investigate whether there is a relationship between the impact of HIV and AIDS on children and the changing role of educators.

1.3 Aim of the study

The general aim of the study was to investigate the relationship between the impact of HIV and Aids on children and the changing role of teachers. To achieve this aim the following objectives were taken into consideration

- To determine whether care and support has an effect on the emotional development of an affected or infected child.

- To determine whether counseling by an educator has an effect on development of the self-esteem of such learner.

1.4 The hypothesis

The hypothesis in the study is that stigma, psycho-social and emotional effects of HIV and Aids on children have an impact on the changing role of educators.

1.5 Definition of terms

CHILD	:	A person who is below the age of 18 years.
AIDS ORPHAN	:	A child below the age of 18 years and has lost a parent due to Aids related illness
MARTENAL AIDS ORPHAN	:	A child under the age of 18 years who has lost a mother due to Aids related illness
PARTENAL AIDS ORPHAN	:	A child under the age of 18 years who has lost a father due to Aids related illness
DOUBLE AIDS ORPHAN	:	A child under the age of 18 years who has lost both parents due to Aids related illness.
EDUCATOR	:	Any person employed to teach as provided in Employment of Educators Act No 76 of 1998.
INFECTED	:	Refers to a person living with HIV, the virus that causes Aids.
AFFECTED	:	Refers to a person who experiences the impact of HIV or Aids through loss or sickness of family members, friends or colleagues.
PSYCHO-SOCIAL SUPPORT	:	The support meant to address challenges of isolation, depression, anxiety and other serious, interpersonal problems as a result of HIV and Aids. The purpose of psycho-social support is to ensure that quality of life and motivation to live are effectively optimized.

STIGMA	:	Stigma is a powerful and discrediting social label that radically changes the way individuals view themselves and are viewed by people. People who are stigmatized are usually considered shameful.
VULNERABLE CHILDREN	:	Children whose safety, well-being and development are threatened for various reasons. Of the many factors accentuating children's vulnerabilities, the most important are lack of care and affection, adequate shelter, education, nutrition and psychological support.

1.6 Method of study

The following methods were used to collect information in order to complete the study:

1.6.1 Literature review

A literature survey was conducted to obtain information on various aspects related to the impact of HIV and Aids on children and the changing role of teachers.

1.6.2 Questionnaires and Interviews

Questionnaires and interviews were used to collect information from infected and affected educators and learners from Dalindyebo High School. The information collected mainly concerned the effects of HIV and Aids and also problems encountered by learners and educators.

CHAPTER 2: LITERATURE REVIEW

In the existing literature on the subject the following observations have been made.

2.1 Factors inherent to the learner

2.1.1 The struggle to get education

Learners affected by HIV or Aids often find it difficult to attend school regularly. This is especially true for children whose parents are ill or have died because of Aids. It may be difficult for girls, for instance to go to school when they are needed at home to care for those who are sick, and they also have to help care for their smaller siblings, or work in the fields and fetch water. They may have to care for younger children left in their care, hence the creation of child-headed households. Such children may find it difficult to go to school, and to find the money for fees, for their own uniforms and those of their siblings. The child may also be blamed because of someone who has been sick or died of Aids.

According to Kamali et al, the Aids pandemic is having a considerable negative impact on the education of Aids orphans. They go on to say that children are likely to drop out of school due to financial difficulties, illness and the social stigma of parents dying from Aids or lack of willingness on the part of parents to send the children to school (Kamali, 1996).

Kamali et al further assert that, research from Eastern and Southern Africa confirms the sad truth that gender disparity in education has been on the increase. This is in part due to Aids-orphaned girls who often end up dropping out of school due to lack of school fees, and more importantly to take care of sick parents or to become parents to siblings once parents are dead (Kamali, 1996).

Aids-orphaned girls in cities as well as rural areas increasingly join street children and are heavily dependent on commercial sex for survival income. Kalipeni states that young girls tend to depend on ‘sugar daddies’ to keep themselves in school. The need for school fees and other day to day necessities is very high for girls who have lost both parents while in

secondary school. This often raises their vulnerability to the HIV/Aids crisis (Kalipeni, 2004).

A wide range of factors affect children's access to education. These include the age of the child, the wealth of the family, economic and domestic roles within the household, the value attached to education within the household, and the perceived safety of children, particularly girls.

Being orphaned or made vulnerable is a further factor that may affect children's access to education. Orphans and vulnerable children stand an increased chance of being malnourished and receiving inadequate medical care. These factors can adversely affect attendance and performance of such children at school. The relationship of the orphan children to the head of the household has been identified as an issue in accessing education (Case, Paxton & Albeidiger, 2002).

Orphaning is often directly correlated with extreme poverty and an increasing number of studies show that in many countries being orphaned or made vulnerable has a detrimental impact on education (UNAIDS, 2002). The UNICEF review of children's access to education reveals that children between the ages 5 and 15 who have lost one or both parents are less likely to be in school and more likely to be working more than 40 hours a week. These are the effects orphaning has on schooling (UNICEF, 2003).

Furthermore, the gap in school enrollment between orphans and non-orphans is greatest in African countries, which have lower enrollment figures. The prevailing circumstances show that orphans are less likely to be at the correct educational level than non-orphans. The emotional strain of losing a parent or both parents can also contribute to irregular attendance and eventual drop out of an affected learner (UNICEF, 2003).

2.1.2 Dealing with grief

Gillis states that a grief crisis is precipitated when individuals find themselves unable to cope with the death of someone close. He goes on to say that unfortunately little is done either at home or school to prepare children for the inevitable trauma of the death of loved ones

(Gillis, 1994). He further points out that many children do not have the opportunity to grieve properly. They may be separated from their brothers and sisters when they are put into foster homes. They may have to grieve in silence around issues relating to HIV and Aids. Their loss and the silent grieving can affect them for the rest of their lives. Death makes life uncertain for a child. Children who do not get emotional support may find it difficult to deal with their feelings (Gillis, 1994).

The consequences of Aids inevitably raise numerous new issues for learners. Some of them may have family members dying, others, friends and yet others just fellow schoolmates. The death of other learners, disbelief, anger and sadness, need to be addressed with care, sympathy, compassion and love. A learner therefore must be prepared for death and dying and should know how to cope with death. This needs to be a process and should be done in a progressive way. It should also be according to the learner's age and development.

Learners grieving for dying or dead parents are often stigmatized by society through their association with HIV and Aids. The distress and social isolation experienced by these learners, both before and after the death of their parents, is strongly exacerbated by the shame, fear and rejection that often surrounds people affected by HIV or Aids. Because of this stigma and often-irrational fear surrounding Aids, learners may be denied access to schooling and health care. Learners who have lost their parents to Aids are assumed to be infected with HIV themselves. This further stigmatizes the learner and reduces their opportunities in the future. They may also not receive the health care they need, as it is sometimes assumed that they are infected with HIV and that their illnesses are untreatable (Greenberg, 1999).

2.1.3 Emotional impact

According to Louw, being infected or affected with HIV or Aids can increase uncertainties in a learner. Louw's argument is tenable because it is at this time, ages 3 to 16 that children begin to change and redefine their behavior and self concept. It is at this time that they begin making many emotional adjustments such as becoming more independent from parents. Other emotional changes include thinking of their future plans along the lines of who they are and what they want to be. Louw further states that with an infected or affected learner his

or her sense of future will be seriously affected. An infected or affected learner may not plan or look forward to the future. This may be due to the fact that these learners experience two types of losses, the loss of health, and the loss of a future. They feel betrayed by and angry towards their parents, particularly if they were vertically infected. Louw further points out that they could experience guilt feelings because of their anger towards the parent (Louw, 1998).

According to Goodyer & Fourie, depression is a common phenomenon among people infected with and affected by HIV and Aids. A learner infected with or affected by HIV and Aids may show lack of motivation. Their marks may drop. Such learners may also show a lack of concentration, memory loss, and inability to think clearly. Their interest in school and other activities may also decrease. Some of the social signs may be indicated by withdrawal: avoiding social contacts and outings, becoming silent and not wanting to participate in social interactions. Other signs may be talk about suicide, thoughts about death and not responding to the empathy and comfort of others (Goodyer & Fourie, 1990).

Goodyer & Fourie further state that emotional stress can have severe adverse effects on a learner. This stress can be due to external and internal factors. External factors can originate in the learner's family, school, community or society. Internal factors can be related to a learner's temperament, frustration levels and lack of coping strategies. Excessive stress can be detrimental and can cause stress reactions such as anxiety and withdrawal, fears and compulsive behaviour.

2.1.4 Self Esteem

Learners infected by HIV struggle with the way in which they perceive themselves to be different from their peers. This could have an adverse effect on their self-esteem. These learners could feel that they are different because they frequently have to go to hospital, receive medication, and are not able to participate in activities.

According to Claxton & Harrison, the HIV infected child is often physically weaker and smaller than his or her peers and siblings. Body image exerts an influence on a learner's self-concept throughout the development process. Physical illness and hospitalization can have an

intensive impact on a learner's body image. It becomes clear that being different, looking different and feeling different can have an adverse effect on the child's self-esteem (Claxton & Harrison 1991).

Claxton & Harrison go on to say that HIV infected or affected learners have the same kinds of hopes, dreams, and desires that all other learners have. They have feelings of sadness, worry, anger, excitement and joy. They want to have friends, play games and want to be treated like any other learner. They also want to be admired and gain recognition for something well done just as other learners do. Treating the learner differently will intensify his or her feelings of being different, have a negative effect on his or her self-esteem and may lead to feelings of inadequacy. .

2.1.5 Child headed household 'a mother to her brothers'

To illustrate the negative impact HIV and Aids has on children, a story extracted from Africa's orphan crisis is summarized below. The story written by Emma Guest as cited by Kalipeni & Cradock (2004) is as follows: Molatela, a 17-year-old lives with her four brothers. The older boy is twenty-one years old, and the youngest is nine and is HIV positive. Molatela says that no relatives offered to take them in. Extended family relations were strained before their parents died. Nevertheless they wanted to stick together.

Emma Guest as cited by Kalipeni & Cradock says that within one week in July 1999, these children lost both of their parents to Aids. Molatela continued that that the family of children had to go it alone. Prior to that, Molatela recalls that for four years she and her brother cared for their mother at home and later for their father too. She learned about Aids through caring for her mother – not from teachers or leaflets or posters. She knows nothing about taking extra care when handling blood and other bodily fluids, as no one had taught her. Molatela says, 'I did not know Aids. I did not know what it was but when I saw them sick I believed they had it because they got so thin' (Kalipeni & Cradock, 2004).

The above scenario reveals some of the challenges facing educators at school. This clearly shows that educators should have played their part of empowering the child on HIV and Aids awareness and education.

According to Hunter & Williamson many communities are now facing troubling scenarios. Grandmothers struggling to care for orphans; households headed by children as cited by Emma Guest, many of them, primary school age, who are caring for younger siblings; and worse, children with nowhere at all to lean. Aids orphaned girls in cities as well as rural areas have increasingly joined street children and heavily dependent on commercial sex for survival income (Hunter & Williamson, 2000). Hunter & Williamson go on to say that many girls suffer many of the insults of an unhealthy environment characterized by inadequate shelter and clothing, and a decline in food supplies.

2.2 Factors inherent to the educator

2.2.1 The educator as counselor

Guidance in schools is referred to as an activity of increasing importance. In a world of changing values and a world plagued by HIV and Aids, young people must be helped to choose and decide. They must be helped to develop coping skills such as social skills, learning skills, communication skills and decision-making skills. They must be helped to grow into well functioning and competent members of society with goals and values which they have chosen freely as a result of the knowledge of the kind of people they are and the kind of people they can become (Lindhard, 1990). The educator counselor is, in the true sense of the word, a counselor to the learner in totality, that is, he deals with the learner on a personal, scholastic-academic and career guidance level (Sonnekus, 1991).

The accent is on providing assistance to individual learners and groups of learners. This will not be directed only to those with problems but also to ordinary learners.

2.2.2 Support for learners in grief

Learners are usually not prepared for the inevitable trauma accompanying the death of loved ones. The way learners handle this will depend on their concept of death and the way in which they have been prepared for it. It is therefore very important that learners are prepared. This is not a single event, but a process.

Naierman argues that if the needs of young grieving children are not met, that can have dire consequences later in life. Educators can play a vital role in helping learners understand and deal with pain and grief. They can assist parents by observing the child's emotional state and behavior as well as making suggestions for coordinated responses to the child's behavior (Naierman, 1998).

Naierman further asserts that understanding a child's grief, recognizing the signs of grief, and learning how to reach out to children through gestures and activities are skills that every educator should possess. He goes on to say that it is very important for grieving learners to know, see and feel that the educator is there for them. He understands how they feel and is prepared to assist them emotionally as well as physically, to adapt to the painful change in their lives (Naierman, 1998).

2.2.3 Handling of medication in a school situation

Learners infected with HIV might be taking other medication apart from Anti-retroviral therapy (ARVT) to control opportunistic diseases. It is not only learners infected with HIV who need to take medication while at school. Learners with other chronic diseases such as asthma, tuberculosis, epilepsy and diabetes – now spreading very fast – might need to do so too.

Coombe states that some medication might have to be taken during the school day. For this reason it is necessary for the educator to make sure that some system is devised in the school which will ensure that medication can be safely and effectively given while maintaining confidentiality. This should apply to any learner who needs to take medication during school hours, HIV-infected or not (Coombe, 2000).

Coombe further suggests that older learners should be allowed to administer to themselves their own medication so as to help avoiding a breach of confidentiality in the school situation. Educators should be aware of those cases so that they allow learners to leave the classroom for this purpose. It is important for educators to know that some medication must be taken at specific times and specific quantities according to prescriptions. ARTV falls in

this category. It is also important therefore for educators to know that ARVT must be given at specific times and that delaying this medication can seriously reduce its effectiveness.

Educators should be aware of the fact that certain medication must be taken with food. This implies that learners have to eat something before they take their medication. Therefore educators should ensure that children under medication in this category do eat before taking their medicine. The educator must also be aware that misused drug doses can lead to viral resistance and drug failure and this might reduce other ARVT drug options for later use. It is important for educators to remember that ARVT is expensive and therefore care must be taken not to waste or lose the medication (Coombe, 2000).

It is the responsibility of the educator to decide how and where medication will be stored so that it is accessible to learners and that it does not get spoiled. All medication that requires refrigeration should be kept in a covered childproof container in the refrigerator. It is advisable that the educator develop a system of how and where the administration of medicine is recorded confidentially. See *appendix 1* for a sample of medical record. It is the educator's responsibility to get or develop such a record.

2.2.4 Coping skills for educators

Educators play a fundamental role in the implementation of the National HIV and Aids policy, especially with regard to the emphasis on getting the message to the adolescent population. However there has been little effort to assess the capacity of educators to perform the additional task of counselors, sexual advisors and mentors (Coombe, 2000).

Educators need special skills to cope with the changing and rising tide of HIV and Aids. They need systematic training and support to deal with the effects of HIV and Aids on children. Educators not only need introductory courses on the national life skills and HIV and Aids material but more importantly, they need to have some training on how to carry the burden of learners, colleagues and community members who are affected by or infected with HIV.

Preparing and supporting educators to play this role also means helping them to understand that the full burden of dealing with the realities of HIV and Aids does not rest only with them. They should think of ways to establish support systems that pull in support from higher levels, other sectors, the community and non-governmental organizations (NGOs). It is important to form partnerships to find ways to deal with challenges effectively (Coombe, 2000).

2.2.5 HIV and Aids and Educators who consider leaving the Education Sector

Shisana et al conducted research on educators who are affected by the disease either by being positive or by being indirectly affected because of colleagues, learners and relatives living with HIV and Aids. The results of the research showed that, of the sample tested (12), 7 percent were HIV positive, while 30 percent indicated that the disease affected them in the exercise of their profession (Shisana et al 2005).

The report of the research states that educators who were affected by HIV and Aids were determined through two or three qualifying questions that targeted respondents who had colleagues, learners or family members who were HIV positive. This was to ensure that their responses on impact were based on experience and not hearsay. It was found that 7 percent of the sample was affected by HIV and Aids among colleagues, 20 percent by HIV and Aids among learners and 13 percent by the situation of their ill relatives suffering from the disease.

The research further showed that educators who considered leaving the profession were more affected by HIV and Aids than those educators who did not consider leaving. Significantly more potential leavers than non-potential leavers indicated that HIV and Aids among educators, learners and family members impacted on them in the practice of their profession. The results further showed that educators were more emotionally affected by HIV or Aids; 6 percent were depressed because of colleagues who were living with or had died from HIV and Aids; 13 percent were emotionally affected through HIV positive and affected learners and 11 percent experienced feelings of sadness and depression because relatives who had passed away or were living with HIV or Aids. Given these findings Shisana et al concluded that this state of affairs may impact on educators' morale, which in turn may lead to more educators leaving their profession (Shisana et al, 2005).

The impact of HIV and Aids is likely to intensify in the future and have an additional impact on attrition in the education sector. Support mechanisms for affected and infected staff should be implemented in order to secure excellence and sustainability in service provision. For example training and counseling services should be available to educators to empower them to support colleagues, learners and acquaintances affected by HIV or Aids.

To redress the above situation, the Secretary General of the Zimbabwe National Commission for UNESCO held a workshop on “Review of HIV and Aids Syllabus for teachers’ colleges” in Harare, Zimbabwe. The workshop reviewed the HIV and Aids Syllabus for teachers’ colleges, introduced syllabus development specifically, and discussed and shared ideas on setting up post-test support groups in colleges. Furthermore UNESCO has been involved with Education Ministry in policy development and implementation of activities regarding:

- Coping skills, manual development and teaching skills capacity building
- Care and support, and capacitating coordinators on Post-Test support groups (www.unesco.org).

The Eastern Cape Department of Education can copy the strategy used by Zimbabwe and Zambia in helping educators cope. The aim of the program is to strengthen pre-service teacher training packages on HIV and Aids in the education sector. Educators need to be trained and equipped to maximize the impact of education on the epidemic along the prevention to care continuum. While curriculum development is important, it is crucial that educators have the skills to educate children on sexual reproductive health, HIV and Aids and life skills. In addition, educators need to be equipped with the skills to cope with the impact of the HIV pandemic on their work with children and their daily lives (www.unesco.org).

2.3 Conclusion

From the literature reviewed the changing role of educators is echoed by both Coombe and Shisana et al when they say that educators need to have training on how to carry the burden of learners, colleagues and community members who are affected by or infected with HIV.

According to the literature reviewed it appears that in a world with HIV and Aids education is a social vaccine against HIV and Aids. Through education, children and young people can learn to interact with each other and develop lifelong social networks, and also reduce the risk of HIV infection by developing relevant knowledge, attitudes and skills.

If the Department expects educators to help turn the tide of the pandemic, it needs to invest in their capacity to do so and to provide them with the skills to cope.

In a world where half of new HIV infections occur among 15 and 25 year olds, and almost two thirds of these are among girls, education can be life saving.

CHAPTER 3

METHODOLOGY

3.1 Introduction

Research involves the collection and analysis of data on the subject the researcher is exploring. Although methods of how data are collected are many, they may be categorized into two groups – quantitative and qualitative.

3.1.1 Quantitative and Qualitative research methods

Following below is a brief distinction between the two research methods mentioned here. Blaikie states that a quantitative approach is one in which the researcher primarily uses post-positivist claims for developing knowledge; employs strategies of inquiry such as experiments and surveys and collects data using predetermined instruments that yield statistical data. He further states that quantitative studies use research questions and hypothesis to shape and specifically focus the purpose of the study. Research questions are interrogative statements or questions that the investigator seeks to answer. Hypotheses on the other hand are predictions the researcher holds about the relationship among variables. Testing of hypothesis employs statistical inferences about the population from a study sample (Blaikie, 2003).

The qualitative approach it is one in which the researcher often makes knowledge claims based primarily on constructivist perspectives or advocacy or participatory perspectives. It also uses strategies of inquiry such as narratives and case studies. The researcher collects open-ended, emerging data with the primary intent of developing themes from the data (Blaikie, 2003).

In Wolcott's words, qualitative research is fundamentally interpretive. This means that the researcher makes an interpretation of the data. This includes developing a description of an individual or setting, analyzing data for themes or categories and finally making and

interpretation or drawing conclusions about its meaning personally or theoretically, stating the lessons learned and offering further questions to be asked (Wolcott, 1994).

Given the cited views above, it is tenable to say that quantitative research relies for its comparative statistical evaluation, on a high degree of standardization in its data collection. Inevitably, this method of data collection utilizes instruments such as questionnaire in which the ordering of questions and possible responses are strictly prescribed in advance. In such instruments ideally the conditions under which the questions are answered should be held constant. Qualitative interviews on the other hand are more flexible in this respect, and may be adapted more easily to the course of events in individual cases. It is against this background that I chose to use questionnaires and interviews as methods of collecting data that fit the objectives of my research.

3.1.2 The questionnaire

According to Charles et al, questionnaires are research tools through which people are asked to respond to the same set of questions in a predetermined order. Questionnaires are perhaps the most popular data gathering tools in research. Their popularity is probably based on some inherent advantages. Some of the reasons may be that, they are low cost both in terms of time and money. In contrast to, say interviews, questionnaires can be sent to many respondents at relatively little cost (Charles et al, 1994).

Charles and others further state that the flow of data is from many people and quick. Respondents can complete the questionnaire at a time and place that suits them. In contrast, interviews can be problematic to administer. It may be difficult for a researcher or his or her assistants to find convenient times to meet the respondents. Data analysis of closed questions is relatively simple, and questions can be coded quickly. In a questionnaire bias is highly minimized if not completely eradicated. There is evidence that different interviewers get different answers, because of the way in which they place different emphasis on individual words in questions.

Using questionnaires has its drawbacks. Low rate responses often occur in this approach. Questionnaires do not allow data collectors to correct misunderstandings or answer questions

that the respondent may have. This is because the physical presence of the researcher is not a must when the questionnaire is used as a research tool. The respondent therefore may give misleading answers. In contrast the face to face interview might reveal underlying problems through observing body language or the verbal tones of the respondents (Charles et al, 1994).

A brief description of the questionnaire and its implementation will be dealt with in this chapter. I felt it necessary to enlist the views of the participants regarding the impact of HIV and Aids on children, and the changing role of teachers in the light of this impact. It was in the light of this consideration that questionnaires were constructed with a view to administering them to the participants.

3.1.3 Interview

In the interview, the researcher speaks to the respondent and obtains direct information. Interviews have the following advantages:

- Flexibility
- The situation can be adapted
- Reasons can be sought for answers
- Clues can be followed up.

In this research two educators were interviewed. Pre-set questions for the interview were used.

3.2 The population

According to Blaikie a population is an aggregate of all units or cases that conform to some designated set of criteria. Population elements are single members or units of a population. Blaikie further says that a population is defined according to the purpose of the research being undertaken. It can be whatever the researcher needs it to be. In this research the population is educators and learners (Blaikie, 2003).

3.2.1 Educators

The two educators who participated in the study were educators who had volunteered to give care and support to learners infected with and affected by HIV and Aids.

3.2.2 Learners

The population in this study was systematically selected irrespective of sex and age. The frame of this population consisted of an alphabetical list of forty names of learners in Grade ten in Dalindyebo High School. These were the names of those learners who confidentially agreed to participate in the research as infected and affected learners. The forty learners constituted 21 percent of all Grade tens in the school. They were drawn from a group of one hundred and eighty seven grade ten learners.

To select the required ten participants from the population, I divided forty learners by the number of the sample needed which is ten learners. The result was four. I then selected every fourth name from the list. As a starting point I chose one number from the list at random. The number I chose was forty. From forty I selected every fourth name to make the ten learners needed as a sample. An example of selected numbers that corresponded with the names is 37,33,29,25,21,17,13,09,05,01. It was fortunate that no learners came from the same surname. These selected learners constitute a 25 percent sample of the original population of forty learners.

3.3 The pilot study

To test the content validity of the questionnaire a pilot study was conducted. The aim of the pilot study was to check whether or not the study was feasible, and whether or not it was worthwhile to continue. It was not possible to validate the instruments in terms of internal validity because of lack of resources and time. The instruments therefore were assumed to be valid.

3.4 Educators' survey questions for interview

The questions for the interview were divided into four parts, numbered section A to section D. Each section relates to a particular aspect affecting their role as educators and the questions were intended to reveal how each educator respondent handled that particular aspect.

In section A, respondents were asked about their personal particulars regarding academic and professional qualifications.

Section B consisted of both closed and open-ended questions. The aim of using open-ended questions was to elicit the respondents' unique views. This section focused on pre-service and in-service training courses.

Section C was centered on care and support of learners. It was made up of closed-ended questions where the respondents were to answer either yes or no. This section consisted of ten items. Here educators were asked about their approaches in dealing with learners' problems.

The format of the questions in section D was the graded response question type. The respondents rated their views about the social and emotional needs of learners on a five-point scale.

3.5 Learners' Questionnaire

The learners' questionnaire was divided into four sections and the sections were numbered. Each section related to particular aspects of the issues under study. Section A dealt with personal particulars of the respondents. In this section respondents had to furnish their grades, ages and gender. Section B of the learner's questionnaire consisted of closed-ended questions. Respondents had to put an (X) alongside the appropriate answer. Section B of the questionnaire was intended to reveal the emotional state of infected and affected learners.

In section C of the questionnaire opinions of respondents were asked using the five-point scale grid. Views of learners on the issue of sexuality were asked in this section. The respondents were to show in the rating scale how much they agreed or disagreed with the statement. There have been allegations that orphaned girls are heavily dependent on commercial sex for survival. It was anticipated that some respondents' responses would reveal whether the allegation is true or not, and secondly whether it was a general practice in the school where this study was conducted..

Section D of the questionnaire also used the five-point scale type of questions. The views of learners on HIV and Aids were asked in this section. Learners were asked whether they found it easier to play with learners who go in and out of hospital. This probe was intended to either confirm or refute the claim that learners who got in and out of hospital are discriminated against and stigmatized.

3.6 Data analysis and consolidation

In analyzing data responses of respondents, responses were interpreted according to the type of instrument used in collecting data. Data from the interviewed educators was consolidated and interpreted. Data from the learners' responses was coded as percentages for analysis.

3.7 Challenges I encountered as a researcher

At the beginning of the research one of the aims of my research was to compare the changing role of educators in rural and urban high schools of Mthatha District, Eastern Cape, due to affects of HIV and Aids on children. Initially the number of high schools that I targeted was four, two from the rural area and two from the urban area. Due to financial and time constraints I had to reduce the number from four to one school, my school Dalindyebo High School.

The major challenge was the question of time to meet the participants in the different schools as the research was done during working hours and tuition time. Tight schedules on the part

of both educators and learners could not allow me to continue with the three other schools. The distance between the four schools is quite long. I had to stay away from work in order for me to finish the research in time. The logical solution under the circumstances was to reduce the population; hence I ended up with two educators instead of eight and one school instead of four.

I did not encounter any problem with regard to permission to use learners and educators from all the targeted schools. The only challenge was a clause in their agreement that said – only if I use them after three o'clock in the afternoon. This was very difficult, as learners do not live in the same area and had to travel long distances home. Keeping them for another hour would mean arriving at their homes in the dark.

These were some of the challenges that forced me to change from four schools envisaged at the beginning of the study to one. Similarly the number of learners targeted to participate in the study had to be cut down from ten from each school to only ten from my own school Dalindyebo High school.

Although the research was done on a small scale, one school, the results were can be amazingly accurate and can be generalized.

3.8 Conclusion

Data gathered from each section of the questionnaire and interview will make it possible to identify a number of factors that contribute to the impact of HIV and Aids on children, and also on the changing role of educators.

CHAPTER 4: DATA CONSOLIDATION AND ANALYSIS

4.1 Introduction

In this chapter consolidation and analysis of data will be dealt with. In data analysis responses to interviews and questionnaires are interpreted.

4.2 Educator's responses

4.2.1 Academic and professional qualifications

Information about academic and professional qualifications was collected from the responses to questions in section A. The aim of this section was to investigate whether the respondents had the necessary qualifications required to respond positively to the challenges posed by HIV and Aids.

4.2.1.1 Academic qualifications

One of the two educators had Grade 12 as her highest qualification whilst the other had a bachelor's degree. These qualifications did not equip the respondents to cope with the impact of HIV and Aids in the classroom (hence the Minister of Education, Zambia, in 2003 recommended that educators be academically equipped to cope with the impact of HIV and Aids in the classroom as well as managing larger classes of mixed ages).

4.2.1.2 Professional qualifications

Both educators had Junior Secondary Teachers Certificate and one held a Higher Diploma in Education. The responses from those educators suggested, these are not adequate to enable an educator to cope with the challenges HIV and Aids pose in the classroom. In their responses one response was:

‘Although I have volunteered to help learners affected and infected with HIV and Aids I am concerned about my lack of knowledge and understanding of HIV and Aids and am also uncomfortable dealing with sensitive or taboo topics’.

Other responses were:

‘I feel I do not possess the necessary knowledge and skills or sufficient legitimacy to handle matters on HIV and Aids, care and support learners affected by HIV and Aids.’

‘I feel ill-prepared to deliver sensitive topics’.

The Zambian Minister of Education acknowledges the importance of relevant academic and professional qualifications in educators as they play an important role as a source of accurate information and skills. The Minister sees the educators’ role as more critical and so advises that they need to be equipped adequately to cope with the impact of HIV and Aids. His view is that it is only if educators are well equipped with necessary knowledge and skills that they will be able to provide meaningful support to infected and affected learners as well as deliver HIV education effectively. The Minister further says developing effective education sector responses to HIV and Aids and coping with new challenges depends on educators’ commitment, confidence, knowledge, attitude and skills (Republic of Zambia, 2003).

With regard to qualifications of educators I agree with Christine Panchaud et al who say the supply of qualified educators to deal with HIV and Aids in the classroom is recognized to be an important and problematic issue. Educators who are to be trained as HIV and Aids educators should be carefully selected. Not all educators are suited for or interested in teaching health, sexuality relationships and HIV and Aids (Panchaud et al., 2002).

4.3 Responses of educators on pre-service and in-service courses and their suggestions.

In this section respondents’ views about the necessity of pre-service and in-service training courses for educators were asked for. Both of them agreed that pre-service and in-service courses are necessary to upgrade their competence on counseling and caring for learners. These are their views. Pre-service and in-service course on HIV and Aids are necessary because:

- Children with HIV live longer and the number of children with HIV who are attending school is expected to grow. Educators therefore need an understanding of the special educational, social and psychological needs of the learners.

- Educators may be expected to confront educational and psychological issues among children whose parents have HIV.
- To prevent the spread of any disease, educators must be knowledgeable and skilled in using correct infection control guidelines in and around the class.
- In some instances the educator may be entrusted with information about a learner, a learner's parent or a staff member's HIV status and must understand ethical and legal requirements for respecting confidentiality.
- Educators may be expected to provide HIV and Aids education and to answer learner's questions about HIV disease in a manner that is developmentally and culturally appropriate.
- Since educators' attitudes affect their comfort with and capacity to teach certain subjects, educators selected to teach subjects relating to HIV and Aids should be those whose attitude will be compatible with HIV and Aids issues. To produce effective educators who will deal with HIV and Aids issues in classes both the pre-service and in-service training programs must deal with such issues.

The necessity of pre-service and in-service training courses on HIV and Aids for educators is supported by Hubert, et al. Hubert, et al say educators may lack the competence and commitment to cope with HIV and Aids in already overcrowded and examination driven curricula. They further argue that HIV and Aids issues should be integrated into teacher training curricula which should complement school curricula and in-service training and should be supported by national training guidelines and materials to ensure consistency. They also add that it is important to assess the needs of educators before developing training and teaching materials (Hubert, et al. 2003).

Important and necessary as the training might be, these are the concerns that the respondents brought up:

- In-service training programs are rarely comprehensive or systematic enough to deliver adequate skills and materials to service educators.

- There is no known evaluation of content implementation and outcomes of HIV in-service training programs. In most instances the in-service training provided by the Department of Education has been superficial, unsystematic and poorly managed.

For the Department of Education to have HIV and Aids competent educators, who are HIV aware and HIV safe, these pre-service and in-service training courses must be comprehensive, intensive, capable of reaching all educators regularly and systematically. They should also be subject to regular evaluation.

The integration of HIV and Aids into the teacher training curriculum is possible. This is confirmed by Hubert, et al when they say it has been made in some countries. In Nigeria for example, family life education and HIV and Aids issues are being integrated into the curricula at primary and secondary level as well as at teacher training institutions (Hubert, et al. 2003).

Even though HIV and Aids related issues have been integrated into the curriculum, I feel the sensitivity of related issues and fear surrounding them makes it difficult to treat them rationally in curricula. When HIV and Aids appear in curricula, it tends to be inadequately addressed with an over emphasis on information about the disease, but little attention to shaping attitudes, values and skills.

4.3.1 Teachers' suggestions on pre-service and in-service course

Suggestions from both educators on pre-service and in-service courses were asked for in this section. Their responses were not different from each other hence they are presented as if they are from one respondent.

4.3.1.1 Pre-service training course

The respondents suggested that core values and attitudes that should be developed in learners should be part of the course. HIV and Aids education on the other hand might be effective when educators explore their own values and attitudes. It would if an open and positive classroom environment is established.

For effective care and support of HIV infected and affected learners and colleagues, training should include counseling and guidance skills. The skills would help educators to cope with their own emotional needs and to support the affected and colleagues and learners.

4.3.1.2 In-service training courses

The following are suggestions from the respondents about the in-service courses:

- There is a need for in-service training to be of adequate duration and depth to instill competence and confidence in educators. HIV and Aids issues need to be an examinable part of pre-service training if these issues are to receive the importance they deserve.
- Once off training is not enough. Educators need an ongoing reinforcement, support and informational update.
- The idea of school-based support teams must be encouraged. Training several educators in a school helps them to provide mutual support.
- Peer support networks are valuable for educators working in isolation in small remote schools, and provide mentoring and support for less experienced colleagues.
- The Department of Education therefore can encourage the formation of mobile resource groups that visit schools and use creative methods such as drama and dance.

It is my view that the teaching of HIV and Aids may be limited in schools where there is no support that is received from the headmaster and administration.

A closer look at the suggestion on the pre-service training reveals that the educators do realize that they have a responsibility to equip themselves with necessary skills to care and support learners.

From the suggestions on the in-service courses there seems to be a need to evaluate the quality and duration of the training. Those conducting short term training attempt to cover a year's syllabus in two days. The respondents feel that there are no deep discussions and the training emphasis is misdirected hence they support the suggestion that the course should take at least five days.

4.4 Analysis of the responses on care and support

In this section of the interview only five statements will be analyzed. These statements are:

- Are you able to recognize signs of depression?
- When a learner has lost a parent(s) do you recognize signs of grief?
- When dealing with a grieving learner, are your skills appropriate for the situation?
- Do you have counseling skills to help a learner who is suffering?
- In a crisis situation involving a learner, are you sure of intervention strategies?

Responses to the first two statements show that one respondent is able to recognize signs of depression in a learner and also recognize signs of grief while the other respondent does not.

Responses to the remaining three statements reveal that neither of them uses the correct skills for a grieving and suffering learner. Both of them are not sure of intervention strategies when they are faced with a crises situation.

One respondent said:

‘When it comes to assisting learners who are grieving, I have realized that my listening skills are very poor. I have also noticed that when a learner puts his or her case, I usually talk about similar problems that I have experienced. I feel this is not good as it may give the impression that her problem is not important.’

Another respondent said:

‘My weakness is that I do not want to see tears. My belief is that when something is not going to change, why cry?’

From the above responses I can say for basic social support, educators need help in identifying those who are grieving and be able to provide basic counseling and support. My view on parental death concurs with Stefan Germann et al who say that the impact of parental death on children is complex and affects the child’s mental health and social energy. They also say living as an orphan might further result in stunted development of emotional

intelligence and life skills such as communication, decision making and negotiation skills (Germann et al, 2000).

The fact that both respondents do not use appropriate skills in dealing with grieving learners could have a negative impact on the emotional growth of the learner. This finding is consistent with the findings of other studies conducted on this subject. Stefan for instance found that such traumatization, even in the light form, in the absence of support has long term developmental impact on a person's life (Germann et al, 2000).

A report given by the Humuliza Project and Masiye Camp in Zimbabwe as cited by Stefan Germann, et al reveal that parental deaths especially double death as often is the case with Aids is a high risk factor to cause psychological stress with long term developmental impact on children. At the same time it has been observed that direct and cultural appropriate psychological support intervention contributes to the development of resilience and coping capacity in children affected by the disease. Therefore if educators can provide adequate support to grieving learners affected, they would cope with the loss better.

4.5 Social and emotional needs

In this section responses from four statements will be analyzed. These statements are:

- Learners infected with or affected by HIV or Aids experience many different emotions.
- Depressed learners usually become silent and do not want to participate in social interactions.
- Absenteeism is high among infected and affected learners.
- An educator must devise a system that will ensure safety and confidentiality when dealing with a learner's medication.

Both educators interviewed strongly agree that HIV and Aids infected and affected learners experience many different emotions. One of the factors that further worsen their situation is financial strains caused by the illness in the family.

One respondent said:

“Yes social interaction among infected and affected learners is bound to change due to discriminatory attitudes and behavior displayed by other learners towards them.

This response affirms Mwanga's (1992) observation as cited by Nzioka. Mwanga claims orphans are sometimes difficult to be cared for by their foster parents because they display an antisocial behavior. This behavior as Mwanga points out is due to their underlying feelings of anger and resentment. Sengendo and Nambi (1997) as cited by Nzioka also say social and emotional conditions of orphaned children become worse upon losing their parents. They may, for example, fail to develop positive attitudes and relationships with other members of the community (Nzioka, 2005).

With regard to absenteeism, both respondents strongly agreed that it is high among infected and affected learners. One response was:

‘Absenteeism has not increased among learners only, but teacher absenteeism has also increased due to HIV and Aids. Teachers’ illness causes increasing periods of absence from school. Such teachers’ absence from school adversely impacts on their learners. Affected and infected learners on the other hand miss a lot of school work and eventually fall behind their classmates’.

Soul City cites a good example of how an affected learner misses classes as a result of her parent's sickness. This magazine cites a case of Nombulelo aged 16. Nombulelo takes care of her father Thomas who is sick with Aids. She also looks after her sister and brother. Because of this responsibility she often has to stay away from school. She has to get her father's medicines from the clinic, among other things (Soul City, 2005). For an increasing number of children in South Africa's townships and rural villages, Nombulelo's story is common-occurrence. Absenteeism from school, poor academic performance and ultimate dropout, therefore, are inevitable as children take on adult responsibilities.

The above finding is consistent with what other studies on the issue have recorded. One of such studies is recorded in Badcock-Walters et al. This account says: “while in South Africa education is viewed as the key to social, cultural and political participation as well as

personal and community empowerment HIV and Aids represents the largest single threat to these democratic ideas” (Badcook-Walters et al, 2002).

Badcook-Walters et al cite the 1996 census estimates of the number of children aged between seven and 18 who were not attending school in two of the nine provinces, the Eastern Cape and KwaZulu-Natal. These were two provinces that were worst affected in this regard. Badcook-Walters’ et al statistical account shows that 1.3 million school-aged children were out of school in these two regions alone. Hence Nombulelo’s story is just one of the many unheard stories.

With regard to the statement on safety and confidentiality when dealing with a learner’s medication, both respondents strongly agree that safety and confidentiality are essential. In their responses one said:

‘I allow only older learner’s to self administer their medication to help avoid a breach of confidentiality in the school situation’.

Another respondent said:

‘I have no problem with confidentiality but one thing parents can do for us is to make us aware that a certain child is taking medication. If we are aware of that, we can allow that learner to leave the classroom for his or her medication when it is due’.

UNESCO claims that in order to assist a learner without being overprotective, policies and plans should be drawn up so that infected learners can fit in at school. Schools need to provide for such children’s special needs. These will include medication that needs to be given in class, longer rest periods and catching up work that has been missed when the learner was absent (UNESCO, 2006).

4.6 Learners’ Responses

This is an analysis of the responses of the learners to the questionnaire. The following table shows the responses of the learners to questions on their emotional state of the infected and affected.

TABLE 4.6.1**EMOTIONAL STATE OF THE INFECTED AND AFFECTED LARNERS****N=10**

QUESTIONS	YES	NO
1. Do you usually have feelings of anxiety?	90%	10%
2. When feeling ill do you reject social contact?	80%	20%
3. Do you feel inferior to other learners?	100%	0%
4. Do you often feel depressed?	100%	0%
5. Do you ever experience lack of motivation, lack of concentration?	100%	0%
6. Do you have plans for the future?	20%	80%

Ninety percent of the respondents answered in affirmative to the question that they do feel inferior to other learners. These learners could struggle with feelings of inferiority due to being different. This is in line with Claxton & Harrison's (1991) findings who argue that the body image exerts an influence on a learner's self-concept throughout the development process. It becomes clear, as Claxton & Harrison put it, being different, looking different and feeling different can have an adverse effect on the child's self-esteem.

All ten learners who responded to the questionnaire agreed that they often do feel depressed. Depression therefore goes along with rejection of social contact, lack of motivation and lack of concentration. Their responses are also confirmed by Goodyer & Fourie (1990) who say depression is a common phenomenon among people infected with and affected by HIV and Aids. Educators therefore need to be aware of symptoms like lack of motivation, a decrease in marks and lack of concentration.

Out of 10 learners who responded to the questionnaire only 20% said they have plans for the future. Even though this 20% is not an example of what Stefan Germann, et al (2000) cited in the Humuliza Project and Masiye camp, it confirms their observations that direct cultural appropriate psychological support intervention for children affected by Aids is important if these children are expected to be resilient and achieve coping skills. Hence it is important for educators to be empowered with skills so as to help learners better. The other 80% do not

have plans for the future. The 80% who do not have future plans confirm Louw's (1998) claims. He states that being infected or affected by HIV or Aids can increase uncertainties in a learner. Learners may have to make emotional adjustments, for example to become more independent from parents, to start thinking of their future plans and along those lines of who they are and what they want to be. Louw says that an infected or affected learner may not plan for the future.

4.7 Views on sexuality and economic status

Table 4.7.1

SEXUALITY AND ECONOMIC STATUS N=10

STATEMENT	SA	A	UD	D	SD
1. Girls who have been suspended from school because of lack of fees are more likely to turn to sex for money.	7 70%	2 20%	1 10%	0 0%	0 0%
2. Young poor girls turn to sex for money.	8 80%	1 10%	1 10%	0 0%	0 0%
3. Early sexual activity is not driven by love but by money.	10 100%	0 0%	0 0%	0 0%	0 0%
4. The need for other school supplies often raises vulnerability to HIV and Aids.	10 100%	0 0%	0 0%	0 0%	0 0%
5. Aids-orphaned girls are heavily dependent on commercial sex.	5 50%	4 40%	1 10%	0 0%	0 0%
6. Financial constraints can make learners vulnerable to sexual exploitation.	10 100%	0 0%	0 0%	0 0%	0 0%

The responses with reference to suspension revealed that only 10% of respondents were undecided. Twenty percent agreed and 70% strongly agreed that suspension may make girls turn to sex for money. The responses of those who strongly agreed are confirm the position of Kamali et al (1996). Kamali asserts that research from Eastern and Southern Africa confirms that gender disparity in education has been on the increase due to Aids-orphaned girls. He says such girls often end up dropping out of school due to lack of school fees, to

take care of sick parents or to become parents to their siblings. From the findings of this research therefore children faced by similar situations may turn to sex for money.

On the question of the need for other school supplies, 100% agreed that this increases vulnerability to HIV and Aids. In some settings, school attendance requires a cash outlay for uniforms and books. Lack of this money may drive a learner to quicker solution that of commercial sex, thereby increasing their own vulnerability.

The above responses are confirmed by an educational project reported by Moletsane & Volmonk (2003) who say that many schools in the country still exclude non-payers from school activities. The findings of an evaluation science education project in 34 schools in one rural district in KwaZulu-Natal Province, the worst hit by the HIV pandemic, indicates that the annual average fees charged per child per school is R62.00 in primary school and R140.00 in high school. While this is very low by national and international standards, many of the children in this area are unable to pay. Consequently this leads to their exclusion or withdrawal from school. Compulsory school uniforms, the cost of which has been found to be beyond reach for many families in rural and township schools, is another challenge faced by learners affected by HIV and Aids as revealed by the findings of the project.

Moletsane & Volmonk's findings highlight the plight of poor young girls who turn to sex to meet their financial needs. This is survival sex without which the girls could not afford school fees and would, therefore, be expelled. In this era sex is very high and risky price to pay for education.

Out of 10 respondents on early sexual activity, 100% agreed that early sexual activity is not driven by love, but by money. This 100% response to the statement confers with Kalipeni's research 'cf' Kalipeni (2004) where he found that Aids-orphaned girls in cities as well as rural areas are heavily dependent on commercial sex for survival income and that young girls have been dependent on 'sugar daddies' to keep them at school.

4.8 Discrimination and stigma

TABLE 4.8.1

STATEMENT	SA	A	UD	D	SD
1. Many children are afraid of possible HIV infection on school grounds or on their way to and from school.	6 60%	3 30%	0 0%	1 10%	0 0%
2. Frequent hospitalization may result in rejection from the peer group.	7 70%	3 30%	0 0%	0 0%	0 0%
3. Frequent medication intake is associated with HIV and Aids infection.	6 60%	3 30%	1 10%	0 0%	0 0%
4. Death of a parent(s) is associated with HIV and Aids infection by other learners.	5 50%	4 40%	1 10%	0 0%	0 0%
5. Physical illness may result in isolation from and avoidance by the peer group	0 0%	7 70%	1 10%	2 20%	0 0%
6. Being an orphan is associated with being commercial sex work.	0 0%	7 70%	1 10%	2 20%	0 0%

When the respondents were asked about the children's fear of infection on school grounds or on their way to or from school, their views showed that there is fear of infection among learners. It actually shows that they believe there is a fear. This is shown by 60% who strongly agree with the statement and 30% who just agreed with the statement.

From the responses of the respondents 70% have a feeling that rejection by the peer group is due to frequent hospitalization; 'cf' Claxton & Harrison (1991) who assert that physical illness and hospitalization can have an intensive impact on a learner's body image. Therefore this confirms that this social factor does affect learners' social relations. This being the case frequent absence could mean exclusion from the group. The excluded learner therefore is justified to feel being discriminated.

Asked whether medication intake is associated with HIV and Aids infection, only 10% of the respondents stated that they were not sure. The majority felt that frequent medication is associated with HIV and Aids-infection; 'cf' Coombe (2000), who states that since some

medication has to be taken during the school day, educators must ensure that it is safely and effectively done while maintaining confidentiality. The 90% who agree with the statement do not go along with Coombe's view which says that not only learners infected with HIV need to take medication while at school other learners with chronic diseases need to do so too.

The majority of respondents agreed by 90% that other learners through their association with HIV or Aids often stigmatize children grieving for dying or dead parents. This response confirms the research by Greenberg (1999) which states that learners who have lost their parents to Aids are assumed to be infected with HIV themselves. This stigmatizes the learner and reduces their opportunities in the future.

Asked whether an orphan is associated with being a commercial sex worker, 10% were not sure, 20% disagreed with the statement and 70% agreed that this was stigma associated with being an orphan. The above findings affirm Kalipeni's (2004) account which argues that HIV increases vulnerability of children by increasing poverty and straining the capacity of extended families to cope. What is emerging now (www.avert.org/aidsimpact) are households headed by children who are caring for their siblings, and worse, children with nowhere at all to turn. Hence they are heavily dependent on commercial sex for survival income (Kalipeni, 2004).

4.9 Conclusion

On the whole the vulnerability of orphans starts well before the death of a parent. These children often experience negative changes in their lives. They start to show emotional neglect. Eventually the children suffer the death of their parents and the emotional trauma that thereafter follows. They then may have to adjust to a new situation with little or no support, and they may suffer exploitation and abuse. It is from the above grounds that one may say that the educator is more than likely to be the one of a few trustworthy adults who can fulfill many of the needs of the learner

CHAPTER 5: CONCLUSIONS AND RECOMENDATIONS

5.1 Introduction

In this chapter the aim is to offer findings and make recommendations in the light of the findings of this study. The problem areas that have emerged are many and interrelated. The problem areas are based on the revelations made by learners and educators with regard to care and support; emotional stress and financial constraints.

5.2 Summary of findings

5.2.1 Emotional suffering of children and educators

From the data collected it is clear that children do emotionally suffer when parents become sick and die. It is also clear that this suffering may be neither recognized nor responded to adequately. Findings of this study show that such children often become withdrawn and some of them will show anti-social behavior for which they are likely to be punished. In a society that devalues children's needs and rights, children are likely to internalize their pain. Their hidden distress may have long-lasting consequences even if they appear to be coping well on the surface.

A lot of children will be orphans in some Southern African countries in the next few years. Failure to support such children to overcome their trauma will have very negative impact on society and might cause dysfunctional societies, jeopardizing years of investment in national development. This finding is supported by Sengedo & Nambi (1997) as cited by Nzioka (Nzioka, 2005).

The morale of educators is low, not because they are poorly paid but because too often the system is unresponsive to their needs and concerns. They work with little administrative support at school, district or higher levels concerning HIV and Aids issues. If no one cares for the educators, why should they care about each other or affected and infected learners? Support by the Department of Education can make a difference to educators.

5.2.2 Quality of education

The impact of HIV and Aids to both learners and educators negatively affects the quality time spent on teaching as well as the learning process of pupils as both groups of individuals have to deal with Aids-related stresses. This means that, unless there are appropriate interventions, HIV and Aids will seriously affect the quality of learning outcomes. The result of various kinds of impact on demand, supply and process of education may be a loss both of financial and human resources, and of efficiency and effectiveness. Relatively fewer pupils may seek education and those who do may be faced with a more random sequence of teaching and learning.

It must also be noted that educators who know they are HIV-infected are likely to lose interest in continuing professional development. Even among those who are not infected morale is likely to fall significantly. They have to cope with sickness and death among relatives and also caring for the sick and counseling a stressed learner. The epidemic also creates a demand for curriculum revision and development, and may also increase the teaching load of educators. This means that future efforts directed at teacher development have to address the technical skills required to deal with HIV and Aids – both in the work place and in society in general.

5.2.3 Pre-service and in-service courses

Pre-service and in-service trainings are not transformed to meet the demands of HIV and Aids. Pre-service and in-service curricula need to be adjusted to take into account of new classroom realities including increasing numbers of disadvantaged and traumatised children, and illness and absenteeism among learners and educators.

There is a need for pre-service and in-service training to be of adequate duration and depth to instill competence and confidence in educators. HIV and Aids curricula should be an examinable part of the pre-service training if it is to be given adequate attention by trainers and students.

From the findings of UNESCO, there is a real and urgent need for capacity building in curriculum development and teacher training to ensure that HIV and Aids are appropriately embedded within the mainstream education practice. UNESCO findings also revealed that the response to HIV and Aids must be professionalized in education, by providing specific training to educators, by assessing qualification and recognizing formally specific skills related to HIV and Aids education (UNESCO, 2006).

Teaching and learning materials are needed to guide educators, heads of institutions and parents dealing with HIV and Aids issues who have children in their care. The above finding is affirmed by the Zambian Ministry of Education's statement saying that all educators must have basic knowledge to counseling and care. It went further to say that a number of trusted educators will need more special skills to help children infected with and affected by HIV and Aids to cope with grief and deprivation. Since educators are in daily contact with children, they should be able to identify signs of distress in any child and be able to provide social, physical and emotional support. Educators should know how to create supporting links with appropriate social health and welfare services.

5.3 Recommendations

5.3.1 Care and support intervention

It is in the classroom that most important support can be given to learners who are in distress, especially in the light of parents, who are normally the primary support and guides, being either too sick or dying to fulfill this function. Care and support lies within the powers of each educator. By displaying a willingness to assist even if it is only by giving emotional support, the educator can alleviate a lot of stress. In the light of the findings of this investigation, this study reiterates Labuschagne's (1998) recommendations. Educators should:

- assure the learners of their availability when need be;
- initiate group activities for all learners so that the infected and affected learners do not isolate themselves or are avoided by others;

- not make the infected or affected learners conspicuous by giving them too much attention.

Educators are advised not to reinforce feelings of being different. They should acknowledge that they know that the learner feels different and understands why. It should be explained to the infected or affected learner that their feelings are the same as those of other learners.

With regard to frequent hospitalization, learners need information. When all learners understand the emotional and physical aspects of being ill, they are more likely to accept any one of them the learner who is different. If learners are not taken through a process of information-sharing to dispel fear, misconception and to de-stigmatize HIV and Aids, fear and stigmatizing will intensify. Therefore, it is necessary that educators help learners know all they need to know about the pandemic and its effects.

When there is death involved, the first step an educator should take is to understand the nature of grief and the child's concept of death at various levels. It is important to remember that even if the educator knows how children as a group learn to understand death, personal communication with the individual child is still necessary. This will enable the educator to find out about the affected child's understanding of death.

Sengendo & Nambi (1997) as cited by Nzioka recommend that informal psychosocial support provided by peers, educators and relatives is a preventative work for psychological health. Educators should understand the causal relationship between death, anti-social behavior which stem from the affected children's grief and anger at the situation. If these feelings of individuals are not understood in their social context, children often withdraw, resign and isolate themselves. It is therefore of great importance to provide preventative psychosocial support so that children are prevented from falling into such situations. Failure to do this will result in alcohol and drug abuse, violent behavior, severe depression, teenage pregnancies, child prostitution and HIV infection. Such problems would require sophisticated professional therapeutic interventions that are often not available.

Schools can use available policies and procedures to protect infected and affected learners as well as educators from being discriminated against. Everyone needs to be sensitized and educated so that no one prevents infected and affected children from accessing education or stigmatize those who are enrolled in school.

Teacher training colleges need to provide educators with skills to tackle stigma and discrimination and to dispel myths about teaching and learning with HIV positive learners or HIV affected learners. School policies and practices should protect the confidentiality of infected or affected learners, educators and parents. This should include policies that make breaking confidentiality a disciplinary offence. Training of educators and other educational sector staff should cover the issue of confidentiality. These recommendations are similar to Germann's (2000).

5.3.2 Establishment of a school-based support team

The main focus of schools is learning and development. In order to plan intervention, care and support, the school has to ascertain what the situation at school is and the needs of learners infected and affected by HIV and Aids. The education systems need to be pro-active towards HIV and Aids in school so that the infected and affected learners and or educators do not perceive that the system does not care about them.

Educators need to develop an awareness of and sensitivity to infected and affected learners' needs. To do this, they need to be trained. Educators need to be part of the school-based team and identify learners who have problems. The task of the team has to be to support the learning and development process by addressing the needs of individual learners.

5.3.3 Pre-service and in-service training

Educators need systematic training and support to deal with the effects of HIV and Aids. Education managers must provide pre-service and in-service training for educators. A basic training in counseling skills should also be provided so that educators know how to respond to either infected or affected learners and colleagues who approach them.

With regard to pre-service and in-service, this study reiterates Coombe's (2002) recommendations which are as follows:

- Every teacher must have adequate training and guidance in life skills curricula, syllabi and manuals, as well as enough suitable learning materials.
- Selected teachers must be trained additionally in care and counseling techniques, and should perhaps be chosen on the basis of trust by children in consultation with the school head and governing body or parent-teacher association for special upgrading. All pre-service teacher education programmes must make provision for basic tutoring in HIV and Aids issues and lay counseling techniques.
- Every educator must have access to counseling if they are worried about their own health, and to help them cope with the trauma of working with learners and families in difficulty.
- Heads of schools and teaching service managers must have adequate preparation appropriate to managing HIV and Aids-related crisis especially in high prevalence areas.

If society expects educators to help turn the tide of the epidemic, investing in their capacity and providing them with the skills to cope should be of importance. Supporting and preparing educators to play this role also means helping them understand that the full burden of dealing with the realities of HIV and Aids does not rest only with them. Hence they should think of ways to establish a support system from higher levels of the education system, the community and NGOs.

5.3.4 Education for all, including orphans and vulnerable children

Removing the barriers to education and promoting education for all is an essential prerequisite to creating an environment in which these most disadvantaged children can benefit. Insisting on education for all is a strategy that can disproportionately benefit orphans. It is necessary, therefore, to have all stakeholders in education enterprise be aware of this important issue. Not only that, they should also ensure the affected and infected learners access education in spite of their situation.

Abolishing school fees is a concrete step which government can take that will make a huge difference to achieving education for all. Although the government pays teachers, operating costs may be the responsibility of the local school management. In an effort to keep children at school, other schools may copy what Zambia's schools do. Their response was to lobby local school management not to claim fees from the most vulnerable children. A second response was to raise money for orphans' school fees. A third way was the open community school program, a community run school without fees or dress code using volunteer teachers. Even though the Department has declared a principle of no fee schools, there are some schools which still exercise the payment of school fees. There is need for waiving school fees or providing bursaries and scholarships through private sector and religious organizations. This may help in some way.

Skills-based HIV prevention education for children, young people and educators can provide an institutional mechanism for developing the necessary local knowledge. It may also improve people's attitudes towards values for individuals and environments. Given that orphans, also are losing the opportunity to learn important skills from their parents, such programs can help them manage their emotions and make positive life decisions. Improving education opportunities for girls reduces their HIV risks.

New attitudes and values relating to responsible, low risk sexual behavior, human rights issues and tolerance need also to be taught. Attitudes concerning respect for girls and women and more equal partnerships between men and women must be encouraged. In addition high moral standards for all must be set and implemented. Given the new issues that need to be dealt with in any discussion of HIV and Aids and given the number of client types to be reached and the variety of their needs, teachers and other personnel of the education system who are in the front line will need particular effective pre-service and in-service training programs. These will need to focus on necessary knowledge about the epidemic, skills in dealing with the new clients of the system, and attitudes of tolerance and compassion.

.

5.4 Conclusion

From the above arguments one can conclude by saying that keeping children who have been orphaned by HIV and Aids at school is crucial for their future. They need education just like any other children. Affected children should be regarded as active members of community rather than just victims. Since many children already function as heads of homes and as care givers they need to be empowered with relevant coping skills. They are a vital part of the solution and should be supported in carrying out efforts to lessen the impact of HIV and Aids on their families and communities. New skills need to be taught also. Very practical skills related to work and income generation, are important as are life skills to behavioral choices.

From the literature reviewed and this study, I conclude that the quality and relevance of education influences whether or not parents send their children to school. Affected children may drop out because of poor quality education or because the curriculum is not relevant to their daily lives or future employment prospects. Quality teaching and learning, a curricula that is relevant to the situation of infected and affected learners and their families, are critical.

From the interview responses I conclude that teacher training is essential because before educators can expect to help other adults and students, they need to examine their own vulnerability to infection, their own attitudes towards helping others especially learners.

Educators must be prepared through pre-service and in-service for the task of talking about issues that may customarily be taboo. A whole school approach to sensitization is more effective than training one or two educators from a school as it results in greater commitment and support from school management. Generally all educators need to be HIV aware, HIV competent and HIV safe.

Without adequate collective action the burden of orphans and vulnerable children is likely to diminish development prospects, reduce school enrollment and increase social inequality and instability. It will also push rising numbers of children into the streets or into institutions.

For those who are in rural areas, it is difficult for educators to address issues relating to sex with learners as parents are still not comfortable to openly discuss such issues with their

children. Educators are afraid to be labeled; hence they reluctantly talk of such issues when there is a crisis.

National governmental and school policies and guidelines are essential to help educators address challenges in the HIV and Aids education, including dealing with objections to teaching about sexuality.

LIST OF REFERENCES

- Badcook-Walters, P. et al. (2002). *The HIV/AIDS Epidemic and the Children of South Africa*. Scottville: University of Natal Press.
- Blaikie, N. (2003). *Analyzing Qualitative Data*. London: Sage Publications Ltd.
- Brink, N.I. (1999). *Fundamentals of Research Methodology For Health Care Professionals*. Kenwyn: Juta & Company LTD.
- Case, A et al. (2002). 'Orphans in Africa'. *National Bureau of Economic Research*. Massachusetts.
- Charles, M.V. et al. (1994). *Research Methods in Social Relations*. Florida. Harcourt Brace Jovanovich College Publishers.
- Claxton, R & J. Harrison. (1991). *Caring For Children with HIV and AIDS*. London: Edward Arnold.
- Cohen, D. (2001). *Poverty and HIV/AIDS in Sub-Sahara Africa*. Lewes: University of Sussex, Institute of development studies.
- Coombe, C. (2000). 'HIV/AIDS and the Education Sector' *The Foundation of Control and Management Strategy in South Africa*. United Nations Commission For Africa.
- Coombe, C. (2002). *HIV/AIDS and Trauma among Learners: Sexual violence and deprivation in South Africa*. Cape Town: Heinemann Educational Publishers.
- Ebersohn, L & I. Eloff. (2002). 'The Black, White and Gray of Rainbow Children Coping with HIV/AIDS' *Perspectives in Education*. 20(2), 77-86

Germann, S., et al, (2000). *Psychosocial support of children affected by Aids*; Zimbabwe: Bylwayo INC.

Gillis, H. (1994). *Counseling Young People*. Johannesburg: Haum.

Goodyer, L. & J. Fourie, (1990). 'Learners with Barriers to Learning and Development' *RAU College for Education and Health*.

Greenberg, J. (1999). 'Seeing Children Through Tragedy: My Mother Died Today. When Is She Coming Back?' *Young Children*, Sept. 1999. 51(6)

Guest, E. (2003). *Children of Aids: Africa's Orphan Crisis*. London: Pluto press.

Hubert, C et al (2003). 'Education in the content of HIV/AIDS: A resource book.' *UNESCO*. Abuja.

Hunter, S.S. & J. Williamson. (2000). 'Children on the Brink 2000.' Washington DC: *The Synergy Project. USAID*.

Kalipeni, E. & E. Cradock. et al (2004). *HIV and AIDS in Africa: Beyond Epidemiology*. Chicago: USA. Blackwell Publishing.

Kamali, A. et al. (1996). 'The Orphans Problem: Experience of Sub-Saharan Africa Rural Population in the Aids Epidemic'. *Aids Care*. 8: 509-515.

Kerlinger, F.N. (1973). *Fundamentals of Behavioral Research*. Philadelphia: Lippincott Company.

Labuschagne, T. (1998). 'A Guide for Effective Management of Child Sexual Abuse' *Hands off-Say No to Child Abuse Alliance*. Johannesburg: Community Chest.

Lindhard, N. (1990). *Life Skills in the Classroom*. Johannesburg: Maskew Miller.

- Louw, D. (1998). *Disaster Management of AIDS Orphan in South Africa: An Educational Perspective*. Pretoria: Kagiso Publishers.
- Melvin, D. (2000). 'European Focus on HIV/AIDS Children and Families' *Issue 10. Summer 2000*.
- Moletsane, R & J Volmonk. (2003). 'Baseline Study of the Valley Trust'. *Umbumbulu Science Project. Unpublished Report*.
- Naierman, N. (1998). 'Grieving Kids Need Guidance' www.earlychildhood.com/archive/grieving.htm
- Nzioka, C (2005). *Contextualizing HIV and AIDS in Educational Planning and management. Training needs assessments for educational planners and manager in Ethiopia, Ghana and Rwanda*. Entebbe, Uganda: Haum.
- Panchaud, C., et al. (2002). 'Issues in measuring HIV prevalence: The Case of Nigeria' *African Journal of Reproductive Health*. Vol.6; Part 3.
- Republic of Zambia. (2003). 'HIV and Aids Guidelines for Educators.' *Ministry of Education*. Zambia.
- Shisani, N. et al. (2005). 'The Health of our Educators. A focus on HIV/AIDS in South African public schools, 2004/5 Survey'. Cape Town: HSRC Press.
- Sonnekus, L. P. (1991). *Subject Didactics: School Guidance and Counseling*. Pretoria: UNISA.
- Soul City, (2005). 'No schooling for some children'; *Soul City*, October 2005.
- Stefan Germann et al. (2000). *Psychosocial Support of Children Affected by Aids*. Zimbabwe: Bulawayo Inc.

UNAIDS (2002). *South Africa. Epidemiological Fact Sheet*. Geneva, Switzerland: UNAIDS.

UNESCO (2006). 'HIV/AIDS and Safe, Secured and supportive Learning Environment.' *Good Policy and Practice in HIV and Aids and Education*. Paris, France: UNESCO.

UNICEF (2003). 'Child protection society, Zimbabwe: How can we help?' *Approaches to community care: A guide to groups and organizations to assist orphans and other children in distress*. Lusaka, Zambia: UNICEF.

Wolcott, H. T. (1994). *Transforming Qualitative Data: Description analysis and interpretation*. Thousand Oaks, CA: Sage.

www.avert.org/aidsimpact.htm

APPENDIX 1

Administration of medicine

Date	Time	Learner's name	Name of medication	Dose given	Name of adult Administering medication
20-04- 06	10H0 0	Vundle Nasiphi	Aspirin	250g	Ms Maku N.

APPENDIX 2

Educators' survey questions for interview

1. You are kindly requested to respond to the following questions as genuinely and fully as possible. You are further assured that the information you give will be treated as highly confidential and used for the purpose of this study. I take this opportunity to thank you in anticipation for your efforts.
2. Where your response is either Yes or No you are free to support your answer.
3. Where there are five [5] possible answers, chose one that is most relevant. Support your answer For example:

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree
Learners who frequently Receive medication feel they are different					

Answer: Strongly Agree. A learner may feel that something is wrong with her when she frequently take medication therefore feel different.

Section A

Personal particulars and qualifications

1. What is your nationality?
2. What are your academic Qualifications?
3. Where and when obtained?
4. What are your professional qualifications?

Section B

Pre-service and In-service Training

You may answer yes or no.

1. Do you think pre-service course and in-service courses are necessary?
2. If yes what are your suggestions on:
 - 2.1 Pre-service:
 - 2.2 In-service
3. If no explain briefly why you say so.

Section C

Care and Support

You may answer yes or no and support your answer.

QUESTION	YES	NO
1. Do you find it necessary to teach learners an attitude of caring, love, support and tolerance?		
2. Do you encourage peers to give each other positive feed back during classrooms lessons?		
3. Are you able to recognize signs of depression?		
4. When a learner has lost a parent(s), do you recognize the signs of grief?		
5. When monitoring a learner's medication do you understand all the medical terms?		
6. When dealing with a grieving learner do you use skills appropriate for the situation?		
7. Do you have guidelines for enhancing self-esteem of the infected or affected learners?		
8. When dealing with learners are you able to identify learners who need help?		
9. Do you have counseling skills to help a learner who is suffering?		
10. In a crisis situation involving a learner are you sure of intervention strategies?		

Section D

Social and Emotional needs

STATEMENT	SA	A	UD	DA	SD
1. Learners infected with or affected by HIV or Aids experience many different emotions.					
2. A number of learners experience illness and death in their families.					
3. Depression is a common phenomenon among people infected with and affected by HIV or Aids.					
4. Depressed learners usually become silent and do not want to participate in social interaction.					
5. Absenteeism is high among infected and affected learners.					
6. Treating a learner differently will intensify his/her feelings of being different.					
7. Understanding children's grief and recognizing the signs of grief are skills which every educator should have.					
8. HIV-infected learners may need to take medication while at school.					
9. An educator must devise a system that will ensure safety and confidentiality when dealing with a learner's medication.					
10. Knowledge about ARTV and other requirements for medication is a requirement for an educator administering medication.					

APPENDIX 3

LEARNER QUESTIONNAIRE

The researcher is investigating the impact of HIV and Aids on children and the changing role of educators at Dalindyebo High School. The comments that you make will be treated in the strictest confidence.

Please note that this is not a test to determine your behavior at school. There are no implied correct or wrong answers to these statements. Please respond to all the statements made in this questionnaire.

Section A

Personal particulars

1. Grade:.....
2. Age:.....
3. Sex:.....

Section B

Emotional state of infected and affected learners

Mark with an [X] where applicable.

QUESTIONS	YES	NO
1. Do you usually have feelings of anxiety?		
2. When feeling ill do you reject social contact?		
3. Do you feel inferior to other learners?		
4. Do you often feel depressed?		
5. Do you ever experience lack of motivation, lack of concentration?		
6. Do you have plans for the future?		

Section C

Sexuality and economic status

Please put an [X] in the appropriate space which most clearly represent your view of each of the statement made in this part of the questionnaire

STATEMENT	SA	A	UD	D	SD
1. Girls who have been suspended from school because of lack of school fees are likely to turn to sex for money.					
2. Young poor girls turn to sex for money.					
3. Early sexual activity is not driven by love but by money.					
4. The need for other school supplies often raises vulnerability to HIV or Aids.					
5. Aids-orphaned girls are heavily dependent on commercial sex.					
6. Financial constraints can make learners vulnerable to sexual exploitation.					

Section D

Discrimination and stigma

STATEMENT	SA	A	AD	D	SD
1. Many children are afraid of possible HIV infection on school grounds or on their way to and from school.					
2. Frequent hospitalization may result in rejection from the peer group.					
3. Frequent medication intake is associated with HIV and Aids infection.					
4. Death of parent(s) is associated with HIV and Aids infection by other learners.					
5. Physical illness may result in isolation from and avoidance by the peer group.					
6. Being an orphan is associated being commercial sex work.					

Thank You