

**EDUCATORS' PERCEPTIONS OF TEACHING  
LEARNERS ABOUT HIV/AIDS AND OF SCHOOLS AS  
CARE-GIVING CENTRES FOR ORPHANS AND  
VULNERABLE CHILDREN:  
THE CASE OF AN URBAN SECONDARY SCHOOL IN  
DURBAN**

**By**

**AMRITA PARAG**

**Submitted in part fulfilment of the requirements for**

**The degree of**

**MASTER OF ARTS**

**in the subject**

**SOCIOLOGY (SOCIAL BEHAVIOUR STUDIES IN HIV/AIDS)**

**AT**

**UNIVERSITY OF SOUTH AFRICA**

**SUPERVISOR: DR GRETCHEN DU PLESSIS**

**CO-SUPERVISOR: MR LEON ROETS**

**JUNE 2009**

## DECLARATION

I declare that the work, *Educators' perceptions of teaching learners about HIV/AIDS and of schools as care-giving centres for orphans and vulnerable children: The case of an urban secondary school in Durban*, is my own work and that it does not contain section copied in whole or in part from any other source unless explicitly identified in quotation marks and with detailed, complete and accurate referencing.

.....

AMRITA PARAG

## **ACKNOWLEDGEMENTS**

I wish to express my sincere gratitude and thanks to the following individuals without whom the completion of this dissertation would not have been possible. I thank the Almighty God who has given me the strength, courage, determination and the willpower to succeed. My gratitude goes to my supervisors Dr Gretchen Du Plessis and Mr Leon Roets for their excellent advice, motivation, patience and guidance throughout my study and assistance in the data collection and transcription. I wish to thank my husband Dr Anand Parag and my daughters Yethiksha, Schweta and Prishav, for their love and encouragement, and for being committed to my aspirations. They collectively served as my tower of strength. They were patient and endured when I was not always available. I am also grateful to my mother for her constant encouragement and support. I wish to thank Dr Shakila Reddy, for inspiring me and helping me to refine my research proposal. Finally my gratitude goes to my friends and colleagues at the school for helping me collect data for my study.

## **DEDICATION**

This dissertation is dedicated to the memory of my late dad, Mr M.BISNATH who instilled in me the value of education and to my husband, DR I.N.PARAG who always lent his enthusiastic support to my studies.

## **SUMMARY**

The rapid increase in HIV-infections is changing the face of modern society. The number of HIV/AIDS orphans for sub-Saharan Africa is expected to increase to 18, 67 million in 2010. Education has a pivotal role to play in effectively dealing with the effects of the pandemic, as well as creating awareness among learners. The focus of this study is to explore educators' perceptions of teaching learners about HIV/AIDS and of schools as care-giving centres for orphans and vulnerable children. The HIV/AIDS education curriculum has been introduced in a milieu of change and restructuring in South African education, presenting particular challenges for educators. This study set out to uncover how educators are engaging with their new roles and responsibilities when teaching HIV/AIDS education.

### **KEY WORDS**

Care-giving, Changing curriculum, educators' perceptions, HIV/AIDS in schools, orphans and vulnerable children, teaching

# TABLE OF CONTENTS

	<b>Page</b>
DECLARATION	ii
ACKNOWLEDGEMENTS	iii
DEDICATION	iv
SUMMARY	v
TABLE OF CONTENTS	vi
LIST OF TABLES	x
LIST OF FIGURES	xi
LIST OF ACRONYMS AND ABBREVIATIONS	xii

<b>CHAPTER 1: BACKGROUND AND ORIENTATION TO THE STUDY</b>	<b>1</b>
1.1 INTRODUCTION	1
1.2 THE IMPORTANCE OF HIV/AIDS EDUCATION	4
1.3 SCHOOLS AS CARE – GIVING INSTITUTION FOR LEARNERS AFFECTED BY HIV/AIDS	5
1.4 EDUCATION, TEACHING AND THE POLICY CONTEXT	6
1.5 THE ROLE OF EDUCATORS IN THE CONTEXT OF HIV/AIDS EDUCATION	7
1.6 OBJECTIVES OF THE STUDY	9
1.7 THE PURPOSE OF THE STUDY	9
1.8 RESEARCH QUESTIONS	10
1.9 DEFINITION OF TERMS	10
1.10 CONCLUSION	14

<b>CHAPTER 2: LITERATURE REVIEW</b>	<b>15</b>
2.1 INTRODUCTION	15
2.2 THE CHANGING ROLE OF EDUCATORS, CURRICULUM CHANGE AND POLICY DEVELOPMENT	16
2.2.1 The changing roles of educators	16
2.2.2 Evolution of curriculum	19
2.2.3 Conclusion of the changing role of educators, curriculum change and	21

Policy development	
2.3 THE ROLE OF THE SCHOOLS IN ADDRESSING THE NEEDS OF THE ORPHANS AND VULNERABLE LEARNERS	21
2.3.1 The role of schools	21
2.3.2 Impact of orphanhood on learners and the barriers to accessing education	23
2.3.3 Educators' responses in identifying orphan and vulnerable children	24
2.3.4 Schools as an environment for identifying and supporting vulnerable learners	25
2.3.5 Challenges of educators' work	26
2.4 LEARNERS' PERCEPTION ON HIV/AIDS EDUCATION	29
2.4.1 Is HIV/AIDS education having the desired effect?	29
2.4.2 Learners' perceptions of HIV/AIDS	30
2.4.3 Social issues related to education and HIV/AIDS	31
2.4.3.1 Discrimination and stigma –HIV/AIDS of 'others'	31
2.5 THEORETICAL PERSPECTIVES ON THE ROLE AND IDENTITY OF EDUCATORS	32
2.5.1 Introduction	32
2.5.2 Understanding educators' identities	33
2.6 CONCLUSION	40

<b>CHAPTER 3: METHODOLOGY</b>	41
3.1 INTRODUCTION	41
3.2 STUDY PURPOSE AND RESEARCH QUESTIONS	41
3.3 OBJECTIVES	42
3.4 RESEARCH SITE: LOCATION AND COMPOSITION	42
3.5 CHOOSING A MIXED RESEARCH METHODOLOGY	43
3.6 THE QUANTITATIVE PHASE OF THE STUDY	45
3.7 THE FOCUS GROUP INTERVIEW	47
3.8 CLASSROOM OBSERVATION	49
3.9 DATA ANALYSIS AND INTERPRETATION	51
3.10 ETHICAL ISSUES	51
3.11 LIMITATIONS OF THE STUDY	52

3.12 CONCLUSION	53
-----------------	----

<b>CHAPTER 4: FINDINGS</b>	54
4.1 INTRODUCTION	54
4.2 BIOGRAPHICAL INFORMATION OF THE RESPONDENTS' TO THE QUESTIONNAIRES	55
4.3 TEACHING AND SUPPORT	58
4.3.1 Attendance at workshops	58
4.3.2 Support for teaching	60
4.3.3 Resources and teaching materials	61
4.3.4 Information on HIV/AIDS	63
4.4 EXPERIENCES OF TEACHING OF HIV/AIDS EDUCATION	64
4.5 EDUCATORS' PERCEPTIONS OF THE ROLE OF THE SCHOOL IN THE TIME OF HIV/AIDS	67
4.6 EDUCATORS' PERCEPTIONS OF THE IMPACT OF HIV/AIDS ON THE LEARNERS	69
4.7 THE OPINIONS OF EDUCATORS REGARDING CHANGING SCHOOLS INTO CARE-GIVING CENTRES FOR OVCS AFFECTED BY HIV/AIDS	70
4.8 CLASSROOM OBSERVATION	76
4.9 CONCLUSION	77

<b>CHAPTER 5: CONCLUSION</b>	79
5.1 INTRODUCTION	79
5.2 A BRIEF DISCUSSION ON SOME OF THE MAJOR FINDINGS OF THE STUDY	79
5.3 LIMITATION OF THE STUDY	81
5.4 REFLECTION ON THE STUDY	81
5.5 RECOMMENDATIONS PROVIDED FOR FURTHER RESEARCH	81
5.6 PROFESSIONAL PRACTISE/DEVELOPMENT	82
5.7 RECOMMENDATIONS FOR POLICY AND PRACTICE	82
5.8 CONCLUSION	83

<b>LIST OF SOURCES</b>	84
<b>APPENDICES</b>	
APPENDIX A: RESEARCH ACCESS LETTER	94
APPENDIX B: INFORMED CONSENT LETTER	95
APPENDIX C: QUESTIONNAIRE	96
APPENDIX D: FOCUS GROUP INTERVIEW SCHEDULE	100
APPENDIX E: CLASSROOM OBSERVATION	102

## LIST OF TABLES

PAGE

Table 4.1 Biographical information of the respondents to the questionnaire	55
Table 4.2 Attendance of HIV/AIDS workshops	59
Table 4.3 Percentage of respondents who have attended workshops according to background characteristics	59
Table 4.4 Perceptions of support received by educators in teaching HIV/AIDS in school	60
Table 4.5 Types of support received from different stakeholders in school-based teaching about HIV/AIDS	60
Table 4.6 Frequency with which respondents use materials from different sources in their teaching of HIV/AIDS	62
Table 4.7 Perceptions of the resources used for the teaching of HIV/AIDS education	62
Table 4.8 Opinions of the sources learners use to learn about HIV/AIDS	63
Table 4.9 Respondents' ratings of their experiences of teaching of HIV/AIDS	65
Table 4.10 Views on the content of the HIV/AIDS curriculum provided by the Department of Education	65
Table 4.11 Respondents' rating of the effectiveness of the OBE methodology in the teaching of HIV/AIDS	66
Table 4.12 Perceptions of where HIV/AIDS education in secondary schools should be taught	66
Table 4.13 Perceptions of what the responsibilities of the school should be in the time of HIV/AIDS	68
Table 4.14 Opinions of statements describing the impact of HIV/AIDS on their learners	69

## LIST OF FIGURES

PAGE

Figure 2.1 Diagram of educator identity	36
---	----

## **LIST OF ACRONYMS AND ABBREVIATIONS**

ABC	Abstinence, being faithful and using condoms
AIDS	Acquired Immunodeficiency Syndrome
HIV	Human Immunodeficiency Virus
NGOs	Non-governmental organisations
NQF	National qualification Framework
OBE	Outcomes-Based Education
OVCs	Orphans and Vulnerable Children
RNCS	Revised National Curriculum Statement
SMT	Senior Management Team
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
USAID	The United States Agency for international Development
WHO	World Health Organisation

# **CHAPTER ONE**

## **BACKGROUND AND ORIENTATION TO THE STUDY**

### **1.1 INTRODUCTION**

Statistics describing the epidemiological course of the AIDS pandemic may cause observers to ask what the best way forward might be in dealing with the impact of the pandemic on education and sustainable development. Education certainly has a pivotal role to play in transforming the negative impact of HIV and AIDS on society into a more coordinated and integrated response. This has been acknowledged by many educational and health experts (Boler 2003; South African Department of Education 2000b; Walsh1996).

According to estimates from the UNAIDS (2008) report on the HIV/AIDS pandemic about 30,8 million adults and 2 million children were living with HIV at the end of 2007 and 5 700 people die of AIDS and 6 800 people are newly infected with HIV daily. The epidemic has left behind 15 million AIDS orphans, defined as those aged younger than 18 years who have lost one or both parents to AIDS. The education sector has a fundamental role to play in the prevention, care and support activities in relation to learners living with HIV and/or affected by HIV and AIDS (South African Department of Education 2000b). The number of learners that educators reach constitutes a significant proportion of the population of South Africa. Therefore, schools are key settings for educating learners about HIV and AIDS and for slowing down the further spread of HIV infections (Giese, Gow & Desmond 2002).

South Africa has the highest incident rate of HIV-infections per day in the world and the KwaZulu-Natal province has the highest prevalence rate of HIV-infections in South Africa (UNAIDS 2008). It is estimated that one in nine South Africans (or 5 million) are living with HIV as stated by UNAIDS (2008). Presently there are 100 000 children in South Africa who have been orphaned as a result of losing one or both parents due to AIDS-related deaths and it is predicted that there will be over 6 million orphans affected by HIV/AIDS by the year 2015 (UNAIDS 2008).

Thus, education can be a powerful prevention mechanism in the fight against HIV/AIDS and to protect new generations against HIV-infection (Boler 2003). The World Bank (2002) regards education as the window of hope in the fight against HIV/AIDS since it aims to inform the youth about HIV/AIDS and to help them to make responsible lifestyle choices about their own lives. Hence there is an urgent need for vigorous education programmes in order to educate young people about HIV/AIDS. The future course and status of the AIDS pandemic depends on the efforts mounted today to prevent HIV infection among young people (UNAIDS 2002).

The teaching of HIV/AIDS in South African schools under the banner of Life Orientation had been mandated by the National Department of Education in all public schools in South Africa (South African Department of Education 2000b). It aims at developing skills, knowledge, values and attitudes which would empower learners to make informed decisions about HIV and AIDS and take appropriate actions regarding their health, social and personal development, and to prevent HIV-infection. Most educators perceive that they are already heavily overburdened by a crowded curriculum and other work-related commitments and with the introduction of the HIV/AIDS Education, many educators felt inadequately prepared to teach a subject for which they received little training, resources and support (Singh 2003).

The Life Orientation programme has also changed the role of educators from not only teaching about HIV/AIDS but also to becoming caregivers. As far as educators' perceptions on their added role as care givers of learners affected by HIV/AIDS are concerned, many educators experience stress due to high role-expectations and role-conflict as a result of the diverse demands caused by the HIV/AIDS epidemic. (Bhana, Morrell, Epstein, & Moletsane 2006).

In most South African schools there are no staff employed specifically to provide counselling, care and support services related to HIV/AIDS to assist educators and learners in dealing with the psychosocial impact of HIV/AIDS on their school and surrounding communities (Coombe 2000). Educators in schools with the least resources are frequently those required to provide the most demanding forms of care and support to learners living with HIV and/or affected by HIV/AIDS. Educators in under-resourced schools located in communities characterised by poverty also provide pastoral care work to learners (Bhana *et al* 2006). This care-giving role does not fall within the formal job-description of an educator and therefore it cannot be easily measured in their job-performance. Moreover, it does not count towards promotion and is it noticed in any public way by the education hierarchy (Bhana *et al* 2006). Yet it is this kind of care-giving work provided by educators that assists and cushions learners against the trauma of loss that many of them are experiencing due to the AIDS epidemic.

Educators are uniquely positioned to provide the psychosocial care and support for those learners who have been orphaned by the loss of their parents due to AIDS-related deaths or rendered vulnerable by making sure that these children are socially accepted (at least by their fellow learners and the school) and have access to education. The reduction in the number of AIDS casualties is the ultimate aim of most national HIV/AIDS programmes. Whilst most programmes focus largely on the modification of risky sexual practices and on creating awareness (thus with the prevention of new HIV-infections) educators also have to cope with learners

who have been infected with HIV and/or affected by the HIV and AIDS (thus with care and support).

Furthermore, schools can play a crucial role as care-giving centres for orphans and vulnerable learners affected by HIV and AIDS by improving and securing their future. According to Jacob (2005), a sound education can improve learners' self-esteem; create better job prospects and encourage economic independence. As well as lifting learners out of poverty, such an education can give learners a better understanding of HIV/AIDS, thereby decreasing the risk of becoming infected with HIV.

UNAIDS (2008) proposes that HIV/AIDS education should be sustained effort commencing before puberty and continuing throughout a young person's school year. Kelly (2000b) suggests that this type of education might be the most powerful intervention to mitigate and managing the impacts of HIV/AIDS on the youth, especially on learners. In the section below, the question why these programmes are important is explored in greater detail.

## **1.2 THE IMPORTANCE OF HIV/AIDS EDUCATION**

The World Education Forum held in Dakar (UNESCO 2000) noted that a key objective of an international strategy must be to realise the enormous potential that the education system offers as a vehicle to help reduce the incidence of HIV-infections and to alleviate its impact on society. Furthermore, because school attendance is a nearly universal experience for most children and youth, schools offer an accessible and appropriate environment for HIV/AIDS education.

According to Coombe and Kelly (2001), the power of education as a vehicle to reduce the incidence of HIV-infections is threatened by the very presence of HIV/AIDS. Learners affected by HIV and AIDS or orphaned due to parental

AIDS-related deaths are often disadvantaged in a number of ways, from having experienced the psychosocial trauma of witnessing one or both parents' death due to AIDS-related deaths, to the separation from their siblings, to increased poverty and often a resultant diminished health status. These learners are more likely to be subjected to the worst forms of child labour and often have less access to education due to the lack of financial and parental support. They have increased family responsibilities and have to participate in income-generating activities such as selling of goods or begging for money to supplement their family income. Therefore, sustaining a functional education system in the midst of the socioeconomic impact of the AIDS pandemic on sustainable development should be a priority for all national education authorities. Coombe (2002) argues that teaching in a caring environment where the safety and rights of all are respected, will benefit those educators and learners infected with HIV and affected by HIV and AIDS. In the section below the importance of school as care-giving institution is discussed.

### **1.3 SCHOOLS AS CARE-GIVING INSTITUTION FOR LEARNERS AFFECTED BY HIV/AIDS**

Schools reach further into communities than most other public institutions, as noted by Giese *et al* (2002). Research has shown that second only to family, school is the most important stabilising social force in the lives of young people, especially those affected by HIV and AIDS. For Orphans and Vulnerable Children (OVCs) affected by HIV and AIDS, a school environment may contribute to them feeling more secure and enhances their readiness to learn. Such an environment is critical to the development of these children because they may have someone to sit with them during their lunch and an educator who assists them catch up with their schoolwork as well as the coach who finds ways to incorporate them into a team.

When learners feel cared for by educators at their school and are made to feel part of the school community they are less likely to be absent from school, engage in substance abuse, violence or initiate sexual activity at an early age (Giese *et al* 2002). Learners who feel connected to school in this way also have a higher level of emotional well-being (Blum 2005). Research has proven those learners who are infected with HIV and/or affected by HIV and AIDS; and who perceive their educators and school administrators as creating a caring environment where expectations are realistic, clear and fair are more likely to be connected to school (Blum 2005).

#### **1.4 EDUCATION, TEACHING AND POLICY IN THE CONTEXT OF HIV/AIDS**

The onset of the HIV/AIDS pandemic has brought with it an array of complexities that will influence the course and quality of education. Within the broader framework of educational change various education departmental policies such as the HIV/AIDS Emergency Guidelines for Educators (South African Department of Education 2000b) and the National Policy on Learners and Educators in Public Schools (South African Department of Education 1999) guide educators in their day-to-day teaching practices. These policies set the stage for intensified initiatives at national and provincial level for dealing with HIV/AIDS in schools. In 2000, Dr Kader Asmal, the then Minister of National Education in South Africa, announced his emergency plans for HIV/AIDS education (South African Department of Education 2000b) in which he earnestly appealed to educators to help curb the spread of HIV-infections.

Coupled with the urgent need for HIV/AIDS education initiatives, recent policy developments in the South African education landscape have identified a need for more appropriate school curricula in terms of curbing the spread of HIV-infection in the education sector and society. Hence, policies such as Outcomes-based

Education (South African Department of Education 1997) and the National Curriculum Statement (South African Department of Education 2003) have become synonymous with change and development. This has resulted in a major curriculum reform where topics and issues that were kept hidden from learners are now being fore-grounded (Jacob 2005). As such, sex and sexuality previously a taboo subject are included with the curriculum of Life Orientation programmes.

Whilst the South African government must be praised for its commitment to HIV/AIDS education and for its efforts to reduce the impact of the AIDS epidemic on society, it is educators who have to contend with the curriculum changes, and deal with their roles as potential care-givers to orphans and vulnerable learners affected by HIV and AIDS. Furthermore, the Norms and Standards for Educators (South African Department of Education 2000a), identify multiple roles and responsibilities for educators which present a new perspective on the job descriptions of educators (Jacob 2005). Thus, educators are being faced with the dilemma of not only negotiating a changing curriculum but also juggling with increasingly greater demands placed on them by the multiple roles and responsibilities they have to fulfil on a day to day basis. (Jacob 2005). In this regard, Samuel and Stephens (2000:476) note that “*the new South African school is itself undergoing a fundamental reconceptualization of its identity and role in a new democracy.*”

## **1.5 THE ROLE OF EDUCATORS IN THE CONTEXT OF HIV/AIDS EDUCATION**

Jacob (2005) states that educators will have to be adequately prepared to deal with HIV/AIDS in the curriculum and to be mindful of the individual needs of learners in their care when planning and conducting classroom teaching. Educators will have to constantly evaluate and re-evaluate their roles and responsibilities in order to accommodate learners infected with HIV and/or affected by HIV and AIDS.

Educators are this currently facing the challenge of encountering multiple roles and responsibilities where their teaching roles constantly evolve according to the changing social context. In this regard Samuel and Stephens (2000:476) explain that the educator's "*self and identity*", cultural context and professional environment are "*in critical dialogue with each other, since neither is immune to the forces of change that characterize all societies.*" The different roles and responsibilities of educators can thus be shaped and reshaped by opposing and even conflicting values, behaviours, and attitudes. The question which arises is, given these complexities, can educators merely confine themselves to the delivery of an academic package or is it now necessary to take on multiple role functions in order to accommodate the diverse needs of learners? In contemplating this question, the various role functions of the educator should be explored.

The National Education Policy Act 27 of 1996 (see South African Department of Education 2000a) identifies seven role functions for educators. These are that of learning mediator; interpreter and designer of learning materials; leader, administer and manager, scholar, researcher and lifelong learner; community citizenship and pastoral role and assessor as well as a learning area/subject/discipline/phase specialist. These complexities, introduced in a milieu of rapid change in the South African education system which is struggling to redress the past inequities in education may imply that what is done in the classroom and in the school on the one hand and what is dictated by the policy on the other hand are not always synchronised.

The researcher, herself a teacher, wanted to explore and understand educators' perceptions of teaching learners about HIV/AIDS and about schools serving as care-giving centres for orphans and vulnerable children affected by HIV and AIDS. This is the central focus of this study. Sub-questions which arose from this were: Do educators embrace their new responsibilities in context of HIV/AIDS education? Can educators who were trained to believe that education is a one-way process where educators, as the keepers of knowledge, deliver prescribed

curricula to the learner, sustain an effective HIV/AIDS education programme? What role should educators play in providing care and support to OVCs affected by HIV and AIDS? How can schools be changed into care giving centers for these learners using HIV/AIDS education?

## **1.6 OBJECTIVES OF THE STUDY**

This study set out to attain the following objectives:

- To investigate educators' perceptions and practices in the teaching of HIV/AIDS in schools
- To investigate educators' perceptions about their role as care givers of OVCs affected by HIV and AIDS.
- To investigate the educators' perceptions of the school as care-giving centres.

## **1.7 THE PURPOSE OF THE STUDY AND THE APPROACH**

The purpose of this study was to investigate educators' perceptions of teaching learners about HIV/AIDS and also of schools as care-giving centres for OVCs affected by HIV and AIDS. In this regard, the purpose was to describe what educators already do in terms of teaching HIV/AIDS and what problems they encounter. The study also looked at educators' perceptions about their role as care-givers and about the possibilities of schools to be care-giving centres for OVCs affected by HIV and AIDS.

This study was conducted in a secondary school in Durban, using questionnaires, focus group discussions and a classroom observation session. A qualitative case study method with the use of the focus group interviews and classroom

observation, proved to be useful in gaining insights into the complexity of feelings, emotions and educational practices of educators.

## **1.8 RESEARCH QUESTIONS**

Research questions that guided this study were as follows:

- What are educators' perceptions about teaching HIV/AIDS at schools and what are some of problems they have encountered in doing so?
- What are the perceptions of educators of their role of as care-givers for orphans and vulnerable children affected with HIV and AIDS?
- What are educators' perceptions of the role of the schools as a care-giving centre for OVCs affected by HIV and AIDS?
- What needs to be done to assist schools in providing care and support for OVCs affected by HIV and AIDS?

## **1.9 DEFINITIONS OF TERMS**

In order to facilitate a common understanding, definitions of key terms used in this study are provided below.

### ***1.9.1 Perceptions***

A perception is a way of conceiving something. It is referred to a process of acquiring; interpreting, selecting and organising sensory information (worldreference.com 2005). It also refers to the feelings, attitudes and images people have of different places, people and environments, or the active psychological process in which stimuli are selected and organised into meaningful patterns (worldreference.com 2005). For the purpose of this research, perceptions

will refer to those ideas that educators have of the role of schools as care-giving centres for OVCs.

### ***1.9.2 Orphans and orphans and vulnerable children affected by HIV and AIDS***

According to Hepburn (2002), the word “orphan” is a socially constructed concept and varies among cultures and countries. For some it refers to children who have lost one parent, (maternal/paternal orphans) while to others, the term is reserved for those who have lost both parents. This definition was extended to include loss of parents through desertion or if the parents are unable or unwilling to provide care.

While quantitative data are important, statistics on orphans do not measure the full impact of HIV/AIDS on children or the magnitude of the problem. For example, statistics on the numbers of orphans and vulnerable children affected by HIV/AIDS as compared to general orphanhood, do not track the number of children who are caring for a sick parent and experiencing physical and psychosocial stress due to HIV/AIDS. According to Hepburn (2002), it is widely acknowledged by many experts that interventions and programmes designed to assist children should not seek to serve only those orphaned by AIDS-related deaths, but all vulnerable children affected by HIV and AIDS. As the AIDS pandemic progresses and the HIV-infected get sick and die, the burden of care and the social implications of HIV/AIDS tend to fall on children and the elderly. The socioeconomic status of families and communities will be determined in the future by the impact of HIV/AIDS on children and their educational opportunities (Moletsane 2003).

According to UNICEF, UNAIDS and USAID (2002 :10) a child orphaned due to AIDS-related deaths is defined as “*a child who has at least one parent dead from AIDS*” Vulnerable children affected by HIV and AIDS are defined as “*children whose safety, well-being and development are, for various reasons, threatened. Of*

*the many factors that accentuate children's vulnerabilities, the most important are lack of care and affection, adequate shelter, education, nutrition and psychological support. While children exposed too many facets of deprivation and poverty are vulnerable, children who have lost their parents may be particularly vulnerable because they do not have the emotional and physical maturity to adequately address and bear the psychological trauma associated with parental loss."*

### **1.9.3 Schools**

Schools provide venues for the exchange of ideas and learning. Schools do not exist in a vacuum, but play an integral role in any community. Schools also play an important role in supporting all the dimensions of a comprehensive response to HIV/AIDS including prevention, treatment, care and support as schools offer the infrastructure to reach a vast number of young people before they become infected. In this study, the role of school as care-giving centre for OVCs is examined and the school is used as a site for data gathering.

### **1.9.4 Educators**

An educator is a person who teaches in a classroom and systematically works to improve the learners' understanding of a topic. Educators are the main adults other than family members with whom young people interact on a daily basis. In an era of HIV/AIDS, educators play an even more critical role as a source of accurate information and a person with whom young people can raise sensitive and complicated issues such as sex and sexuality issues. Thus the educator now faces the challenge of encountering multiple responsibilities where teaching roles constantly evolve according to the situational context. According to policy dispensation, the National Education Policy Act 27 of 1996 identifies seven role functions for the educator. The roles of the educator are not static and the educator has to constantly accommodate the needs of the learners when teaching.

Ideally, as trusted gatekeepers of information, educators can be instrumental in imparting knowledge and skills to young people. Educators can function as role models, advocate for healthy school environments, guide learners in need to access appropriate services, act as resources of accurate information and act as mentors and effective instructors. To meet these expectations in an HIV/AIDS era, educators need skills and knowledge as well as support from the educational system and broader community.

### ***1.9.5 Learner***

A learner is defined as a scholar who receives education (world reference.com 2005). Education improves both the lives of learners as well as their economic and social well-being. A learner who has access to quality schooling has a better chance for a full, healthy and secure life. Through education, learners learn to interact with each other and develop life long social networks, and also reduce the risk of HIV infection by developing relevant knowledge, attitudes and skills towards reducing the risk and live healthy lifestyles.

### ***1.9.6 Care-giving environment***

A care-giver is a person who plays the key care-giving role for an orphaned or vulnerable child. The person should be able to provide all aspects of care, like, engaging in grief counselling, providing support for homeless and hungry learners, providing support to HIV infected and affected learners and being responsible for the child under his or her care. In this study the educator is seen as the care-giver and the school as the care-giving environment. The educators are the only adults other than the learners' family with whom learners interact on a daily basis. Schools as care-giving environments provide a unique opportunity for HIV/AIDS intervention in the lives of their staff, learners and communities.

## 1.10 CONCLUSION

This chapter sets the context for the study. In **chapter 2** a review of literature is presented to provide insights into the teaching and learning practices in the context of HIV/AIDS education, the role of teachers as care-givers of orphans and vulnerable children affected by HIV and AIDS, and the need to change schools into care-giving centers for these children. In **chapter 3**, the methods used in the collection of data for this study are discussed, as well as the design of the questionnaires, the focus group interview and the classroom observation. In **chapter 4**, the data gathered are presented, analysed and discussed. **Chapter 5** presents the conclusions and main findings of the study as well as recommendations for future studies.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

In this chapter, a review of literature is given, highlighting the changing roles of educators, curriculum change and policy development pertaining to HIV/AIDS. This review is organised against the background of educational restructuring in terms of the South African Department of Education's policy change and how educators, who now encounter new roles and responsibilities in the teaching of HIV/AIDS education, are experiencing curriculum changes. Further, schools as care-giving centres in addressing the needs of OVCs affected by HIV and AIDS, and the barriers these learners encounter in accessing and staying in education will be addressed.

The beliefs and views of educators and learners will be examined closely against how teaching and learning practices are being shaped by the HIV/AIDS epidemic in South Africa. Whilst the identities of educators are important, the social environment that the learner comes from, their individuality and experiences impact on how educators and learners interact in a classroom (Jacob 2005). Educators and learners may harbour different expectations of the education process and of the school. In this regard, theoretical insights on the social identities of educators and how these mould classroom experiences in terms of HIV/AIDS will be addressed in this chapter.

## **2.2 THE CHANGING ROLE OF EDUCATORS, CURRICULUM CHANGE AND POLICY DEVELOPMENT**

Within the broad framework of change as well as education restructuring, policies such as the National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education And Training (South African Department of Education 1999) as well as the HIV/AIDS Emergency Guidelines for Educators (South African Department of Education 2000b) outline what educators must do, whilst the Outcomes-Based Education (OBE) Framework (South African Department of Education 1997) and the Revised National Curriculum Statement (South African Department of Education 2003) tell educators how to go about teaching about HIV/AIDS and attempt the care-giving of OVCs affected by HIV and AIDS. Balancing the expectations presented by all the prescribed legislation with the classroom reality is the problem that educators face.

In this study the researcher explored how educators, who have to contend with general curriculum changes, perceive how they are dealing with the issues of HIV/AIDS education and care-giving of OVCs affected by HIV and AIDS. An in-depth discussion will now follow on the changing roles of the educator against a background of educational restructuring in terms of policy change, HIV/AIDS and the needs of OVCs affected by HIV and AIDS.

### ***2.2.1 The changing roles of educators***

Education as a basic human right is an essential asset in confronting the many challenges that the future holds in store as well as an attempt to attain the ideals of peace, freedom and social justice (UNESCO 2000). Schools have a fundamental role to play to prepare learners to deal with HIV/AIDS, in particular with the prevention of HIV-infection and with the appropriate care and support for learners and families affected by HIV/AIDS. The vast number of learners that educators

have to reach constitutes a significant proportion of the country's young population in South Africa, including the age groups most at risk of HIV-infection (that is, those aged 14 to 18 years) and those severely affected by rising morbidity and mortality due to AIDS-related deaths like orphans and vulnerable children (Kelly, Parker & Oyosi 2002).

According to Coombe and Kelly (2001) education is a medium for social change enabling a reduction in the incidence of HIV-infections. This understanding of education as a vehicle for social change points to the role of educators as the agents of change in particular around HIV/AIDS. The changing role of educators from the imparter of knowledge to the facilitator of the learning process has raised different responses from educators. Against a background of policies such as Norms and Standards for Teacher Educators (South African Department of Education 2000a) and those previously mentioned there are multiple responsibilities, including the care and support to OVCs affected by HIV and AIDS. Samuel and Stephens (2000:477) declare: *“The rapid expansion and restructuring of the formal educational system since the establishment of the ANC government has necessitated a demand for better qualified teachers who will be able to impart knowledge and skills very different from those acquired by current student teachers in their old days at school....The picture that emerges is of a changing teaching force working in and under very new and difficult circumstances..”*

This shift in the role functions of educators challenges the long held view of the traditional teaching tasks, for example, the educator as a mere implementer of a pre-set curriculum, or as a disseminator of knowledge or as the one with power and authority over the learning process. The manner in which each educator negotiates his/her role in the knowledge shift is relevant to this study. Whilst many educators are committed to the dismantling of the apartheid education system, many were unsure how to respond to the new challenges presented by the

National Curriculum Statement of 2002 and more recently, the Revised New Curriculum Statement.

According to the Norms and Standards for Teacher Educators, the role of educators has broadened to incorporate seven different role functions. One of which is that of interpreter and designer of learning programmes so that they are appropriate for the context in which they occur and are thoroughly prepared by drawing on a variety of resources. Another involves the teaching of relevant facts about HIV and AIDS so that the learner is safe from infection. Whilst educators are encouraged to develop learning materials and programmes and provide care, it is possible that new responsibilities that educators now embrace in their course of teaching could lead to tensions and confusion within educators as stated by Jacob (2005) such as care giving to OVCs affected by HIV/AIDS.

Singh (2003) argues that some educators do not feel comfortable enough to teach HIV/AIDS education at school. Many educators lack the knowledge and updated information and resources used to teach about HIV/AIDS. Furthermore, some educators believe that they are unable to teach HIV/AIDS education because *“there is no uniform content”* and that more workshops are required to *“increase their confidence in imparting knowledge”* as indicated in the study conducted by Singh (2003:45). In spite of the changing focus of teaching responsibilities, educators continue to construct themselves as imparters of knowledge, rather than as the facilitators of the learning process.

Educators still rely on formal structures like the National and Provincial Departments of Education to supply teaching materials and to lead the way in teaching practice around HIV/AIDS (Jacob 2005). This raises the question to what extent educators will be in a position to shed their customary roles and engage with the caring of learners in a significant manner in addressing HIV/AIDS. Learners traditionally perceive educators as transmitters of knowledge and not those who are able to openly discuss aspects of sex education

with them Taylor, Jinnabhai, Dladla, Rangongo & Connelly (2000). In spite of the Revised National Curriculum Statement, education still remains a predominantly linear process where the established boundaries between educators and learners is a deciding factor in why educators are reluctant to teach and why learners are uncomfortable to talk about HIV/AIDS with educators (Jacob 2005).

### ***2.2.2 The evolution of the curriculum***

The emergence of the Life Orientation Learning Programmes in the post-apartheid education system in South Africa requires greater scrutiny. This is because in the past, subjects such Health Education, Right Living and Guidance were non-examinable subjects and perceived by educators as auxiliary services, consequently those learning areas were marginalised and largely ineffective (Mda & Mothata 2000).

Dr Kader Asmal, the previous Minister of Education appealed to educators to help curb HIV/AIDS through the implementation of a Life Orientation Learning Programme at schools (South African Department of Education 1999). Educators however may now perceive HIV/AIDS education offered as part of the Life Orientation Learning Programme as not as important as other learning areas such as Mathematics or Physical Science, since it carries fewer credits than other learning areas as stipulated by the National Qualifications Framework (South African Department of Education 2003).

Although Moodley (2003) argues in favour of an integrated approach to the teaching of HIV/AIDS education, the South African Department of Education's Policies on HIV/AIDS education advises that HIV/AIDS education form part of the Life Orientation Learning Programmes. Thus, attempts to teach a subject such as Life Orientation, and consequently, HIV/AIDS education, could result in half-hearted attempts primarily conducted to console and appease education authorities in addition many educators are not qualified, willing nor have the confidence to

take on guidance or counselling roles which often emerge following HIV/AIDS education.

It is evident that society as a whole and government authorities especially, are desperately trying to reduce the incidence of HIV-infections and view educators as vehicles to bring about changes in learners' attitudes and behaviour (South African Department of Education 1999). Since every learner in the country must attend school, educators have a unique opportunity to influence learners' ideas about sexual and social relationships. Therefore, educators can clearly play an important role in changing the course of AIDS epidemic (South African Department of Education 2000b).

Coombe (2002) maintains that attempts to teach sex education at schools have been met with the reluctance by educators to deal with sexual issues and HIV/AIDS. Some of the reasons for this reluctance may be attributed to cultural barriers that stand in the way of open discussion on sexual matters together with the lack of training of educators in sex education and HIV/AIDS. According to Kelly (2002) educators have "*anxiety concerns*" and "*resistance concerns*". Anxiety concerns refers to fears of violating taboos, giving offence to parents, being accused of encouraging promiscuity and loose moral practices in learners, or being regarded as using their teaching in this area as a form of personal sexual outlet. Resistance concerns relate to doubts whether sex education, the formation of appropriate sexual attitudes, and the transmission of very specific behavioural guidelines belong in their role as educators when their whole professional training and orientation are primarily geared towards traditional classroom work.

The question is whether the burden of responsibility for education of the masses about HIV/AIDS may indeed be too much for educators. Can educators alone through their teaching practices, help to bring about behavioural changes and subsequently contribute substantially to the reduction of the number of AIDS mortalities? Jacob (2005) argues that schools cannot drastically reduce risk-taking

behaviour without having comprehensive support in a variety of ways by the broader community and it is unrealistic to expect educators alone to be responsible for the education and hence the changing of high-risk behaviour patterns amongst learners.

### ***2.2.3 Conclusion of the changing role of educators, curriculum change and policy development***

The identity of educators is an important component in the way the curriculum and information is cascaded to learners. The teaching of HIV/AIDS education may be a compulsory part of the school curriculum, but this does not necessarily imply that it is taught the way that authorities and policies dictate. Both educators and learners have deeply entrenched value systems that guide teaching and learning practices at all schools.

Candidates bring a new concept of peer education by being involved in HIV/AIDS learning programme design and delivery. Involving community members, especially local and religious leaders, parents and youth in content specification and delivery and drawing of resources of different culture techniques develops a learning climate that re-affirms the principles of human rights and in this way schools will be able to address the needs of orphans and vulnerable children and an important partnership will be formed by the various stakeholders.

## **2.3. The role of schools in addressing the needs of orphans and vulnerable children as learners**

### ***2.3.1 The role of schools***

*“We must deal urgently and purposefully with the HIV/AIDS emergency in and through the education and training system. This is the priority that*

*underlies all priorities, for unless we succeed, we face a future full of suffering and loss, with untold consequences for our communities and the education institutions that serve them.”* Minister Kader Asmal, July 1999, (Department of Education 2001a).

The education sector has a fundamental role to play in HIV/AIDS prevention, care and support activities. The impact of the AIDS epidemic in South Africa affects the entire education sector not merely secondary education. One of the greatest challenges to the education system will be the numbers of orphaned learners affected by HIV and AIDS. The reason for this was related to the prescribed costs of schooling, including school fees, uniforms and school equipments. *“Impact on this scale is beyond the experience of anyone in the system and certainly beyond the capacity of the limited counselling and support services available. This will constitute the largest of the management problems to be faced”* according to Badcock-Walters (2001). The author continues by saying one must review and redesign the way people teach and learn. This means that schools may lack the human resource capacity to be taking on additional role and responsibility without substantial support and collaborative partnerships with a network of service providers especially with regards to providing care and support to OVCs affected by HIV and AIDS.

Kelly (2002) urges that learners in communities which are heavily affected by HIV and AIDS must still receive access to quality education. Therefore, schools should develop and maintain a coalition with other partners like non-governmental organisations (NGOs) to ensure a cadre of guidance and counselling personnel qualified to provide care and support necessary to address the trauma, loss and discrimination experienced by OVCs affected by HIV and AIDS. In conclusion, in the emphasis on HIV-prevention programmes in schools, there is no clear guidance in terms of the education sector’s role in the social support of affected learners, including learners experiencing orphanhood (Coombe 2002).

### ***2.3.2 Impact of orphanhood on learners and the barriers to accessing education***

Although Section 39 of the South African Schools Act ((No.27 of 1996) makes provision for free basic education through a school fee exemption process, numerous learners who are experiencing orphanhood due to the death of one or both parents because of AIDS-related deaths find themselves nonetheless unable to access quality education. The primary reason for this was prescribed costs of schooling which include school fees, uniforms and school stationery. Learners that were unable to pay their fees were repeatedly suspended, denied report cards or transfer letters, held back a grade or prevented from writing exams until they paid the outstanding school fees in full, (Giese *et al* 2003). The implications are that these learners may miss valuable life-skills learning opportunities including HIV/AIDS education and practical knowledge by not being at school. Without this knowledge and a basic school education, learners become more vulnerable to HIV/AIDS as they are more likely to face social, economic and health problems.

The abovementioned Act (No 27 of 1996) makes provision for school fee exemptions, and this was not widely known by learners and/or their care-givers because many of the poorly resourced schools were reluctant to publicise the process because money earned through school fees constituted their only discriminatory income. Schools need as much income as possible in order to maintain school buildings, pay electricity, water and telephone accounts.

Kelly (2000) suggests that the provision of universal free education in public schools is a crucial component of a response to widespread poverty and to addressing the impact of HIV/AIDS on learners in South Africa. Other poverty-related issues affecting the ability of OVCs affected by HIV and AIDS to attend and/or benefit from the school system include hunger and rise of child-headed households where learners have to work in order to contribute to the household income and/or look after siblings. OVCs affected by HIV and AIDS drop out of school or attend school erratically because they resort to begging on the streets, do

piece-work or turn to petty crime to try to feed themselves and their families (Kelly 2000).

Some learners who may not have the correct uniforms or stationery have also been denied access to schools and this has further compromised their learning experiences. Other barriers in learners accessing schools included the new responsibilities placed on them, these included domestic and income-related tasks, or the care of younger children and sickly or elderly adults. The long periods of learner absence were also not dealt with sympathetically by educators on return to their school. According to Giese *et al* (2002), schooling opportunities for learners living with sick parents or care-givers can compromise the child's living circumstances and learning experience. This is often a result of the responsibilities placed on child or learner, in particular girls, to take care for the sick and the very young. Schools need to institute measures and accommodate these learners and to provide care and support services to them to help them in coping with their circumstances. The challenges to instituting mechanisms to support learners during this phase in the process of orphanhood are made difficult by the silence and secrecy surrounding HIV/AIDS, and the reluctance on the part of learners and care-givers to notify educators of illness in the home.

### ***2.3.3 Educators' responses in identifying orphans and vulnerable children (OVCs)***

A complex range of socioeconomic factors contributed to the widespread lack of action taken by educators in dealing with OVCs affected by HIV and AIDS. In this regard to vulnerable learners they encounter, like a lack of alertness to individual learner's home circumstances; high learner-educator ratios; overwhelming numbers of needy learners; a lack of functional referral mechanisms; educators' attitudes and their widespread perceptions of their role being limited to that of being educators and not social service providers (Giese *et al* 2003).

The problem is further aggravated with the identification of OVCs affected by HIV and AIDS at schools and the reluctance on the part of learners and caregivers to speak openly about their home circumstances, particularly where there are vulnerabilities related to HIV/AIDS. Educators are also unable to support learners because of the escalating numbers of needy learners (Giese *et al* 2003).

#### ***2.3.4 Schools as environments for identifying and supporting vulnerable learners***

Schools and individual educators provide degrees of care and support to learners. Some school environments are disinterested and abusive, discriminating against vulnerable learners rather than assisting them (Giese *et al* 2003). Few schools have implemented any kind of formal mechanisms for identification of orphaned and vulnerable learners, including OVCs affected by HIV and AIDS. Although basic information are collected on learners' home circumstances by most schools at the beginning of the year, this is used to determine who will be responsible for paying school fees and not for giving a description of the living circumstances of learners such as in the case of HIV/AIDS.

According to the study by Giese *et al* (2003) many educators are in some or other way involved in care work but the conditions of schools determine the nature and extent of the care and support that educators and the school can provide. In most schools, educators do not specifically provide counselling for learners, while well-resourced schools are often able to employ counsellors to assist learners with psychosocial counselling and support services, including HIV/AIDS counselling services. Schools with the least resources like the one in this study which is located in areas characterised by poverty, are frequently those required to provide the most demanding forms of support and care to learners relating to HIV/AIDS. This work does not fall within the general curriculum and job description of the educators for performance purposes and it does not count towards promotion nor is it noticed in any public way by educators' authorities (Bhana *et al* 2006).

The essential support and care provided by educators is vital to protect learners from the trauma of loss as a result of the HIV/AIDS epidemic that many are confronting. The impact of the HIV/AIDS epidemic in South Africa is a result of complex factors related to diverse socioeconomic contexts of the country such as loss of household incomes, unequal access to education, shelter living, nutrition, social isolation and poverty. When families and learners focus on daily basic needs to decrease their suffering from HIV/AIDS related living conditions, attention is diverted from factors that contribute to long-term health and well-being. According to the *Children on the Brink Report* by UNICEF, UNAIDS and USAID (2002), most of the problems faced by learners and households affected by HIV and AIDS result directly or indirectly from the economic and social impact of the HIV/AIDS epidemic.

### ***2.3.5 Challenges of educators' work***

There are three distinct challenges that HIV/AIDS present to educators in the Life Orientation Learning Programmes and they are;

- a) Raising awareness of preventing of HIV-infection through HIV/AIDS education
- b) Assisting learners infected with HIV and affected by HIV and AIDS
- c) Providing care and support to these learners in dealing with the trauma of illness and death.
- d) Pressure on their workload due to other educators being infected with HIV who are becoming ill or those looking after family members who are ill due to AIDS-related illnesses.
- e) Death of educators infected with HIV.

The multiple demands placed on educators and schools in the context of HIV/AIDS present particular challenges and they do have significant implications for the care and support of OVCs affected by HIV and AIDS as an important aspect of educators' role and responsibilities in schools and their communities.

Most of the education intervention work so far has concentrated on the first challenge, while the other two are often ignored by educators and schools (Bhana *et al* 2006). To illustrate this, work to prevent the spread of HIV has been undertaken for well over a decade in South African schools. The challenge has been immense given the estimated infection rates amongst the school-going population.

McPhail and Campbell (2003) explain that for various reasons, curricular interventions such as the Life Orientation Learning Programme which schools implement in order to combat and address issues related to HIV/AIDS have not been successful. This is also highlighted by Moroney (2002) who indicates that many of educators who are responsible for delivering Life Orientation Programmes have little or no training on HIV/AIDS education. This led to a situation where not all educators have the personal insight and strength to undertake this highly taxing education and care work related to HIV/AIDS.

Few educators have received training on care and support for OVCs affected by HIV and AIDS. Moreover, educators respond differently and selectively on these matters of care and support to these learners which cause serious stress in the life of both educators and learners (Hoadley 2002). Educators' personal aspirations and expectations towards providing care and support to these learners must be constantly negotiated. Thus the way educators act in schools and in classrooms are uneven and the gender dimension of care-work (where women mostly take on the roles of care-givers) is one such area of unevenness (Bhana *et al* 2006).

HIV/AIDS has increased the demand for the care and support by schools but the need for educators to provide care and support to their learners affected by HIV and AIDS is not simple. One of the aspects that directly affect the educators work is related to the high percentage of educators being HIV infected and the high mortality of educators in South Africa as a result of the HIV/AIDS epidemic.

Poverty, violence and orphanhood due to HIV/AIDS, for example, mean that schools are sometimes the only places where learners might expect and find any level of care and support in dealing with HIV/AIDS (Bhana *et al* 2006). Yet lack of resources, an overloaded general curriculum and the multiple demands placed on educators may mean that this responsibility placed on educators and schools remains difficult and may for these reasons not even be implemented.

Furthermore, educators sometimes lack the necessary skills to address their learners' problems related to HIV/AIDS and to provide care and support to them. Current challenges require an array of different skills from today's educators, according to Hall (2004) and Bhana *et al* (2006), such as looking for and reading signs of anxiety, anger, sudden changes in behaviour and other psychosocial symptoms that signal that the learner needs care and support. Not all educators, however, are instinctive '*sign readers*', who are able to interpret these signs over a period and then decide upon appropriate psychosocial interventions and strategies of care and support. Care-giving skills such as these have been understood as women's role in society and not men according to Miller (1996). Gilligan (1982) argues in his study that women are more likely to grow up caring for others than men. He further argues that, because they are brought up to expect and accept the responsibility of caring for others, girls and women tend to assume that if they fail to do so adequately, then they have failed in their moral obligations.

The volume and intensity of care-giving work related to HIV/AIDS at schools appear to be increasing and in the absence of professionally trained and dedicated staff to respond to these needs, most educators at one or another stage find themselves in a situation where they have to render care and support services to OVCs affected by HIV and AIDS. Schools that serve most disadvantaged communities, such as the one in this study, are often confronted with social issues like poverty and HIV/AIDS. In turn, these issues may influence the nature and role of care-giving provided by educators and schools. In the schools, which form

the research site for this study, educators in the Life Orientation Programmes have to put much of their energy into providing care and support to learners, including OVCs affected by HIV and AIDS. Unfortunately, educators' roles of care and support go unnoticed and unrecognised, as the work of care-giving carries no weight in processes of promotion and reward. In addition, the state provides neither adequate staff to deal with the challenges of care and support related to HIV/AIDS, nor the necessary training to support educators who find themselves in the frontlines in dealing with the impact of HIV/AIDS on education.

Other psychosocial impacts on the educators include the loss of a colleague due to AIDS-related deaths, providing care and support as part of being an educator and taking on additional work due to the absence from work by fellow educators infected with HIV or looking after family members who are infected with HIV and/or are AIDS ill. These impacts often compromise also the quality and quantity of education at schools and the educators do not have formal structures to receive themselves care and support services.

## **2.4 LEARNERS' PERCEPTIONS AND HIV/AIDS EDUCATION**

### ***2.4.1 Is HIV/AIDS education having the desired effect?***

According to Moodley (2003) HIV/AIDS education at schools has increased the knowledge base of learners who now appear to be more sympathetic to those learners infected with HIV and/or affected with HIV and AIDS. She also indicates that her study demonstrates an increase in responsible sexual behaviour like safer sex, abstinence and increased condom use by learners. She concludes that the implementation of the Grade eight HIV/AIDS education programmes has substantially increased the acquisition of the necessary knowledge of learners to prevent HIV-infections, which has influenced learners' attitudes toward risk behaviour in a positive way. What is unknown is how long such attitudes can be

sustained. Thus, educators play a pivotal role in promoting and sustaining these attitudes by implementing an effective AIDS education programme at their schools. Similarly, Harichan (2003) concludes that the majority of high school learners are aware of HIV/AIDS and the associated message related to the ABC-campaign (where *A* refers to abstinence, *B* to being faithful to one sexual partner and *C* refers to condom use) of HIV prevention. A significant number of learners seem to be developing safer sexual practices, such as an increase in condom usage and having sexual intercourse with one partner only (Harichan 2003).

Contrary to the above studies, Reddy (2003) discovered that in spite of all the knowledge that learners possess in relation to HIV/AIDS, they persist in risky sexual practices like naively participating in unprotected sex which may result in unwanted pregnancies, sexually transmitted infections and HIV transmission. Jacob (2005) suggests that learners are indifferent to HIV/AIDS education because South African teenagers tend to believe that if one was fated to become HIV-infected then one will get it anyway. She states that these fatalistic attitudes towards HIV/AIDS are a reason for concern since the implication is that HIV/AIDS education provided to learners is not having the desired outcome aimed at curbing new HIV-infections.

#### ***2.4.2 Learners' perceptions of HIV/AIDS***

Taylor *et al* (2000) conducted research with a group of learners and concluded that learners generally experienced negative feelings towards fellow learners infected with HIV, whom they believe could be identified by the visual presence of lesions or sores. Fear of contracting HIV could result in negative attitude towards persons who are perceived as HIV positive and thus capable of transmitting the virus. Once again, an educator as a facilitator of learning has an important role to play in developing positive attitudes to HIV/AIDS and in establishing a learning environment that is free of discrimination, prejudice and stigma. Therefore, educators have to move beyond the four walls of the classroom

in order to ensure that ‘caring’ is not just a verbal exercise but indeed a visible enactment.

A powerful argument about identity rests on the connections of how one comes to be (a personal self) and how one comes to know oneself (an inner sense of self). Crang (1998) refers to the “*relational concept of identity*”, which defines identity as much as what *we are not* as by *what we are*. Robertson and Richards (2003) argue that it is impossible to think about how people can have an identity without being excluded or marginalised among certain groups with different identities. In this regard, Samuel and Stephens (2000:476) state: “*At a fundamental level questions of identity are located in a process to be found, in the core of the individual and yet also in the core of his [or her] communal culture.*” Racial, religious, cultural and gendered biasness need to be addressed as issues of significance since these are factors that reinforce the concept of ‘*other*’ and which could lead to prejudice and discrimination of those infected with HIV. Thus, educators play an important role in imparting unbiased and correct information to learners.

Samuel and Stephens (2000:476) refer to the work by Nias with British educators in which she drew a distinction between the “*substantial*” and the “*situational*” self. This work by Nias (Samuel & Stephens 2000) constructs educator identity formation as a “*substantial*” self that strives to realise its own purposes, while later, a more professional, situational sense of the self is constrained by circumstances. This indicates a tension between the hopes and ambitions that individual educators have for *themselves* and what they feel they can achieve as an educator.

## **2.4.3 SOCIAL ISSUES RELATED TO EDUCATION AND HIV/AIDS**

### ***2.4.3.1 Discrimination and stigma: the disease of 'others'***

Due to the stigmatisation associated with HIV/AIDS, certain social groups such as homosexuals, lesbians, prostitutes and foreigners are often blamed for the spread of HIV-infections (Turner *et al* 1987). Furthermore, both educators and learners need to comprehend the many myths that exist in society about gender roles and HIV/AIDS.

Educators' own positions will influence what and how learners receive the message regarding HIV/AIDS and they are often in a good position to correct some of these myths and incorrect facts about HIV/AIDS. According to Singh (2003) there is a tendency for school girls to believe that only boys can get HIV and vice-versa. Shisana, Mandela & Simbayi (2003) found that in reference to the percentage of HIV infections among both sexes, over 56% of those infected with HIV/AIDS are female.

Identity is interpreted not only by what people affiliate with but also by the comparison to other groups. Jacob (2005) concluded that ethnic minorities such as Indians living in England consider HIV/AIDS to be a white man's disease. The manner in which minority groups view HIV/AIDS will definitely affect teaching and learning practices. Learners, who believe that they are not susceptible to HIV/AIDS because they belong to a particular race, will not believe that AIDS messages that are repeatedly sent out are important. The attitudes thus held about HIV/AIDS determine the delivery of these educational programmes.

## **2.5 THEORETICAL PERSPECTIVES ON THE ROLE AND IDENTITY OF EDUCATORS**

### ***2.5.1 Introduction***

In terms of this study, the focus on identity is to understand what educators perceive about *who* they are and *what* they have to do when there is a need for shifting roles and responsibilities such as when dealing with HIV/AIDS at schools. There may be role conflicts between the defined, formal identity of educators as proposed by the social system, those defined by teachers' unions and those embodied by individual educators themselves. Moreover, the identities of educators may change at various times according to contextual and individual factors and experiences and other role-players' expectations (Jacob 2005).

Curriculum change and policy developments have engulfed the education sector and have become vital components of education renewal. These changes have forced educators to re-evaluate what it means to be an educator. In this study, the researcher assesses how educators position themselves within these contextual uncertainties and how they engage as care-givers for orphans and vulnerable learners.

### ***2.5.2 Understanding educators' identities***

In this study, the issues relating to the identities of educators are analysed to provide a deeper understanding of educators and the discourse of HIV/AIDS in education. Identity theorists like Sheldon Stryker and Peter Burke (Stryker & Burke 2000; Stryker 1968; Stryker & Serpe 1982), argue that the self consists of different identities each of which occupying a particular role in a particular situation like in the education setting. Identities can be defined as one's answer to the question '*Who am I*', according to Stryker and Serpe (1982). The answers to this question are closely linked to the roles that people occupy in society. For

example, family identities might include those of parent or spouse and occupational identities might include those of educator.

Teaching responsibilities are part of the negotiating process with the learner. In view of the nature of the HIV/AIDS pandemic educators cannot detach themselves from the learners. Educators are often viewed as role models and they do influence learners' attitudes and behaviour. However within role taking is the identity of the self, since identity is a conscious awareness of '*who we are*' as stated by Jacob (2005). Becoming an educator thus entails a commitment to the professional values of the culture of teaching and learning. Therefore, the very act of teaching confers the role of professional identity on educators. Role identities are said to influence the behaviour of a person because each role has a set of meanings and expectations for the self. Jacob (2005) further states that identities are influenced by what people believe others think of them. Traditionally the role of educators was defined according to societal norms conferred upon the institution of teaching. As such, the role of educators was confined to imparting knowledge in the form of pre-designed and prescribed curricula. As the provider of knowledge, educators also exerted power over the learning situation and learners internalised their roles to mean '*sit still*' and '*listen*'.

However, today, with the changing general curriculum of OBE, schools need to encourage a school culture and education orientation that adheres to, and teaches about human rights, delivers an education for the whole child, and addresses the child's total well-being. This means the inclusion of education about values, healthy lifestyles, sex, life skills and critical thinking skills, as well as vocational education (Prinsloo 2006). It also implies that educators need to teach differently, however the question of where they find such skills and knowledge remain unanswered. This implies that the socialisation of the educator into his / her role should be re-examined.

Jacob (2005) confirms in this respect that the role behaviour socialisation of an educator occurs through an '*apprenticeship of observation*' model where educators internalise teaching methods and role behaviour that they had observed from others and when they themselves were learners in the classroom. Thus, an educator's practice is influenced by the way that they themselves were taught and therefore educators teach in a manner that is consistent with the way they experienced teaching when they themselves were learners. When educators enter the teaching profession, they have already internalised what their roles, as educators will be. Educators identify with role models who they perceived to have been good educators and their teachings are primarily designed to emulate from such educators. However, internalised knowledge about what an educator's role is (or should be) can clash with the demands that are part of the context in which such a role is to be played.

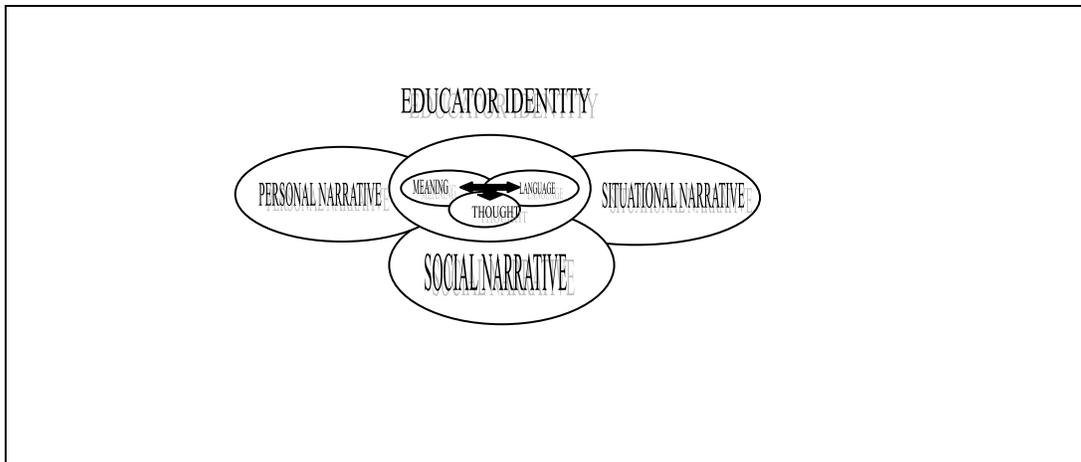
In this regard, Barnes (2002) suggests that George Herbert Mead's social self presents a theory of the self in which growth occurs due to conflicts and problematic situations. When confronted with problems; old habits conflict with new ideas and thoughts and inclinations are re-evaluated and reconstructed so that the self responds by creating new habits and modes of action. This idea that psychological growth requires a struggle forms a central point in Mead's pedagogical theories. According to Graff (2001), symbolic interactionism focuses on action and behaviour in the construction of meaning as well as on the principle of pragmatism, which focuses on the self as the product of interaction with others in society. In this study, the researcher tried to understand what forces guide educators and learners in their interactions with one another when dealing with the issue of HIV/AIDS education, care and support. The dominant influence of society over the individual is of paramount importance to HIV/AIDS education programmes carried out at schools.

Societal factors such as the socioeconomic conditions of learners at home, poverty and child sexual abuses are key debates in the HIV/AIDS education programmes.

The impact of increasing AIDS-related deaths of one or both parents and care-givers imposes an extra socioeconomic burden on the development of the learners and educators. The debate of HIV/AIDS has challenged the traditional role of educators who has to assume multiple roles in response to the needs of learners, including the provision of care and support of OVCs affected by HIV and AIDS. Educators must now also engage with these role expectations and responsibilities which involve the emotional and physical well-being of the learner in addition to the intellectual development.

According to Smit and Fritz (2008) situational and social challenges, in and out of the classroom shape the identity of educators. Teaching has become difficult, simply because of the circumstances educators face which are out of their control, particularly their personal control for example the escalation of substance abuse, poverty, parental disengagement, teenage pregnancies, malnutrition and HIV/AIDS. Loss of situational control inevitably influences the personal and social identity of educators, as many of them may lose faith in the education system. Thus, the role of educators is not only related to academic work, but also to being extended to that of a care-giver and a counsellor and doing more tasks not related to the traditional practice of teaching and learning.

Educators' identities are forged out of the spheres of personal, situational and social roles, thoughts and meanings (see Figure 2.1 below). Not only are the educators' identities formed by these spheres, but they are also challenged by new problems they confront such as HIV/AIDS. In addition to these challenges, as part of situational identity forging, social and personal identity affects how educators will respond and react to situational and contextual challenges (Smit & Fritz 2008).



**FIGURE 2. 1: DIAGRAM OF EDUCATOR IDENTITY**

Source: Smit and Fritz (2008:99).

Smit and Fritz (2008) say that educators are required to respond to these challenges which often results in emotional trauma. It confronts them not only in the context of their teaching practices but also on a personal and social level and they are not always adequately equipped to support learners affected by HIV and AIDS, either on a professional or personal level. Educators do not necessarily possess counselling skills or have opportunities to debrief their own emotional experiences around HIV/AIDS and hence are often at risk of being traumatised themselves, as they too are affected by the HIV/AIDS epidemic and may not have sufficient personal support systems in place (Smit & Fritz 2008).

Smit and Fritz (2008) further states that the expectations confronting educators exceed those of teaching and learning and the emotional requirements of being an educator and care-giver can therefore be too demanding. According to Smit and Fritz (2008), external pressures such policy upon policy changes, administrative demands often perceived as irrelevant, family disintegration, poverty and the associated results such as hunger, emotionally and physically neglected learners and limited appreciation of the teaching profession challenge educators' identities.

As professionals, educators seek acknowledgement and recognition that are competitive. Educators' identities can only address the personal, social and

situational needs and experiences of educators. Education will not improve with financial efforts only or with the provision of workshops addressing policies, teaching practice, and management unless educators' identities also receive prominence.

In both identity and social identity theory the self is seen as reflective because it can take itself as the object and it can categorise, classify or name itself in a particular way in relation to other social categories or classifications (Turner *et al* 1987). When one assigns categories to people, one learns things about these people whilst simultaneously learning things about one self. According to Turner *et al* (1987), people define appropriate behaviour by reference to the norms and values of the groups that they belong to. Hence, educators act and behave in a manner that is consistent with behaviour expected of educator practitioners based on professional norms and values.

Having a social identity means being like others in a group and seeing things from their perspectives. Cast and Burke (1999) note that in contrast to social identity, having a particular role identity means acting to fulfil the expectations of the role as well as to co-ordinate interaction with different role partners. The basis of social identity resides in the perception and action amongst group members whilst the basis of role identity resides on the differences in perceptions and actions that accompany a role as it relates to counter roles.

In terms of group identity educators see themselves as belonging to a generic category of educators. In the past educators were trained according to categories such as primary school educators or secondary school educators. However, further division such as junior secondary or senior secondary categories have emerged. According to Jacob (2005) educators see themselves as belonging to the broad category of secondary school educators with further differentiation made on the issue of specialisation according to subjects such as accounting, mathematics or as a biology educator. Thus, an educator identity to subject specialisation as well as

to the age of learners that he or she teaches is fixed based on the norms and values of these educators. In the secondary phase, educators trained as subject specialists can no longer expect to teach only one subject where there is a shortage of educators. Under the new education system more emphasis is being placed on areas of development which was unheard of in the past for example the introduction of Life Orientation Learning Programme which includes HIV/AIDS, is one of these new areas of development that educators must teach.

What are the implications of educator training programmes for the teaching of HIV/AIDS education? According to Cast and Burke (1999) the roles of educators and learners are defined within the organisation of the school. Thus in the past, the educators-learner relationship was defined by clearly demarcated boundaries which could not be transgressed by either educator or learner. HIV/AIDS now challenges such boundaries and we therefore encounter boundaries where educators and learners are forced to interact with one another outside of the traditional norms of teaching and learning and outside of the walls of the classroom. The transitional nature of education makes it a process of dynamic change where identities, both educators and learners' cannot be clearly defined, especially around care and support of OVCs affected by HIV and AIDS.

Robertson and Richards (2003) say that identity is not fixed, immutable or stable but rather it is regarded as something that is constructed, created, recreated and developed through different social processes. For this study, the researcher explored how HIV and AIDS has challenged the traditional role of educators as indicated by identity theory and social identity theory. The emergence of HIV/AIDS has forced educators to re-evaluate what it means to be an educator.

According to Robertson and Richards (2003) an educator identity is an interplay of relations between society and the individual and it has a determining impact on the development of how educators carries out teaching practice and how teaching is received by learners. Factors such as gender, race, class religion, culture,

sexuality, disability and age are markers that determine how identity is determined. These researchers continue to say that for both educators and learners the social structures and processes that shape our identities are situated within discursive fields where language, social institution and power exist and interact in order to produce competing ways of giving meaning.

HIV/AIDS education has highlighted the complex nature of classroom relations that exist between educator and learner, It allows educators to reflect on his or her teaching practice by constantly asking the question '*who am I?*' and "*how do I make meaning of my teaching responsibilities?*" These questions are particularly asked in the situation of HIV/AIDS education and the provision of care and support to OVCs affected by HIV/AIDS by the educators in this study. Learners too, bring to the classroom an identity that is shaped by social factors such as peer influence and the media. Whilst educators construct themselves as belonging to certain groups, learners too, construct themselves in terms of group identities.

## **2.6 CONCLUSION**

Identity and identity formation is a vital aspect of HIV/AIDS education as it shapes the meaning of teaching practices on the one hand and the role educators have to play in providing care and support to OVCs affected by HIV and AIDS on the other. Various social influences affect the way in which both educator and learner construct meaning of classroom interaction. Rethinking classroom practice is exceptionally demanding for educators in the face of changes in policy and curriculum. Because of the paradox underpinning changes in education policy and practise, the very notion of "educator" and "learner" identity becomes complex and teaching and learning becomes contradictory because both educators and learners inhabit multiple identities. In the next chapter, the researcher explains the research design of the study and the research methods used in the collection of data for this study. Both quantitative research methods (questionnaires) and

qualitative research methods (focus group interview and observation) are discussed in the chapter.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

In this chapter the researcher presents the research methodology and procedures followed in this study. According to McMillan and Schumacher (2001) a description of a study's methodology includes details on the design of the study, including the selection of the research site, the role of the researcher, initial entry for observation, the time and length of the study, the number of participants and how they were selected, and data collection and analysis strategies. The mixed research methodology used in this study is applicable to measuring the educators' perceptions of teaching learners about HIV/AIDS and of school as care giving centres for OVCs affected by HIV and AIDS.

#### **3.2 STUDY PURPOSE AND RESEARCH QUESTIONS**

The purpose of this study was to describe the perceptions and lived experiences of educators regarding teaching their learners about HIV and AIDS and about advancing the idea of a school as a care-giving institution in one particular school. The primary research question was: What are perceptions and experiences of the educators' concerning teaching learners about HIV/AIDS? The secondary research question was: What do educators' perceive as the status of schools as care-giving centre for OVCs? The reason for linking education about HIV and AIDS with the notion of care-giving is that these two issues are regarded by the researcher as twin processes in a comprehensive approach to HIV/AIDS as a social issue, namely prevention (through education) and care (through cultivating a caring environment at school).

### **3.3 OBJECTIVES**

Firstly, this research aimed at exploring educators' perceptions of teaching learners about HIV/AIDS. Secondly, it aimed at understanding what educators think that the role of school should be as care-giving centres for OVCs.

### **3.4 THE RESEARCH SITE: LOCATION AND COMPOSITION**

According to McMillan and Schumacher (2001), when the research focus is on complex micro-processes, the selection of a site to locate people who are involved in a particular event is crucial. The school in this study was a co-educational, urban, public, secondary school in the Durban Metropolitan area in the Kwa-Zulu Natal Province of South Africa.

The staff comprised of twenty-six level one educators, one deputy principal, four heads of departments and a principal. The total number of staff members amounted to thirty-two. The entire staff compilation is of Indian origin, with the exception of three African educators. The learner composition was approximately one thousand and twenty learners, with ninety nine percent of the learners being of African origin. The remaining one percent was Asian learners.

The researcher chose to work with the school at which she herself teaches since she is familiar with the social context of the school such as poverty, poor attendance and learners affected by HIV/AIDS and infected with HIV. This allowed the researcher to gain access to in-depth information for the production of rich and meaningful data by using personal observations as part of the triangulation of the quantitative and qualitative data of this study. It also placed the researcher in a position to develop and foster meaningful relationships with the respondents during the data collection processes.

The researcher knew participants and they felt comfortable in her presence which was needed especially during the focus group interviews. The principal gave the researcher his full cooperation and was willing to be part of the focus group interview. The researcher carefully selected two educators involved in teaching Life Sciences and two educators involved in teaching Life Orientation, since they were involved in the teaching of life skills and sex education to learners. These educators were excited and willing to be part of the focus group interview. A description of the instruments used to collect data is given in the next section.

### **3.5 CHOOSING A MIXED RESEARCH METHODOLOGY**

According to De Vos (1998) qualitative research involves a multi-perspective approach utilising different qualitative techniques and data collection methods and aiming to describe, make sense of, interpret or reconstruct social interaction in order to uncover the meanings that the people involved in that interaction attach to it. This orientation to qualitative research fitted the goals of the study as the researcher wanted to collect data by looking deeper into the lives and experiences of educators and their perceptions of HIV/AIDS.

According to Rubin and Babbie (1997) qualitative research approaches can be used to good effect to generate a deeper psychosocial understanding of the existing quantitative evidence indicating slow behavioural change in South Africa about HIV/AIDS. As suggested by Jacob (2005), with the extensive focus of the public eye on HIV/AIDS education, it is reasonable to question to what extent the HIV/AIDS education programmes implemented at schools have led to significant behaviour change. Rubin and Babbie (1997) assert that qualitative research methods could lead the way for quantitative studies on HIV/AIDS or it could yield results that are adequate on their own. For this study, a combination of quantitative and the qualitative approaches seemed to be the most appropriate and

effective means of data collection as this approach allowed the researcher to get a comprehensive overview of the issues pertinent to the objectives of the study.

McMillan and Schumacher (2001) suggest that qualitative research enables the researcher to study the participants' perspectives and that this in turn enables a view of social reality as an interactive and shared social experience. This study utilises techniques such as a focus group interview within a case-study design, classroom observation and quantitative methods. Triangulation encompasses the use of different methods from qualitative and quantitative research designs on the same object of study, as well as, using the same method on different occasions.

Caracelli & Greene (1997) presents an argument in favour of pluralistic methods to generate more insightful and meaningful evaluative claims. The wide use of a mixed-methods approach stems from the perception that it is particularly necessary to apply multiple ways of knowing and acting in research because educational problems are increasingly complex. Stufflemean (2001) states that by looking at educational phenomenon through both quantitative and qualitative lenses, dependable feedback on a wide range of questions, an in-depth understanding of the phenomenon, a holistic perspective and enhanced usefulness of the findings can be established. According to Stufflemean (2001) advantages of using mixed-methods are that they complement each other in ways that are important to those who use the products of such evaluations.

The use of multi-methods in this research also served as a means of triangulation. This study used questionnaires, a focus group interview and observation as a means of methodological triangulation. According to Miller and Brewer (2003) combinations of qualitative and quantitative methods together cancel the weaknesses of one approach by the strengths of the other thus bringing about triangulation.

At a particular level, the researcher also approached the study as a type of case study as she focussed on one school only. In this regard Cohen and Manion

(1994) say that the purpose of a case study is to probe deeply and to analyse intensively, the multifarious phenomena that constitute the life cycle of a unit (in this study a school), with the view to establishing generalisation about the wider population to which that unit belongs. In addition, Bassey (1995) defines a case study as involving the systematic description of unique situations, to bring out the key features. According to Bassey (1995) case studies cannot be used to make predictions, but when they are well designed and carefully described, the conclusions from case studies can be seen as relevant for other situations. Case studies do not draw general conclusions about the schooling systems, but rather their strength lies in their descriptive power. Bassey (1995) concludes that case studies are valuable in that they give insight into specific instances, events or situations. In addition, this approach helps to achieve a holistic and in-depth understanding of the interaction of factors and events involved in a process. Case studies according to McMillan and Schumacher (2001) are referred to as ‘interpretative inquiry’.

A case study is capable of serving multiple audiences. According to McMillan and Schumacher (2001) a case study, due to its flexibility and adaptability to a range of contexts, processes, people and foci, provides some of the most useful methods available in educational research. Case studies can provide a detail description and analysis of processes or themes, voiced by participants in a particular situation. In case study research a variety of data gathering methods were used. In this particular study, tools used were the questionnaires, a focus group interview, reviews of documents such as departmental policies and direct observations of educators.

### **3.6 THE QUANTITATIVE PHASE OF THE STUDY**

For the quantitative phase of this study, questionnaires were used as the initial exploration to obtain an overview of educators’ perceptions of teaching learners about HIV/AIDS and of schools as a care-giving centre for OVCs affected by

HIV and AIDS. According to Chetty (1995) the advantage of a questionnaire is that it allows for a mass of information to be quickly and uniformly collected and they provide scientific evidence from which generalisations and comparisons be made.

The questionnaire was developed by the researcher according to the objectives of the study and based on the literature review. It was pre-tested with the assistance of the supervisors and another teacher. The questionnaire was formulated in English. It consisted of eighteen questions that were categorised into three sub-sections. Section A consisted of four questions that focused on biographical data of respondents such as age, gender, race and years of teaching experience. All questions in this section were close-ended. Section B of the questionnaire focused on teaching and support of educators by different stakeholders regarding HIV/AIDS. There were nine questions in this section. Eight questions were close-ended and one question was open-ended. The open-ended question proved to be useful in determining deep-rooted motives, expectations and feelings of educators in dealing with HIV/AIDS education. Section C was based on the school HIV/AIDS curriculum and consisted of four structured and one open-ended question. These questions were carefully thoughts out by the researcher in order to determine the deep-rooted motives, expectations and feelings of educators in dealing with their role as care- givers and the school's role as care centers for OVC affected by HIV and AIDS. It has been decided, in consultation with the principal, that the entire universe, that is all the educators at the school, will be included in the quantitative phase of the study.

Before the researcher could commence with her research she had to obtain permission from the Provincial Department of Education and the school principal to collect data from her school. A letter (Appendix A) was sent to the Provincial Department of Education and the school principal in May 2008. In August 2008 the Provincial Department of Education gave the researcher permission to start with her data collection at her school.

The final questionnaire (as changed after the pre-test) was given to every educator by the acting principal. He explained to educators that they were not compelled to participate in the study or to complete the questionnaire and that unfilled forms may also be returned to his office. Respondents were given a week to complete the questionnaires after which the completed questionnaires were collected by the researcher.

The researcher collected 19 completed questionnaires out of a total of 26. There were seven educators who decided not to complete the questionnaires and the blank questionnaires were returned to the researcher.

### **3.7 THE FOCUS GROUP INTERVIEW**

For the purpose of this study, use was made of a purposive sampling design in selecting respondents for the focus group interview. Purposive sampling requires that certain elements relevant to the study be included (Patton 1990). The criterion for the selection of educator research participants to be part of the focus group interview were that they had to be educators involved in the teaching of Life Orientation Programme and Life Sciences at the school. These were the only learning areas in which any form of HIV/AIDS education received attention and where educators often fulfilled the role of care-givers to OVCs affected by HIV and AIDS.

After the questionnaires were collected, the focus group interview took place. Krueger and Casey (1998) define a focus group as a carefully planned discussion, designed to obtain perceptions in a defined area of interest in a non-threatening environment. The focus group interview proved to be effective in obtaining responses to the educators' experiences, feelings and perceptions in teaching

HIV/AIDS education as well as being involved in the care-giving of OVCs affected by HIV and AIDS.

The focus group discussants were four educators and the deputy principal. The deputy principal was at the time of data-gathering acting as the principal. He had a diploma in teaching and had been teaching for twenty-five years. Of the two Life Orientation educators selected, the female educator had a Bachelor of Arts Degree, majoring in Afrikaans and Psychology and taught Life Orientation to learners in Grades 11 and 12. The male educator had a B.Tech degree and was the head of the Technology department. He had been teaching for 15 years and was in charge of sports at school. He taught Life Orientation to Grade 12 learners. Of the two participants involved in Life Science, the female educator had ten year's experience of teaching Life Sciences to senior pupils. She held an Honours degree in Microbiology and was keenly involved in the school's feeding scheme. The male educator involved in Life Science had two years of teaching experience. He was an unprotected temporary educator and a BSc graduate studying for his Masters in Business Administration. Due to a critical shortage of Life Science educators, he was asked to teach Grade 12.

Since the researcher chose her own workplace as the study site, gaining access to participants and to information, posed minimal problems. All five participants in the focus group were willing to be part of this study. Participants in the study offered their information and assistance at times that were convenient for them. The interviewees negotiated the venue and time for the focus group interview with the researcher and a private classroom was chosen. This allowed the researcher to set up a comfortable and non-threatening environment to conduct the interview. Participation in the study was done purely on a voluntary basis. No form of coercion was used to influence participation into the study. Considerable time and effort was spent in organising the interview at the convenience of educators participating in the study. In addition, the scheduled interview had to be convened with minimal disruption to the school timetable.

In this focus group session an interview schedule was used to guide the collection of information from the participants. The focus group interview schedule contained open-ended questions and triggers, which stimulated discussion on issues such as curriculum change, child sexual abuse and the changing role of educators. The fact that the participants were familiar with the researcher as part of the teaching staff at the school where the study took place made the establishment and maintenance of a trusting relationship easier. The interview lasted about fifty minutes. A Dictaphone was used to record the interview.

Glesne and Peshkin (1992) suggest that interviewing more than one person at a time sometimes proves useful since some people need company to be encouraged to talk. Furthermore, some topics are enhanced by discussions amongst a small group of people who know each other. The researcher found that focus group session was useful in stimulating discussion on HIV/AIDS education. During the focus group interview, participants were influenced by the comments of other.

The dynamics of group interaction played a vital role in gaining insights that would not have emerged through individual interviews. The contentious nature of HIV/AIDS education and the care-giving role of educators and schools to OVCs affected by HIV and AIDS led to fiercely debated discussions and responses among all the participants of the focus group session. Opposing views and opinions by the participants were often noted and audio recorded by the researcher.

### **3.8 CLASSROOM OBSERVATION**

According to Spradley (1980) observation involves carefully planned, deliberate and systematic examinations of what is taking place, who is involved and when and where everything is happening. Moser and Kalton (quoted in Wragg 1999)

believe that observation enables the researcher to observe and study the life of a community as a whole, as well as the relationships between its members, activities and institutions. This approach lends itself well to educational research. It helps to explain the means by which an orderly, social world is established and maintained in terms of its shared meanings.

In this study, the researcher observed a Life Orientation educator during a lecture. The very presence of someone additional, in this case, the researcher, can result in reactivity so that the “normal” classroom interactions could be distorted. To minimise the intrusion, the researcher met with the educator in advance to clarify the purpose of the research. The educator was willing to allow the researcher to observe her lecture and a suitable date and time were arranged. The selected lecture period was a Grade eleven class that took place just after the afternoon break at school. The manner in which understanding of the educator’s role in teaching learners about HIV and AIDS and in creating a caring environment was translated into practice was observed. The researcher was a complete observer and did not interact with the educator or the learners. She sat at the back of the classroom and observed the verbal and non-verbal language used by the educator. An observation schedule, consisting of questions that guided the observation process, was constructed (see Appendix E). Themes that emerged from the analysis of the various documents pertaining to this study, from the literature review and those that arose from the focus group interview formed the basis of constructing this schedule.

The educator’s posture, gestures, facial expressions and the eye contact between the educator and the learners were observed and noted to gain a holistic understanding of how this educator communicate about issues pertinent to HIV/AIDS with her learners and how this influences the transmission of knowledge regarding HIV/AIDS.

Like with most other data collection techniques, observation has its own set of limitations. One such limitation is where the researcher tends to pass value judgments on the chain of events that are observed in the classroom context. Also inevitable is the fact that researchers' own beliefs about how teaching and learning occurs, may influence his or her perception of the events that unfold in the classroom. In order to address these limitations, the researcher in preparation of the observation reflected on her own assumptions and feelings about teaching HIV and AIDS, drew up the interview schedule, consulted with the educator whose lecture was to be observed, explained her presence and intentions to the learners at the start of the lecture, took notes and wrote down the observations and then asked the educator concerned to give her feedback on her notes. The findings of this observation are discussed in the next chapter.

### **3.9 DATA ANALYSES AND INTERPRETATION**

In this study, the questionnaires were coded and computerised using the SPSS computer package to create frequency and percentage tables to analyse and represent the quantitative data. The focus group interview was audio taped and then transcribed verbatim. The transcript was subject to content analysis based on the research questions and emerging themes. The substantive points were classified into topics and categories.

The lecture observation was recorded by means of field notes, which formed the primary data collection tool.

In this study, triangulation was used from data collected by the questionnaires, the focus group interview and the lecture observation and the triangulated data were organised according to recurring and emerging themes and categories. The major themes that emerged from this study related to biographical factors such as race, religion and culture; teaching roles and responsibilities.

### **3.10 ETHICAL ISSUES**

De Vos (2002) stress the importance of gaining permission to enter the field. Permission to conduct the study was sought from the Kwa-Zulu-Natal Department of Education, the school principal and all of the participants. In obtaining permission to enter the field, the researcher assured the participants of confidentiality and described to them the intended use of the data. The researcher negotiated all research-related activities with the school principal and made sure that none of these activities interfered with the normal school activities. The staff was informed of the study and its aims and that questionnaires will be distributed. They were informed of the principle of voluntary participation. The questionnaires did not ask for the respondent's name and the data was analysed in such a way that individuals could not be identified. The researcher collected the completed questionnaires from a central, secure place and no one else except the researcher and her supervisors had access to the completed questionnaires. These questionnaires are kept by the researcher in a safe place at her home.

Participants for the focus group interview and of the classroom observation were asked to sign informed consent forms that stated the goals of the study and what participation entailed. Permission was also asked to tape-record the focus interview and to use the words of the participants as quotations. The classroom observation was not audio-taped, but notes were made on the observation schedule. The audiotape, the transcription of the focus group interview and the notes of the observation are kept by the researcher in a safe place at her home.

### **3.11 LIMITATIONS OF THE STUDY**

There are inherent limitations to all methodological choices made in the field and every researcher is confronted by problems that may affect the quality of the

findings of the study. Researcher must be aware of these limitations and the effects that it may have on the validity of the results.

The present study was limited in the following ways:

- Since this study was confined to one school, the study may not be generalised to other schools. However, it could be generalised to schools in similar characteristics and settings with similar groups of educators and learners.
- The study was located within the secondary school phase and the findings may not be relevant to other phases of schooling such as the intermediate phase.
- The sample consisted of mainly Indian educators and African learners only. Therefore, some conclusions that were arrived at may not apply to other race groups.

### **3.12 CONCLUSION**

This chapter offered a critical examination of the research methodology used in this study, in terms of the rationale for employing the mixed research design using both quantitative and qualitative modes of data collection, using triangulation as the data analysis and interpretation process and explaining the limitations of the study.

# **CHAPTER FOUR**

## **FINDINGS**

### **4.1 INTRODUCTION**

In this pen-ultimate chapter the focus is on the interpretation and analysis of the data, which were obtained through questionnaires, interviews and observation. According to Patton (1990) data analysis brings order to the data by organising the data into patterns and identifying relationships and links amongst the descriptive dimensions from different data collection sources. This study draws similarities, differences and possible variations between the emergent themes cited in the literature review and those that were evident from the data collected. Clarifications and explanations are offered as to why these themes may have occurred.

The reporting of the findings of this study assumes a thematic based approach. First data from the questionnaires in the form of tables will be presented and discussed below. Then the results from focus group interview is given as a follow up to the quantitative phase of the study to clarify and amplify findings of the educators' perceptions of teaching learners about HIV/AIDS and of school as care-giving centres for OVCs affected by HIV and AIDS. The focus group discussion allowed access to valuable information about group attitudes and opinions. Further, in presenting the data, the researcher wanted to ensure that the voices of the participants were not lost. Therefore, verbatim quotations are used in the data presentation, followed by the findings and discussions gathered in the lecture observed.

## 4.2 BIOGRAPHICAL INFORMATION OF THE RESPONDENTS TO THE QUESTIONNAIRES

Tschannen-Moran & Woolfolk Hoy (2007) states that biographical characteristics such as the age, years of teaching, gender and race are important factors that contribute to the choices that an educator makes during the course of their teaching practice. Educators are shaped by their own teaching experiences, by the years they spend training for the profession as well as by their race and gender. A description of the biographical information of the respondents to the questionnaires follows below.

**Table 4.1 Biographical information of the respondents to the questionnaire**

<b>Characteristic and Levels</b>	<b>% Distribution</b>
<b>Age Group:</b>	
20 - 30 years	21,1
31 - 40 years	26,3
41 – 50 years	42,1
51 and older	10,5
<b>TOTAL</b>	100,0
Number of cases	19
<b>Gender</b>	
Male	31,6
Female	68,4
<b>TOTAL</b>	100,0
Number of cases	19
<b>Race</b>	
African	15,8
Indian	84,2
<b>TOTAL</b>	100,0
Number of cases	19
<b>Years in Teaching</b>	
1 – 5 years	15,8
6 – 10 years	10,5
11 – 15 years	10,5
16 – 20 years	31,6
21 years and more	31,6
<b>TOTAL</b>	100,0
Number of cases	19

Table 4.1 shows that 42% of educators responding to the questionnaires fall in the age group 41 to 50 years and this means that there is a strong possibility that a large percentage of educators had commenced teaching prior to the implementation of the National Curriculum Statement of 2005 and the Revised National Curriculum Statement. In these statements the implementation of the Life Orientation Learning Programme which includes HIV/AIDS education is mentioned.

The majority (68%) of educators responding to the questionnaires are females. In this study the researcher tried to understand what roles and responsibilities educators choose to foreground in the teaching of HIV/AIDS education, given that the majority of educators at this school are females. According to Jacobs (2005) gender is a valuable biographical force that shapes the choices that educators make in terms of HIV/AIDS education.

Even in today's world, the role of the care-giver is filled with innuendos of maternal instinct, where the protection and nurturing of the child is still widely regarded as the domain of women (Hogan 2001). Educators act '*in loco parentis*', to satisfy the need for maternal/paternal obligations that is lacking in the home, according to Shumba (2001). Seemingly, educators are choosing to enact those responsibilities that are consistent with customary roles designated to that of being 'mother' or 'female.' In this study female educators out-number male educators with 68% female educators as opposed to 32% male educators. Since female educators out-number male educators, the principal tends to call upon female educators to teach Life Orientation, although this decision is also influenced by the learner-educator ratios and the teaching loads of educators.

This study shows that 84% of educators in this school are Indians. Since 1994, there has been a radical change in the racial composition of learners in previously House of Delegates schools from predominantly Indian to predominantly African. The cultural differences between educators which are mostly Indians and the

learners, who are mostly Africans, can present a problem when dealing with sensitive issues such as sexuality and HIV/AIDS education. According to this study the largest group of educators who teach at this school classify themselves as Indians. According to the tenets of the Indian religion issues of sex education are frowned upon (Arnolds 2006). Although educators proclaim their strong support for the implementation of HIV/AIDS education at schools, religious and cultural identity form a barrier that may hamper their ability to effectively teach about HIV/AIDS.

The biography of educators in terms of race, culture and religion is likely to play a role in how they receive and react to the curriculum of HIV/AIDS education. Some school governing bodies have, for example labelled the availability of condoms at school as a HIV-prevention strategy within the HIV/AIDS education programme as offensive. For many educators social taboos like the above mentioned and cultural identity play a vital role in the delivery of HIV/AIDS education at schools. In some religious communities the segregation of the sexes is the pretext under which religious teaching occurs (Arnolds 2006). According to Jacobs (2005) some educators allow their own teachings in terms of religion to influence their teaching of HIV/AIDS.

According to the focus group interview some respondents in this study postulate that the separation of boys and girls will facilitate the effective teaching of HIV/AIDS. In addition, Hammonds and Schultz (1984) report that female learners are more cognitively mature, being more able than boys to assess new knowledge and engage in discussions and respond to arguments. While other respondents from the focus group session felt that separation of boys and girls is not a practical solution to the teaching of HIV/AIDS education because the number of female educators at this school is proportionately higher.

Almost a third (32%) of the educators in this school reported between 11 to 20 years of teaching experience of which 11 % have between 6 to 15 years and 16%

have between 1 and 5 years of teaching experience. Another third (32%) of the educators in this school have been teaching for more than 21 years. This indicates that the majority of the educators had commenced teaching before the implementation of Curriculum 2005 and RNCS, when HIV/AIDS education was not part of the school syllabus. In this study the researcher wanted to understand how educators deal with the changes in policy as well as with the changes in teaching responsibilities.

### **4.3 TEACHING AND SUPPORT**

This next section deals with support that educators receive in order to prepare for teaching of HIV/AIDS education.

#### ***4.3.1 Attendance at workshops***

The teaching and support that educators receive in order to prepare for teaching HIV/AIDS are extremely important (Kelly 2000a). The respondents indicated their attendance of workshops on HIV/AIDS. In Table 4.2, it is shown that the majority (73%) of the respondents attended these workshops. Thus, there appears to be a concerted effort by the national and provincial Department of Education to provide training to educators on HIV/AIDS. The rollout of workshops on HIV/AIDS makes it clear that the Department of Education and the Department of Health are serious in their quest to bring about awareness about the HIV/AIDS. In using the services of educators, it is evident that they are important social change agents who have the power to engage critically with HIV/AIDS education at schools. Nevertheless, attendance at workshops does not guarantee teaching of HIV/AIDS in the manner that policies dictate. In Table 4.3 the biographical characteristics of the respondents who attended the workshops are given.

**Table 4.2 Attendance of HIV/AIDS workshops**

<b>Workshop Attendance</b>	<b>% distribution</b>
Attended	73,3
Did not attend	26,3
TOTAL	100,0
Number of cases	19

**Table 4.3 Percentage of respondents who have attended workshops according to background characteristics**

<b>Characteristics</b>	<b>Percentage</b>
<b>Age Group:</b>	
20 - 30 years	75,0
31 - 40 years	60,0
41 – 50 years	87,5
51 and older	50,0
<b>Gender:</b>	
Male	83,3
Female	69,2
<b>Race:</b>	
African	100,0
Indian	68,8
<b>Years in teaching:</b>	
1 – 5 years	66,7
6 – 10 years	50,0
11 -15 years	100,0
16 -20 years	83,3
21 years and more	66,7

It is evident from the Table 4.3 that educators 30 years and younger or between the ages of 41 and 50 years, male educators, all of the African educators and those with between 11 and 20 years' of teaching experience had a higher reported attendance of HIV/AIDS workshops, although the numbers are too small to make definite deductions.

### 4.3.2 Support for teaching

As depicted in Table 4.4, more than half (52%) of the respondents indicated they did not receive support in the teaching of HIV/AIDS. In the past educators relied on prescribed formats from which to teach. Syllabi were handed down from one year to the next and very little changed in the content of what was taught (Pretorius 1998). The finding that so many of the respondents indicated that they lacked support, seems to suggest that some educators continue to construct themselves as a disenfranchised group who need to be told what and how to teach. The dynamic nature of the HIV/AIDS pandemic, by contrast, demands a different approach to teaching of HIV/AIDS (Kelly 2000b).

**Table 4.4 Perceptions of the support received by educators in teaching HIV/AIDS in school**

<b>Support for Teaching</b>	<b>% distribution</b>
Support received	47,4
No support received	52,6
TOTAL	100,0
Number of cases	19

**Table 4.5 Types of support received from different stakeholders in school-based teaching about HIV/AIDS**

<b>Stakeholder</b>	<b>No support</b>	<b>Little support</b>	<b>Good support</b>	<b>Excellent support</b>	<b>TOTAL*</b>
Department of Education	57,9	10,5	31,6	0,0	100,0
Senior Management	47,4	15,8	36,8	0,0	100,0
Colleagues	68,4	15,8	15,8	0,0	100,0
Parents of learners	52,6	10,5	26,3	10,5	100,0
NGOs	73,7	10,5	5,3	10,5	100,0

\*Number of cases is 19 for each stakeholder mentioned in the table.

According to Table 4.5 there is little support given by NGOs, however there is also very few support indicated by participants from the Department of Education, Senior Management (47%) and Colleagues (68%). Parents are not also providing support in the education of HIV/AIDS for learners (52%) could probably be attributed to their possible non involvement as a result of issues that relate to culture and poverty. The learners are according to the data obtained from an African population in a lower socio-economic area. The participant indicates that in the resources used (table 4.6) that over 50% of participants do not use material obtained from the DoE. The possible relevance of this material to the community that the school serves may be questionable and this may possibly contribute to the non use thereof. Lack of support can be catastrophic for the teaching of HIV/AIDS because established links between the various stakeholders and the school is necessary for the effective teaching and care-giving for OVCs affected by HIV and AIDS (Kelly 2000a).

Moreover, more than half of the respondents (63%) reported that they received little to no support from the parents of the learners. In this respect, Khuzwayo (2004) maintains that poor parental monitoring and poor parent-child communication are factors that are detrimental to HIV/AIDS education. In the past, it was educators' task to teach and the parents to provide care and emotional support to learners. The roles and responsibilities that educators are currently expected to fulfil transcends the traditional boundaries of educators-pupil relationship. These responsibilities within the context of HIV/AIDS education demand that both educators and stakeholders unite to fight against HIV/AIDS to guide learners into protection against HIV-infections.

#### ***4.3.3 Resources and teaching materials***

From Table 4.6 it is clear that the respondents most often use materials in their teaching of HIV/AIDS collected on their own from magazines and newspapers. A striking observation is that the majority (58%) of the respondents reported that

they never use material obtained from the Department of Education. About 32% of the respondents reported they designed their own material and photocopied from workbooks for the teaching of HIV/AIDS. In terms of the present policy dispensation educators have the opportunity to design relevant materials for their learners by conducting their own research.

As depicted in Table 4.7 more than half (53%) of the respondents indicated that the resources that are available to teach HIV/AIDS were useful whereas just more than a quarter (26%) of them indicated that the resources are a little useful. Traditionally educators relied on resources such as textbooks which the Department of Education provided in order to teach effectively. In terms of the present policy dispensation, educators design relevant HIV/AIDS learning materials for his or her learners.

**Table 4.6 Frequency with which respondents use materials from different sources in their teaching of HIV/AIDS**

Source of the tuition material	Reported frequency with which these materials are used (% distribution)				
	Very often	Sometimes	Seldom	Never	TOTAL*
Obtained from the Department	5,3	31,6	5,3	57,9	100,0
Collected from magazines and newspapers	47,4	10,5	15,8	26,3	100,0
Obtained from colleagues and friends	26,3	21,1	10,5	42,1	100,0
Designed by the teacher	31,6	21,1	10,5	36,8	100,0
Photocopied from different workbooks	31,6	15,8	21,1	31,6	100,0

\*Number of cases is 19 for each row.

**Table 4.7 Perceptions of the resources used for the teaching of HIV/AIDS education**

<b>Perception</b>	<b>% Distribution</b>
Not useful at all	5,3
A little useful	26,3
Useful	52,6
Very useful	5,3
No comment	10,5
TOTAL	100,0
Number of cases	19

#### **4.3.4 Information on HIV/AIDS**

Table 4.6 reflects the opinions of the sources learners use to learn about HIV/AIDS. Teaching and learning is complimentary, what is learnt is measured by what is taught and learning is evident from what is taught according to Woods (1993). The interaction of both is crucial to HIV/AIDS education (Kelly 2000a). As depicted in Table 4.8, almost 63% of the respondents indicated that parents do not provide HIV/AIDS information and education to learners. Parents are important role-players in the fight against HIV/AIDS and it is critical that both parents and educators unite in the education of learners about HIV/AIDS.

**Table 4.8: Opinions of the sources learners use to learn about HIV/AIDS**

<b>Statement: Learners' sources of HIV/AIDS knowledge are:</b>	<b>Strongly agree (%)</b>	<b>Agree (%)</b>	<b>Disagree (%)</b>	<b>Strongly Disagree (%)</b>	<b>Total* (%)</b>
Parents	5,3	31,6	31,6	31,6	100,0
Peers	10,5	47,4	21,1	21,1	100,0
Teachers	57,9	31,6	0,0	10,5	100,0
Television/Radio	52,6	31,6	5,3	10,5	100,0
Newspapers/Magazines	42,1	42,1	0,0	15,8	100,0
Guidance Counsellors	21,1	36,8	10,5	31,6	100,0
School Nurses	15,8	26,3	26,3	31,6	100,0

\*Number of cases is 19 for each row.

According to Table 4.8, 58% of educators feel that learners learn about HIV/AIDS from their peers. About 90% of the respondents indicated that learners learn about HIV/AIDS most effectively from educators as opposed to parents or peers. In the past educators were seen as the ones with all the knowledge and power and they decided what the learner should be taught. The issue of HIV/AIDS brings to the classroom a multiplicity of complex factors, which demand that educators and learner are mutual partners in the acquisition of knowledge on how to prevent new HIV-infections and how to deal with the impact of the epidemic in their daily lives.

Although nurses do not conduct regular visits to schools 42% of the respondents suggested that nurses are in a good position to teach learners about HIV/AIDS. This seems to suggest that some educators rely on outsiders to teaching learners about HIV/AIDS. Moreover, some might believe that HIV/AIDS is a purely medical issue and that nurses are more suitably qualified to deal with it.

A staggering 84% of the respondents indicated that learners learn about HIV/AIDS from television, radio, newspapers and magazines. Thus, there is a need to move beyond awareness to significant behaviour change and educators have the enormous task of instilling values in learners, aimed at behaviour modification in the fight against HIV/AIDS.

#### **4.4 EXPERIENCES OF TEACHING OF HIV/AIDS EDUCATION**

Respondents were asked to rate their own experiences of teaching HIV/AIDS to their learners. As can be seen in Table 4.9, more than a quarter (26%) of the respondents reported that they felt uncomfortable in the teaching of HIV/AIDS to learners. Sixteen % (16%) were uncertain and the majority 42,1% (or 4 out of every 10 educators involved in HIV/AIDS education) of the respondents were not easy or comfortable in teaching HIV/AIDS. Educators felt inadequately prepared

to teach a subject for which they received little training, resources and support. Fifty-eight % (58%) of the respondents reported that they were at ease to teach HIV/AIDS to their learners.

**Table 4.9: Respondents' ratings of their experiences of teaching of HIV/AIDS**

<b>Rating</b>	<b>% Distribution</b>
Comfortable	52,6
Uncomfortable	26,3
Easy	5,3
No comment	15,8
TOTAL	100,0
Number of cases	19

Respondents were also asked to rate the content of the curriculum on HIV/AIDS as provided by the Department of Education. In order for educators to engage critically with the changing curriculum, educators need to embrace change inherently. According to Table 4.10, more than two thirds (68%) of the respondents indicated that the content of the curriculum was very appropriate (16%), appropriate (37 %) and fairly appropriate (16 %). Two out of every ten respondents declined to answer this question, whereas 11% of them judged the content of the curriculum to be highly inappropriate.

**Table 4.10: Views of the content of the HIV/AIDS curriculum provided by the Department of Education**

<b>The content of the curriculum is:</b>	<b>% Distribution</b>
Very Appropriate	15,8
Appropriate	36,8
Fairly appropriate	15,8
Highly appropriate	0,0
Highly inappropriate	10,5
No comment	21,1
TOTAL	100,0
Number of cases	19

From the Table 4.11, it is clear that only 37% of the respondents felt that an OBE methodology is effective for teaching of HIV/AIDS to their learners whereas 31% found it ineffective, whilst 32 % do not comment. During the old system of education, subjects such as Health Education, Guidance and Right Living was stratified into the school curriculum. These non-examinable subjects are viewed as insignificant. Subjects were replaced by learning areas in the OBE and RNCS curriculum. HIV/AIDS education in schools under the banner of the Life Orientation Programme in all public schools has been mandated by the Department of Education. Within the revised national curriculum, Life Orientation Programmes are compulsory, but not subjects that are for examination purposes. It aims to develop skills, knowledge, values and attitudes, which empower students to make informed decisions and take appropriate actions regarding their health, social and personal development. The aim of including these non examination subjects is for students to be knowledgeable about strategies for living with HIV and to familiarise themselves with discussing personal feelings, community norms, values and social pressures associated with sexuality.

**Table 4.11: Respondents' ratings of the effectiveness of the OBE methodology in the teaching of HIV/AIDS**

<b>The OBE methodology is:</b>	<b>% Distribution</b>
Effective	36,8
Very Effective	0,0
Ineffective	26,3
Totally ineffective	5,3
No comments	31,6
<b>TOTAL</b>	<b>100,0</b>
Number of cases	19

**Table 4.12: Perceptions of where HIV/AIDS education in secondary school should be taught**

Subjects in which HIV/AIDS should be taught:	Opinions (% distribution)					TOTAL*
	Strongly agree	Agree	Disagree	Strongly disagree	No comments	
Life Science	36,8	21,1	5,3	21,1	15,8	100,0
Life Orientation	63,2	15,8	0,0	5,3	15,8	100,0
Natural Science	21,1	26,3	10,5	26,3	15,8	100,0
Guidance	47,4	10,5	5,3	21,1	15,8	100,0

\*Number of cases is 19 for each row.

The respondents were asked to rate how they felt about HIV/AIDS being taught in certain subjects. A percentage distribution of these opinions is given in Table 4.12. The findings indicate that educators prefer that HIV/AIDS education be located in the learning areas of Life Orientation and/or Guidance. The guidelines by the Department of Education (South African Department of Education 2000b) encourage the teaching of HIV/AIDS education in all learning areas, thereby mainstreaming teaching about it. If only Life Orientation lectures are dedicated to the teaching of HIV/AIDS it might result in other educators (besides those directly involved in Life Orientation) taking little interest in or responsibility for educating learners about HIV/AIDS.

#### **4.5 EDUCATORS' PERCEPTIONS OF THE ROLE OF SCHOOL IN THE TIME OF HIV/AIDS**

The respondents were asked on what they thought the role of the school should be in the time of HIV/AIDS. In Table 4.13, the respondents' reactions to particular statements about the possible role of the school are given. It is evident that the majority of educators felt that one of their duties is to provide care and support to learners as 79% of them agreed or strongly agreed with this statement. The provision of care and support incorporates a multi-focus approach to the teaching

of HIV/AIDS education such as helping learners who have lost parents or relatives to cope with the death, arranging to provide food for poor learners, making home visits and negating school fees for orphans. In addition, pastoral care does not merely teach the learners about HIV/AIDS so that the learner provide care and support to other learners infected with HIV. Pastoral care provides the necessary spiritual support for learners who are emotionally unable to cope with the demands placed on them by the contextual environment in which they find themselves as a result of the HIV/AIDS epidemic.

**Table 4.13: Perceptions of what the responsibilities of the school should be in the time of HIV/AIDS**

Statement: The school should:	Opinions (% distribution)				
	Strongly agree	Agree	Disagree	Strongly disagree	TOTAL*
Provide pastoral care to learners.	57,9	21,1	10,5	10,5	100,0
Provide first aid to learners.	36,8	31,6	15,8	15,8	100,0
Teach about HIV/AIDS	68,4	26,3	5,3	0,0	100,0

\*Number of cases is 19 for each row.

Many of the respondents agreed that the school should teach about HIV/AIDS as 94, 7 % either agreed or strongly agreed with this statement. The group was divided on the topic of first aid, as roughly two thirds agreed that the school should do this whereas a third disagreed and strongly disagreed. The researcher offers the explanation that educators are conscious of the deadly consequences of the HIV/AIDS disease. Therefore, they focus on preventative measures that minimise the threat of HIV-infection to themselves as well as to learners.

Fear of HIV/AIDS is real and educators are no different from others when confronted with one's mortality and it is possible that most people's contact with HIV/AIDS is fear of contamination rather than direct experience of illness. The focal point of HIV/AIDS education is motivated by the urge to prevent the spreading of HIV-infections through a protectionist stance. The HIV/AIDS

Emergency Guidelines for Educators (South African Department of Education 2000b) recommends that every school have a first aid kit. Departmental policies on HIV/AIDS encourage educators to implement measures of safety at school in order to prevent the spreading of HIV-infections through blood spills that occur when learners are injured during the course of play at school.

#### **4.6 EDUCATORS' PERCEPTIONS OF THE IMPACT OF HIV/AIDS ON THE LEARNERS**

The respondents were asked to tick statements about the impact of HIV/AIDS on their learners which correspond to their own experiences. The findings indicate that the respondents regarded the death of fellow learners due to AIDS-related illnesses as having a less serious impact on the learners (see Table 4.14 below). In contrast, the death of a parent due to AIDS-related illnesses was mentioned by 84% of the respondents as a factor seriously affecting their learners. Thus, the role of educators becomes increasingly more personal in providing care and support to those learners experiencing death due to AIDS.

**Table 4.14: Opinions of statements describing the impact of HIV/AIDS on learners**

<b>Statement: The learners are affected by:</b>	<b>Opinions</b>					<b>Total*</b>
	<b>Strongly agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No comments</b>	
The death of fellow learners due to AIDS-related causes	15,8	36,8	15,8	15,8	15,8	100,0
The death of a parent/parents due to AIDS-related causes	57,9	26,3	10,5	0,0	5,3	100,0
Poor attendance due to HIV/AIDS	42,1	15,8	15,8	5,3	21,1	100,0
A lack of food due to HIV/AIDS	36,8	26,3	10,5	5,3	21,1	100,0
Child headed households due to HIV/AIDS	52,6	15,8	10,5	0,0	21,1	100,0

\*Number of cases is 19 for each row.

More than half (58%) of educators agreed that poor attendance and absenteeism among learners are attributed to the AIDS epidemic. More than half of the respondents agreed that learners are affected by a lack of food. Sixty eight percentage of the sample conceded that their learners come from homes that are child headed households.

#### **4.7 THE OPINIONS OF EDUCATORS REGARDING CHANGING SCHOOLS INTO CARE-GIVING CENTRES FOR OVC's AFFECTED BY HIV AND AIDS**

Respondents were given an open-ended question in which they were asked to express their views about changing schools into care-giving centres for OVCs affected by HIV and AIDS. This question produced varied responses but the majority of educators as well as the respondents to the focus group felt that by changing schools into care-giving centres the entire school system will be changed or even be compromised. Chief among these concerns were that most schools already do not have enough funding to carry out the basic tasks of teaching. Some educators felt that schools were not properly resourced to take on such a task in terms of the available human resources and infrastructure. A few suggested that teachers should be paid an additional salary for providing pastoral care, whereas many felt that they and their colleagues were too stressed to take on added responsibilities.

One of the respondents in the focus group expressed the view that, " *if the necessary resources be provided, we will be in favour of changing schools into care-giving centres, however such changes should be made abuse-proof, be carefully planned and well resourced to be sustainable.*" Another indicated that,

*“if such changes be forced upon us, then we will require more training to take on such care-giving tasks.”*

This idea was further teased out in the focus group interview. The focus group felt that, as the crisis of HIV/AIDS grew, schools and the national education systems in general have no option but to take on the responsibility of caring for and supporting learners. The group indicated that formal, non-formal and community-based education programmes are required to work together in strengthening the capacity of those affected to adapt to the psychosocial, work-related and domestic-management challenges confronting learners.

The group discussed how schools can act as care-giving centres by helping OVCs affected by HIV and AIDS to:

1. Develop the knowledge and skills to access support networks
2. Deal with the medical aspects related to HIV-infection
3. Empower them with knowledge about human rights related to completing their secondary school education and accessing medical care.

The focus group felt that true ‘caring’ for learners is the heart of schooling by enabling the learner to develop as a person is essential for happiness and to provide the best chance of success across the curriculum and for the preparation of adult life . The caring was not merely coping with sadness, difficulties and problems, but is positive, enabling a rewarding experience of life and an understanding of others. To consolidate the themes that emerged during the focus group interview some of the questions that were posed to the participants and their responses are given below. The focus group participants acknowledged the urgency of educating learners about HIV and AIDS, but expressed concerns about their own skills and about support to carry out these tasks. The focus group participants could easily identify with the characters in the scenarios presented to them by the interviewer. Their solutions to the dilemmas illustrated in the scenarios demonstrated a need to assist and come up with solutions.

**Interviewer:** “How do you feel about the HIV/AIDS education being incorporated into the school curriculum?”

**Respondent:** “We live in a very liberal society, where HIV/AIDS topics, especially sexual activity are becoming less of a sensitive nature to talk about. It is very relevant and has no barriers. At some point in anyone’s life each and every one of us will be affected in some way or the other- either being a victim itself or knowing of a family, friend or colleague who has been affected”.

**Respondent:** “But incorporating such a subject requires re-skilling of educators who are not equipped to teach such a subject. We may have the best policies and structures in place but if there is lack of implementation even the best curriculum can go in vain.”

**Interviewer:** “What is your view of the HIV/AIDS curriculum that is taught in Secondary Schools?”

**Respondent:** “It is not given the priority, urgency and importance that it deserves. It is not covered in every grade of the Life Science syllabus. It is also covered in a manner that may be too scientific hence it may become a little abstract to reach the grass root level.”

**Respondent:** “It is also covered in Life Orientation which is a better approach to the subject that covers social aspects of the disease”.

**Respondent:** “HIV/AIDS education should be incorporated into all subjects where the scope and applicability does exist. Perhaps a more holistic knowledge of the subject will arise and thus be more beneficial.”

**Interviewer:** “What aspects of the HIV/AIDS curriculum do you find beneficial to learners?”

**Respondent:** *“The social impact as it relates more to the learners’ everyday life. Also the scientific knowledge has a role to play as it allows learners to understand the changes that the disease brings to their bodies and functioning.”*

**Interviewer:** *“I wish to present to you a scenario and then hear your responses. Jane is a seasoned educator with 25 years of experience. She is finding it difficult to cope with the change in curriculum from the traditional method of teaching to the OBE method. This is further complicated since she is expected to teach HIV/AIDS education to learners who are old enough to be her children. If you were Jane how would teach HIV/AIDS to adolescence learners?”*

**Respondent:** *“Since Jane has been 25 years teaching, it is obvious that she is uncomfortable to talk about a subject that was almost unheard of 25 years ago. It is understood she has not been formally trained to teach such a topic. “*

**Respondent:** *“I would encourage class discussions by asking relevant questions. This allows learners to give their views, opinions etc. which will break the initial ice and ease the atmosphere.”*

**Respondent:** *“If the school that Jane is teaching at has the luxury of visual aids she can use the television as a means of communicating the subject. Also media articles, guest speakers etc. can assist.”*

**Interviewer:** *“A recent article in the newspaper indicated that an educator has been charged and dismissed from the profession for sexually harassing learners at his school. If such a situation were to arise at your school, how would you deal with this issue?”*

**Respondent:** *“Firstly, one must identify the facts of the case to establish whether the educator is innocent or not.”*

**Respondent:** *“I would call the learners separately and solicit information from the learners to gather evidence. Of course the learners must be anonymous as they should not be victimised. I would then call the educator, also in private to hear his side of the matter. Out of fairness to both parties, he is entitled to justify his case.*”

**Respondent:** *” I would seek professional people to adjudicate the matter, who would be in a better position to assess sexual harassment. To prove sexual harassment medical evidence is required which can only be obtained by health professionals. I would also contact the Department of Education for assistance as the Department has the responsibility to deal with such matters to support principals and educators.*”

**Interviewer:** *“Let’s consider another scenario: Bongiwe is a 14 year old learner who lives with an elderly aunt and uncle. Her uncle has AIDS. Bongiwe has been underachieving at school recently and you have observed that she is always tired and sleepy in class. When questioned she admits that her uncle has been sexually abusing her. How would you react if such a situation were to arise in your class?”*”

**Respondent:** *“Of course the learner deserves sympathy but more important professional help and counselling. My first point of action is to speak further with the learner if she is comfortable with talking about it”.*

**Respondent:** *“Also gender sensitivity is important, as a male educator it is inappropriate for me to speak to a female learner who has been directly affected as she may feel uncomfortable. I could approach a female educator or management member to deal with the matter.”*

**Respondent:** *“Also the principal must be informed so he can inform the department. Police and social services must be involved as there is a criminal*

*charge for sexual abuse/ assault and it is surprisingly quite common for a relative to abuse family members.”*

**Interviewer:** *“Describe the kind of support that you receive for the teaching of HIV/AIDS?”*

**Respondent:** *“Life Science textbooks and no other support.”*

**Interviewer:** *“Let us talk about this scenario: Len is a primary school Maths educator who has recently been redeployed to a secondary school where he was asked to teach Life Orientation and HIV/AIDS education. There are no resources available and he receives no support from parents and management. What options are available to Len?”*

**Respondent:** *“He can re-skill by registering for a private course on HIV/AIDS”.*

**Respondent:** *He can liaise with educators from other schools to form a mentor relationship.”*

Educators in the focus group emphasised the need for HIV/AIDS programmes that prepare learners and educators for some of the caring roles that they might have to assume in their families and communities due to HIV/AIDS. At the same time, however, they emphasised that educators should be trained for their roles as caregivers for increasing numbers of learners who, will be living without the support of an adult caregiver due to the impact of AIDS-related mortality. Educators felt that effective professional development programmes for educators and organisational development for schools should be developed and implemented. Such programmes could include counselling, nutrition and pastoral care. Bhana et al (2006) supports this view where he raises also the concern on the lack of national and integrated support which may lead to further psychosocial impacts on these educators.

The focus group felt that true ‘caring’ for learners lies at the very heart of schooling, as enabling the learner to develop as a person is essential for happiness at school; the best chance of success across the curriculum and for preparation for an adult life. This caring should go beyond teaching those learners affected by HIV and AIDS and infected with HIV to cope with sadness, difficulties and problems and embraces a positive, enabling and rewarding experience of psychosocial well-being.

Educators also felt that the Life Orientation Programme curriculum should be educator and learner friendly and practical to implement. Some respondents expressed the need for teaching materials, detailed guidelines on lectures, resources for learners and ongoing support by the education department. An survey conducted by Moroney (2002) on the Life Orientation Programme showed that most of the educators believed that this programme should be integrated within the different subjects which learners take to have a wider impact on preventing HIV. Educators also felt that they required time to adjust to a new curriculum and method of teaching. Some educators expressed the language in the curriculum was too academic and advanced given the poor literacy in schools and the vast age range of learners at times which implied developmental differences within the classroom.

#### **4.8 CLASSROOM OBSERVATION**

In the classroom of Educator X, learners were arranged in rows, facing the chalkboard. Despite such a tradition setting, the educator tried to incorporate two-way interaction by encouraging the learners to ask questions. However, this interaction was only encouraged later on in the lesson. At first, the educator presented charts depicting the transmission of HIV. The learners were instructed to list the different ways in which the HI-virus can be transmitted in their notebooks. This instruction was repeated and written on the chalkboard. This is a

traditional mode of teaching in which material set up by others are merely repeated in the learners' scripts.

After this, a class discussion was encouraged. The educator used the learners' existing knowledge as a starting point to build on in her lesson, by explaining to learners with the aid of a chart, showing pictorial representations of what she was trying to say. She used probes and encouraged the learners to respond to questions. There was clearly a relaxed classroom environment, and this was evident in the way in which learners were able to pose questions easily. They also responded to questions in a confident manner, even though they did not always have the appropriate vocabulary to do so, for example "*When a mother gives it to the baby, when it is inside her*" (A learner's response). "*Yes, that is correct - we refer to this as mother-to-child-transmission*" (responded educator X).

What emerged clearly from the lesson observation is that educators' preconceived notion of what learners already knew and what they should know, influenced educators teaching style and approach within the classroom. The educator made no assumptions but used the learners' existing knowledge as a starting point in her lesson. The opportunity she provided to learners to respond to questions, and to display their current understandings on the topic at hand bears testimony to this.

Thus, HIV/AIDS education poses new challenges to both educators and learners who are forced to interact with one another outside of the traditional norms of teaching and learning and outside of the walls of the classroom. The transient nature of education makes it a process of dynamic change where identities- both educators' and learners' – cannot be clearly defined. Identity is not fixed or stable, it is rather regarded as something that is constructed, created, recreated and developed through different social processes (Jacob 2005).

## 4.9 CONCLUSION

This chapter focused on the presentation and detailed discussion of the findings of this research. Data from the questionnaires, the focus group interview and the classroom observation were synchronised. A thematic based approach illustrating the findings of this study in line with the literature consulted in the study permeated much of the discussion in this second last chapter of the dissertation.

Further, biographical variables such as race and gender are extremely relevant to the teaching of HIV/AIDS. HIV/AIDS education brings to the classroom a complexity that consumes both educator and learner. Both educators and learners constantly shape and re-shape their own identities during their interaction with each other. Therefore every educator constructs his/her teaching according to his/her own value system and in the process shapes the way in which HIV/AIDS is negotiated during teaching practice. The roles and responsibilities that educators enacts, the content of the curriculum that he or she chooses to teach and the methods used in the teaching are part of the larger psyche of educator identity. This is shaped by a belief system, which is entrenched by different forces of influence such as the tradition of educators training, biographical factors such as racial factors.

The major conclusions that are drawn from this study; recommendations in the light of these findings, the limitations of this study itself, as well as suggestions for possible areas of extension of this research, are presented in the final chapter of this dissertation.

# **CHAPTER FIVE**

## **CONCLUSION**

### **5.1 INTRODUCTION**

This final chapter presents the major conclusions drawn from this study, as well as recommendations in light of these conclusions. Suggestions are offered in terms of possible areas of extension of the research.

### **5.2 A BRIEF DISCUSSION ON SOME OF THE MAJOR FINDINGS OF THE STUDY**

In the earlier chapters of this dissertation the implementation of policies such as OBE and RNCS which provides the basis for modern ideology in education was explained. However, what educators do in the classroom belies the expectation of change in terms of the curriculum. Against a background of change, what remain constant are the few eminent features that educators feel secure and comfortable with. Recent policy has urged that educators let go of the textbook and make way for creative and innovative teaching strategies.

This study shows that education as the vehicle to bring about change in learners' attitudes and practices are threatened by forces of educator identity in terms of biographical forces such as, race and gender. Learners too have their own identities shaped by their home environment, their parents, peers and families. The forces that shape what the learners learn are very different from the forces that shape what educators teach. Thus, these opposing forces are isolating, rather than unifying, in the fight against HIV/AIDS. Hence, current teaching practices are not sufficient to change the behaviour, practices and attitudes of learners. Thus, the perception of school as care-giving centres for OVCs is regarded as a

daunting challenge for educators especially in the light of the poor resources currently available in the school as well the lack of skills to deal with the additional demands that will be placed on the educators themselves.

The lack of adequate interaction between educators and parents are causes for concern as both parents and educators need to work together in order to educate learners about HIV/AIDS.

The broad spectrum of obligations that educators encounter in the teaching of HIV/AIDS education was previously undesignated to educators and teaching. The blurring of boundaries between the different roles creates a dilemma for educators who are not engaging with their new responsibilities in a meaningful manner. Educators continue teaching in a traditionally stereotype manner and teaching roles remain fixed.

The findings of the classroom observation shows that the power relations that are present within the classroom context influenced the kind and quality of interaction that took place between the learners and educator. The interaction was one-sided, with educator dominating much of the discussion, and the lessons in general. Questions posed by the learners were minimal, as was the participation of learners in the lesson activities.

The findings of the focus group interview (with reference to 4.6) show that educators need to be skilled in the teaching of HIV/AIDS education. It was also found that the HIV/AIDS education was not given much importance in the school curriculum. Educators felt that HIV/AIDS education was taught in a very scientific manner and neglecting the social aspects which relates to the learners' everyday life. Educators also felt that the HIV/AIDS education should be covered in all subjects where the scope and applicability exists. Educators receive minimal support in the teaching of HIV/AIDS except for their textbooks.

### **5.3 LIMITATIONS OF THE STUDY**

The institution under study was representative of an urban school hence the findings of this study cannot be applied to rural schools. The contextual factors representing the different settings and locations of these schools are vastly different.

Due to the inaccessibility of parents at the institution under study, it was not possible to obtain permission to interview learners to obtain their perceptions on the role of school as care-giving centres for OVCs. This would have served to enrich the quality of the data obtained.

### **5.4 REFLECTION ON THE STUDY**

The researcher's own personal predispositions, opinions, morals values, experience, preferences and religious convictions certainly have influenced the way in which she has assigned meaning to the way in which educators perceive the teaching of HIV/AIDS and the role of schools as care-giving centre for OVCs in the study. The participants' actions, as displayed in the focus group interview, and the way the researcher chose to read these, are in part, a reflection of her own understanding.

### **5.5 RECOMMENDATIONS PROVIDED FOR FURTHER RESEARCH**

Since the unit of analysis for this study was mainly educators, a recommendation for future study would be a more in-depth look at the learner and their perceptions of teaching about HIV/AIDS and the role of schools as care-giving centres for OVCs affected by HIV and AIDS. Understanding the learner, his or her social

background and home environment will be an ideal opportunity to bridge the gap between the learner and educator.

Furthermore, parent-educator relationships are an issue that deserves greater scrutiny. An important study would be what parents and educators could do together to provide care and support for OVCs.

## **5.6 PROFESSIONAL PRACTISE/DEVELOPMENT**

In terms of professional development, studies on how workshops could be used to good effect to unify educators in their role as care givers for OVCs could be undertaken. Policies formulated at the top, by government and the national Department of Education must translate into change at classroom level. Research on why this is not happening so that learning is more meaningful, must be undertaken.

## **5.7 RECOMMENDATIONS FOR POLICY AND PRACTICE**

The following recommendations have implications for the Department of Education, educators and senior management teams (SMT) and School Governing Bodies.

In noting the broad philosophy underpinning the Education White Paper 6 of 2001 which aims to minimise barriers to learning and to promote inclusivity, schools should become more aware of how the HIV/AIDS pandemic serves as a barrier to learning. The time that constitutes the school day also coincides with the time that affected learners are required at home to care for ill parents, young siblings as well as perform household chores. This makes attending school impossible. The schooling system as a whole needs to take cognisance of this and needs to become

more flexible in order to accommodate affected learners. Failure to do this will exacerbate exclusions, which will run counter to the spirit of inclusion as adopted in Education White Paper 6.

Given the fact that schooling is not free in South Africa, affected learners should be protected from exclusion by some schools because of the parents/guardians inability to pay fees. The school fee issue, coupled with poverty and attendance, the state can overcome this by engaging in a vigorous advocacy programme on how to access child support grant. This will ensure that affected learners have the financial means to take care of their needs.

Given the emotional trauma of losing, a parent to the pandemic there is a need for counselling of affected learners. Schools should become nodal points where counselling can be accessed. If the South African Department of Education is serious about minimising the barriers to learning caused by the HIV/AIDS epidemic, then the appointment of adequately trained counsellors at schools becomes mandatory.

In order to ensure that an affected learner's schoolwork does not suffer when the learner has been away from school for any particular period, senior management team should be creative in arranging an academic support programme for the affected learner. Allocation of an educator-mentor to supervise the learner's work and provides guidance and support to the learner.

## **5.8 CONCLUSION**

In conclusion, the interaction between educators and learner is a process of negotiation between the different forces that impinge on the lives of both educators and learners. Thus, educators face challenges of multiple responsibilities where the needs of the learner are of paramount importance. From

this study, we note that the school cannot be divorced from its learners but plays a very important extended role as care-giving for OVCs.

## LIST OF SOURCES

Arnolds, KV. 2006. The role of conflicting values in the teaching experiences of South African educators in Saudi Arabian schools. M Ed dissertation at the University of South Africa.

Badcock-Walters, P. 2001. *The impact of HIV/AIDS on Education in KwaZulu – Natal*. Durban: KZN Provincial Education Development Unit and Health Economics & AIDS Research Division, University of Natal: PEDU Position Paper.

Barnes, S. 2002. The contemporary relevance of George Herbert Mead's social psychology and pedagogy. Available at <http://www.ovpes.org/2002/Barnes.pdf> (Accessed on 4 March 2008).

Bassey, M. 1995. *Creating education through research – a global perspective of educational research for the twenty first century*. New York: Kirklington Moor Press.

Bernard, R. 2000. *Social research methods: qualitative and quantitative*. Thousand Oaks: Sage.

Bhana, D, Morrell, R, Epstein, D & Moletsane, R. 2006. The hidden work of caring: teachers and the maturing AIDS epidemic in diverse secondary schools in Durban. *Journal of Education* 38: 1-19.

Blum, R. 2005 A case for school connectedness. *The Adolescent Learner* 62(7): 16-20.

Boler, T. 2003. *The sound of silence. Difficulties in communicating on HIV/AIDS in schools*. Victoria: British Columbia.

Brewer, J & Hunter, A. 1989. *Multi-method research: a synthesis of styles*. Newbury Park: CA Sage.

Caracelli, V & Greene, J. 1997. *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms. New directions for evaluation*. San Francisco: Jossey Bass.

Cast, AD & Burke, PJ. 1999. Integrating self-esteem and identity theory. Paper presented at the annual meeting of the American Sociological Association, Chicago. IL.

Chetty, VR.1995. A social profile of street children. Unpublished Doctoral Thesis in the Department of Criminology: University of Durban Westville.

Cohen, L & Manion, L.1994. *Research methods in education*. London: Routledge and Falmer.

Coombe, C. 2000. *Managing the impact of HIV/AIDS on the education sector in South Africa*. Addis Ababa: United Nations Economic Commission for Africa (UNECA)

Coombe, C. 2002. HIV/AIDS and the education sector. Paper presented at the Conference 30 May to 1 June 2002, Gallagher Estates, Midrand: The Education Coalition

Coombe, C & Kelly, MJ. 2001. Education as a vehicle for combating HIV/AIDS. Available at

[http://portal.unesco.org/education/en/file\\_download.php/8b101702cb719eb63573e502e05f8a8eprosppects119.pdf](http://portal.unesco.org/education/en/file_download.php/8b101702cb719eb63573e502e05f8a8eprosppects119.pdf) (Accessed on 4 March 2008).

Crang, M. 1998. *Cultural geography*. London: Routledge

De Vos, AS. 2002. *Research at grass roots primer for the caring professions*. Pretoria: Van Schaik Publishers.

Giese, S, Gow, J & Desmond, C. 2002. *Impacts and interventions. The HIV/AIDS pandemic and the children of South Africa*. Pietermaritzburg: University of Natal Press.

Giese, S, Meintjies, H, Croke, R & Chamberlain R. 2003. *Health and social services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS*. Cape Town: Children's Institute of the University of Cape Town. Available at <http://web.uct.ac.za/depts/ci>. (Accessed on 8 March 2008).

Gilligan, C. 1982. *In a different voice: psychological theory and women's development*. Cambridge, MA: Harvard University Press.

Glesne, C & Peshkin, A. 1992. *Becoming qualitative researchers: an introduction*. New York: Longman.

Gow, J, Desmond, C & Ewing, D. 2002. *The HIV/AIDS epidemic and the children of South Africa*. Pietermaritzburg: University of Natal Press.

Graff, J. 2001. *What is sociology?* Cape Town: Oxford University Press.

Greene, JC & Caracelli, VJ. 1997. Defining and describing the paradigm issue in mixed-methods evaluation designs. *New directions for Evaluation* 74, 5-17.

Groenewald, JP. 1986. *Social research: design and analysis*. Stellenbosch: University Publishers.

Hall, C. 2004. Theorising changes in teachers' work. Available at: <http://www.umanitoba.ca/publications/cjeap/articles/noma/theorising.change.html> (Accessed on 8 March 2008).

Hammonds, M & Schultz, JB. 1984. Sexuality education instructional techniques: teacher usage and student preference. *Journal of School Health* 54: 235-238.

Harichan, M. 2003. The educational awareness and behaviour patterns of senior learners with regards to HIV/AIDS in public high schools. Masters Thesis: University of KwaZulu –Natal.

Hepburn, E. 2002. *Children of AIDS: Africa's orphan crisis*. Pietermaritzburg: University of Natal Press.

Hoadley, U. 2002. The regulation of teacher work identity: core considerations. *Journal of Education* 28: 39-62.

Hogan, K. 2001. *Women take care: Gender, race, and the culture of AIDS*. New York: Cornell University Publishers.

Jacob, L. 2005. The myth of caring and sharing. Masters Thesis: University of KwaZulu –Natal.

Kelly, MJ. 2000a. *Planning for education in the context of HIV/AIDS*. Paris: International Institute of Educational Planning.

Kelly, MJ. 2000b. *Standing education on its head: Aspects of schooling in a world with HIV/AIDS*. Available at <http://w.w.w.tc.columbia.edu/cice> (Accessed on 4 March 2008).

Kelly, MJ. 2002. *The encounter between HIV and education*. Harare: UNESCO.

Kelly, K, Parker, W & Oyosi, S. 2002. Pathways to action: HIV/AIDS, children and young people in South Africa: a literature review- Lusaka: Save the children.

Khuzwayo, NW. 2004. Understanding the multiple levels of risk influence underpinning the spread of HIV/AIDS in the Cato Crest community. Masters Thesis: University of KwaZulu Natal.

Krueger, RA & Casey, MA. 1998. *Focus groups: a practical guide for applied research*. Beverly Hills: Sage Publication.

Kumar, R. 1999. *Research methodology: a step-by-step guide for beginners*. London: Sage Publications.

LeCompte, M & Schensul, J. 1999. *Analysing and interpreting ethnographic data, in the ethnographer's toolkit*. Walnut Creek: Altamira Press.

McMillan, JH & Schumacher, S. 2001. *Research in education: a conceptual introduction*. New York: Longman.

McPhail, C & Campbell, C. 2003. I think condoms are good but, aai, I hate those things: condom use among adolescents and young people in a Southern African Township. *Social Science and Medicine* 52: 1613-1627.

Mda, T & Mothatha, S. 2000. *Critical issues in South African education after 1994*. Cape Town; Juta and Company.

Miles, M & Huberman, M. 1994. *Qualitative data analysis*. Beverly Hills: Sage Publications.

Miller, J. 1996. *School for women*. London: Virago

Miller, RL & Brewer, JD. 2003. *The A to Z of social research*. London: Sage Publishers.

Moletsane, R. 2003. Another lost generation? The impact on HIV/AIDS on schooling in South Africa. *The International Journal of School Disaffection* 1(2):7-13.

Moodley, RM. 2003. A review of an HIV/AIDS education programme implemented through an integrated approach in the mainstream curriculum, at a Secondary School in the KwaZulu Natal North Coast Region. Masters Thesis: University of Natal.

Morgan, DL .1998. *Focus groups as qualitative research*. Beverly Hills: Sage Publications.

Moroney, E. 2002. Teaching HIV/AIDS education using the Life Skills approach in two Durban area High Schools. Unpublished Med Dissertation, University of Natal.

Morrell, R, Unterhalter, E, Moletsane, R & Epstein, D. 2001. Missing the message: HIV/AIDS interventions and learners in South African schools. *Canadian Woman Studies* 21 (2): 90-95.

Mouton, J. 2004. *How to succeed in your Master's and Doctoral Studies*. Pretoria Van Schaik.

Patton, MQ. 1990. *Qualitative evaluation and research methods*. Newbury Park:

Pretorius, F. 1998. *Outcome-based education in South Africa*. Cape Town: National Book Printers.

Prinsloo, S. 2006. Sexual harassment and violence in South African schools. *South African Journal of Education* 26 (2): 305-318.

Reddy, S. (2003). Troubling sexualities- young adults' sexual identity constructions within the context of HIV/AIDS. Doctoral Dissertation: University of Durban-Westville.

Reddy, SP, Panday, S, Swart, D, Jinabhai, CC, Amosun, SL, James, S, Monyeki, KD, Stevens, G, Morojele, N, Kambaran, NS, Omdien, RG & Van den Borne, HW. 2003. *Umthenthe Uhlaba Usamila – the South African youth risk behaviour survey*. Cape Town: South African Medical Research Council.

Robertson, I & Richards P. 2003. *Studying cultural landscapes*. London: Hodder Arnold Publishers.

Rubin, A & Babbie, E. 1997. *Research methods for social work*. London: Sage Publishers.

Samuel, M & Stephens, D. 2000. Critical dialogues with self: developing teacher identities and roles — a case study of South African student teachers. *International Journal of Educational Research* 33(5):475-491.

Shisana, O, Mandela, N & Simbayi, LC. 2003. *Nelson Mandela/HSRC study of HIV/AIDS. South African National HIV prevalence, behavioural risks and mass media*. Cape Town: HSRC.

Shumba, A. 2001. Who guards the guards in schools? A study of reported cases of child abuse by teachers in Zimbabwean secondary schools. *Sex Education* 1(1): 77-86.

Singh, P. 2003. Knowledge and perceptions of HIV/AIDS of Foundation Phase educators and learners in the Verulam Area. Masters Thesis: University of Durban Westville.

Smit, B & Fritz, E. 2008. Understanding teacher identity from a symbolic interactionist perspective: two ethnographic narratives. *South African Journal of Education* 28:91-101.

South African Department of Education. 1996. *The South African Schools Act 27 of 1996*. Pretoria:Department of Education.

South African Department of Education. 1997. *Outcomes-based education in South Africa*. Pretoria: Department of Education.

South African Department of Education 1999. *National policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institution*. Pretoria: Department of Education.

South African Department of Education 2000. *Education White Paper 6: Special needs education building an inclusive education and training system*. Pretoria: Department of Education.

South African Department of Education 2000a. *Norms and standards for teacher educators*. Pretoria: Government Gazette No 20844.

South African Department of Education. 2000b. *HIV/AIDS emergency: Guidelines for educators*. Pretoria: Department of Education.

South African Department of Education. 2001a. *Education in South Africa: Achievements since 1994*: Department of Education.

South African Department of Education 2002. *National curriculum statement*. Pretoria: Department of Education.

South African Department of Education 2003. *Teachers guide on the revised national curriculum statement*. Pretoria: Government Printers.

Spradley, J. 1980. *Participant observation*. Orlando: Holt, Rinehart and Winston.

Stryker, S & Burke, PJ. 2000. The past the present and the future of identity theory. *Social Psychology* 63: 284-297.

Stryker, S. 1968. Identity salience and role performance: The importance of symbolic interaction theory for family research. *Journal of Marriage and the Family* 30: 558-564.

Stryker, S & Serpe, S 1982. *Commitment, identity salience and role behaviour: theory and research example. Personality, roles and social behaviour*. New York: Springer-Verlag.

Stufflemean, DL. 2001. Evaluation model. *New Directions for Evaluation* 89: 7-98.

Taylor, M, Jinnabhai, C, Dladla, N A. Rangongo, M F & Connelly, C. 2000. HIV/AIDS health education for rural KwaZulu-Natal primary school children. *Southern African Journal of Epidemiology and Infection* 15 (4):100-107.

The World Bank. 2002. *Education and HIV/AIDS: A Window of Hope*. Washington DC: World Bank.

Tschannen-Moran, M & Woolfolk Hoy, A. 2007. The differential antecedents of self-efficacy beliefs of novice and experienced teachers. *Teaching and Teacher Education* 23: 944-956.

Turner, JC, Hogg, M A. Oakes, P J. Reicher, S D & Wetherell, M S. 1987. *Rediscovering the social group: A self- categorising theory*. New York: Basil Blackwell.

UNAIDS. 2002. *Report on the global HIV/AIDS epidemic*

UNAIDS. 2008. *Report on the global HIV/AIDS epidemic*. Geneva: UNAIDS.

UNESCO. 2000. World education forum. Dakar. Final report. Paris: UNESCO. Available at <http://www.unesco.org/education/efa/ed-for-all/framework.shtml> (Accessed on 28 December 2007).

UNICEF, UNAIDS & USAID. 2002. *Children on the brink 2002. A joint report on orphan estimates and program strategies*. New York: USA.

Walsh, CE. 1996. *Educational reform and social change: multicultural voices, struggles and visions*. New Jersey: Lawrence Erlbaum

Whiteside, A & Sunter, C. 2002. *AIDS-the challenge for South Africa*. Cape Town: Human and Rousseau.

Williams, R. 2002. What does AIDS teach us about education in Africa? Paper presented at the UKFIET Conference on International Education.

Worldreference.com 2005. Definition of perception. Available at <http://www.worldreference.com> (Accessed on 15 March 2008).

Woods, P. 1993. *Critical events in teaching and learning*. London: Falmer.

Wragg, E C. 1999. *An introduction to classroom observation*. London: Routledge

**APPENDIX A**  
**Research access letter**

2008/5/5

To Whom It May Concern:

**Letter of access for research**

This is to confirm that Mrs Amrita Parag (student number 04077008) is an enrolled MA student with the University of South Africa (UNISA). As part of the requirements for the Master's degree, she has to undertake research activities to complete a dissertation of limited scope. The aim of her study is to uncover educators' perceptions of the teaching of HIV/AIDS and of the role of schools as care-giving centres for orphans and vulnerable children affected by HIV and AIDS. In order to gather information, she needs the assistance of the principal and educators at school.

This letter requests that the Provincial Department of Education and the school principal allow Mrs Parag to collect data at her school in Newlands, Durban. Mrs Parag's research proposal is attached. Please note that she will not start the research until the Provincial Department of Education and the school principal have furnished her with a letter granting such access.

Yours sincerely

**Dr GE DU PLESSIS**  
**M & D Coordinator: Department of Sociology**  
**UNISA**  
**PO Box 392**  
**UNISA, 0003**  
**Tel 0124296507**  
**Cell 0824421528**  
**E-mail [dplesge@unisa.ac.za](mailto:dplesge@unisa.ac.za)**

## **APPENDIX B**

### **Informed consent letter**

Dear Educator/ Research Participant

I am a graduate student at the University of South Africa. As part of the requirements for my Master's Degree I have to complete a research dissertation. I wish to study educators' perceptions of the teaching of HIV/AIDS at school and of the role of schools as care-giving centres for orphans and vulnerable children affected by HIV and AIDS. As a participant, you would be involved in an interview.

You have been purposefully selected, due to your involvement in life skills education. You will not have to answer any question you do not wish to answer. Your interview will be conducted at (date, time & place)....., after I have received a copy of this signed consent letter from you. With your permission, I would like to audiotape this interview. Only I will have access to the tape recording which I will personally transcribe, removing any identifiers during transcription. The tape will then be erased.

Your identity will be kept confidential to the extent provided by law and your identity will not be revealed in the final manuscript. There are no anticipated risks, compensation or other direct benefits to you as a participant in this interview. You are free to withdraw your consent to participate and may discontinue your participation in the interview at any time without consequence.

If you have any questions about this research protocol, please contact me at 0822978244 or (031) 2624815.

Yours sincerely

---

**MRS. A. PARAG**

Please sign and return this copy of the letter to me. A second copy is provided for your records. By signing this letter, you give me permission to report your responses anonymously in the final manuscript to be submitted to my supervisors.

I have read the procedure described above for the proposed research study. I voluntarily agree to participate in the research and I have received a copy of this description.

---

Signature of participant

---

Date

Please mark the appropriate block with an "x". I would like to receive a summary copy of the final report submitted to for assessment.

YES	NO
-----	----

## APPENDIX C

### QUESTIONNAIRE

Please indicate with a cross that which is most applicable to you. Choose one response only

#### SECTION A: BIOGRAPHICAL DATA

**QUESTION 1:** Indicate which age group you fall into:

1. 20 to 30 years	
2. 31 to 40 years	
3. 41 to 50 years	
4. 51 to 60 years	
5. 61 and over	

**QUESTION 2:** Indicate your gender:

1. Male	
2. Female	

**QUESTION 3:** Choose race or ethnicity

1. African	
2. Indian	
3. Coloured	
4. White	

**QUESTION 4:** Indicate years of teaching experience:

1. 1 to 5 years	
2. 6 to 10 years	
3. 11 to 15 years	
4. 16 to 20 years	
5. 21 years or more	

#### SECTION B: TEACHING AND SUPPORT

**QUESTION 5:** Have you attended any workshops on HIV/AIDS?

1. Yes	
2. No	

**QUESTION 6:** Are you supported in your teaching of HIV/AIDS at your school?

1. Yes	
2. No	

**QUESTION 7:** Comment on the support that you receive for the teaching of HIV/AIDS education from different stakeholders. Please indicate in respect of each of the following.

	No Support	Little Support	Good Support	Excellent Support
1. Department of Education				
2. Senior Management				
3. Colleagues				
4. Parents of Learners				
5. NGOs				

**QUESTION 8:** Most of the material that is used in the teaching of HIV/AIDS education is:

	Very often	Sometimes	Seldom	Never
1. Obtained from the Department				
2. Collected from magazines and Newspapers				
3. Obtained from colleagues and friends.				
4. Designed by the teacher				
5. Photocopied from different workbooks.				

**QUESTION 9:** In your opinion learners learn about HIV/AIDS effectively from:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Parents				
2. Peers				
3. Teachers				
4. Television / Radio				
5. Newspapers/Magazines				
6. Guidance Counsellors				
7. School Nurses				

**QUESTION 10:** The resources that you use for the teaching of HIV/AIDS education are:

1. Not useful at all	
2. A little useful	
3. Useful	
4. Very useful	

**QUESTION 11:** Would you describe your own experience of teaching of HIV/AIDS education as:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Comfortable				
2. Uncomfortable				
3. Easy				
4. Difficult				
5. Embarrassing				

**QUESTION 12:** As an educator do you believe that it should be the responsibility of the school to:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Provide pastoral care to learners.				
2. Provide first aid to learners.				
3. Teach about HIV/AIDS				

**QUESTION 13:** Please answer in your own words. Should our schools be care-giving centres for orphans and vulnerable learners?

-----  
 -----  
 -----  
 -----  
 -----  
 -----

**SECTION C: CURRICULUM**

**QUESTION 14:** How would you describe the content of the HIV/AIDS curriculum that is provided by the Department?

1. Very appropriate	
2. Appropriate	
3. Fairly Appropriate	
4. Highly Appropriate	

5. Highly Inappropriate	
-------------------------	--

**QUESTION 15:** How effective is the OBE methodology in the teaching of HIV/AIDS education?

1. Effective	
2. Very Effective	
3. Ineffective	
4. Totally Ineffective	

**QUESTION 16:** HIV/AIDS education in secondary schools would be most suitably taught in:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Life Sciences				
2. Life Orientation				
3. Natural Science				
4. Guidance				

**SECTION D: LEARNERS**

**QUESTION 17:** In your opinion are learners in your school affected by HIV/AIDS by namely the:

	Strongly agree	Agree	Disagree	Strongly disagree
1. Death of Learners?				
2. Death of Parents?				
3. Poor Attendance?				
4. Lack of Food?				
5. Child headed households?				

**QUESTION 18:** Please answer in your own words. What would your reaction be if stakeholders change schools into care-giving centres for orphans and vulnerable learners? -----

-----

-----

-----

-----

-----

-----

**THANK YOU FOR YOUR TIME AND EFFORT\***

## **APPENDIX D**

### **FOCUS GROUP INTERVIEW SCHEDULE**

#### **Category A- Curriculum**

##### **QUESTION 1**

How do you feel about HIV/AIDS education being incorporated into the school curriculum?

##### **QUESTION 2**

What are your views of the HIV/AIDS curriculum that is taught in Secondary Schools?

##### **QUESTION 3**

What aspects of the HIV/AIDS curriculum do you find beneficial to learners?

##### **QUESTION 4**

“I wish to present to you a scenario and then hear your responses.”

Jane is a seasoned educator with 25 years of experience. She is finding it difficult to cope with the change in curriculum from the traditional method of teaching to the OBE method. This is further complicated since she is expected to teach HIV/AIDS education to learners who are old enough to be her children.

If you were Jane how would you teach HIV/AIDS to adolescence learners?

#### **CATEGORY B- TEACHING**

##### **QUESTION 5**

A recent article in the newspaper indicated that an educator had been charged and dismissed from the profession for sexually harassing learners at his school. If such a situation were to arise at your school, how would you deal with the issue?

##### **QUESTION 6**

“Let’s consider another scenario”

Bongiwe is a 14 year old learner who lives with an elderly aunt and uncle. Her uncle has AIDS. Bongiwe has been underachieving at school recently and you

have observed that she is always tired and sleepy in class. When questioned she admitted that her uncle has been sexually abusing her.  
How will you react if such a situation were to arise in your class?

**CATEGORY C- SUPPORT AND RESOURCES**

**QUESTION 7**

Describe the kind of support that you receive for the teaching of HIV/AIDS education at your school?

**QUESTION 8**

Len is a primary school Maths educator who has recently been redeployed to a secondary school where he was asked to teach Life Orientation and HIV/AIDS education. There are no resources available and he receives no support from parents and management.

What options are available to Len?

# APPENDIX E

## CLASSROOM OBSERVATION

### QUESTIONS THAT WILL GUIDE THE OBSERVATION PROCESS

1. What is the nature of the lecture? Is the lecture the mere conveying of factual information, or is it skills –based?
2. Who dominates the lecture? Is the lecture educator-centered, learner-centered or Educator and learner-centered.
3. What kind of learning environment is created? Is it caring, tense, quiet, disruptive, chaotic or relaxed? What kind of rapport exists between the learners and educator?
4. What attempts have been made to involve learners in the lecture? Are Learners encouraged asking questions? What kinds of questions do the Ask? How does the educators’ respond to these questions?
5. How do learners respond to questions posed by educators? What kind of Questions do educators ask? How are these questions phrased?
6. Is the lecture well structured? Does it progress logically and coherently? What evidence is there that learners follow the progression of the lecture?
7. What materials and resources are used in the lecture? Are these appropriate and relevant to the content of the lecture? How do learners respond to these materials?
8. Is there evidence of sensitivity towards gender, culture, religion and race? If so how do these manifest themselves?
9. What learning activities are used? Are they related and relevant to the area of study?
10. What evidence is there to show that the intended objectives of the lecture have been achieved?

**Other general observations will be noted to gain a holistic understanding of what transpires within the classroom during a particular observation session.**