

CHAPTER 4

DISCUSSION OF RESEARCH FINDINGS

4.1 INTRODUCTION

In the previous chapters, HIV/AIDS in South Africa and the government strategic plan for the pandemic was discussed (Chapter 1). In chapter two the impact of HIV/AIDS in education and how the principals, educators and learners manage HIV/AIDS awareness programmes in secondary schools in the North West Province, as well as the managerial role of the principal was explored. In Chapter 3 the research methodology, the rationale for the choice of a qualitative approach for this research and the research design used were described. This chapter presents the data generated during individual and focus group interviews with three principals and nine educators, three from each school as well as the essays written by grade ten learners of one school. Taking into consideration that English is the third language for both educators and learners, Setswana phrases were used and English translations were added in brackets.

4.2 THE CONTEXT OF THE SCHOOLS

All three schools used in this study are situated in the vicinity of the platinum mines in the area (cf 1.5). Schools A and B are situated in the villages with a chief and counsellors (cf 1.5). The villages are Bapong and Tornado. People live in both houses and shacks. There are two main roads bordering the two villages: the N4 and the old Pretoria road. Both roads lead to Sun City. Cars, taxis and buses generally use the old Pretoria road to avoid the toll gates. Taxis from both villages transport passengers to Rustenburg and Brits. Some taxis travel between the two villages. Inside the villages roads are in poor condition especially during the rainy season. Along the main road, there are hawkers selling food, fruit, sweets, chips and vegetables.

There is no electricity in the villages. The school is the only place with electricity which is supplied by the mines. During the past few months electricity poles have been erected but the electric wiring has not been done.

Both villages have water taps at the end of each street. People use plastic buckets to fetch water which they balance on their heads. Some use wheelbarrows to carry the barrels. A common sight in the villages is children, mostly boys pushing plastic barrels of water by hand or rolling them by foot on the ground. On the outskirts of the village Bapong lies a squatter camp called Majakaneng. The dwellings in this squatter camp are one-roomed shacks. It is not easy to find a particular home because the streets are not named and the homes have numerical numbers but there is no order to the numbering. At every corner there are hawkers selling sweets, tobacco, fruit and ice blocks. Children buy the latter in summer. There is no electricity. People use gas stoves and primus stoves to cook and candles to provide light in the evening. This is a dangerous situation as these stoves can explode and candles can fall over, causing a fire which may spread rapidly to other shacks. The school in the squatter camp is the only place which has electricity and it is supplied by the mines.

It is probable that the conditions under which learners from Schools A, B and C live are contributing factors to the spread of many contagious diseases, including the spread of HIV/AIDS. In this way poverty as a social factor exacerbates the spread of HIV/AIDS.

4.3 HIV/AIDS IN THE COMMUNITY

4.3.1 Community values and the spread of HIV/AIDS

Community values are instilled in children while they are still young. Parents guide their children to acquire values and impart values and religious beliefs according to which they wish their children to live. However, in single parent homes and child-headed families it is not easy for children to acquire positive values and practise them. There are many problems relating to community values. A principal from School A observed: *“The community values do not impact on the learners because bad values are upheld more than good values.”*

This is seen when learners hero-worship drug dealers, thieves and rapists because of the power they have in the community. Moreover, drug dealers exploit many children to sell drugs and they pay them. It is unlikely that learners will acquire good values from the communities when such people are their role models. An educator from School A adds: “*A community upholding bad values cause these to rub off on the children and they grow up with them.*” These negative values are enhanced by the television programmes where criminals escape and are able to outwit law-enforcement agencies for long periods.

Most working parents rely on the school to impart values to the learners as they spend little time with their children due to long working hours and travelling distances. Parents return home very late and therefore spend little time with children.

Adding to the problem, the community is made up of different ethnic groups who may differ in their child rearing practises.

A learner expresses her views: “*... in such a community, it is not easy to have good values, because they are regarded as weakness.*” A learner who is trying to practise good values is often despised by other learners and regarded as being a weakling. Another learner adds: “*It is no use looking up to adults for good values because most of them do not practise them.*”

The principals in the three schools are concerned about the values held by the community. Moreover, children growing up in such a situation, bring these negative values to school and intimidate learners who want to live according to positive rules and values. The principal from School B explained: “*It is sad to see children growing up in such a community where negative values are valued more than positive values.*” The learners added in their essays that they seemed to be living in a community where adults and children seem to be equal. Both adults and learners abuse alcohol with nobody to advise the learners of the dangers associated with this. The principal in School C adds: “*One wonders what the children will grow up to be and in which society are they going to fit.*”

It is obvious that the lack of positive values and role-models exacerbate the spread of HIV/AIDS among young people. One educator added that values shape learners and help them to become responsible citizens who will take their place in a global society. So it is the duty of the educators, parents and community to see to it that children grow up with ubuntu (humanity) values, such as respect, love, caring and belonging especially in a society affected by HIV/AIDS.

In a community with negative values it is difficult to discuss HIV/AIDS with learners. The community understands the facts about HIV/AIDS and the consequences, but their knowledge does not tally with their actions. This is evidenced in the number of families who have lost a member due to HIV/AIDS related disease and by the members of the families who are infected by HIV/AIDS. An educator explains: *“Before the outbreak of HIV/AIDS there were few funerals in the community but now there is a funeral for four to five people each week.”*

It is sad to think that most of the people who die are the parents of learners. A learner in School A who is 13 years old, already knows that each new day will bring only more misery: *“I have watched everyone of my family die, first my father last year, then my mother this year and just this two months both my sisters.”*

As a result, teenagers have to head families with very little outside help. Even though there are home-based careworkers, the number of infected people is increasing so rapidly that the home-based careworkers cannot cope. Learners are growing up in an HIV/AIDS world in which the disease which is spreading rapidly and it is not easy for them to protect themselves from the disease.

DISCUSSION

The community values determine both the spread of HIV/AIDS and the attitude of the community towards those suffering from HIV/AIDS. In a community where negative values are upheld, it is not easy to discuss HIV/AIDS. People understand what HIV/AIDS is but their actions are contrary to their knowledge. Children need a community where positive values are practised, such as love, respect, openness and tolerance so that they can avoid behaviour that will lead them to acquire HIV/AIDS (Conference on HIV/AIDS 2002:52). However, for the children growing up in a community where drug dealers are afforded respect and child abuse is common, it is not so easy to discuss HIV/AIDS with learners. What they learn and what they see differs and this serves to confuse them.

4.3.2 Learners not living with their parents

Many learners do not live with their parents because their parents are working in the cities. Recently more and more learners are living with relatives because their parents have died of HIV/AIDS related illness. However, relatives cannot afford to look after these children. In some communities, foster care is practised where the non-relative family receives a small foster grant from the government to help them with some of the costs involved in caring for another child. However, adoption and foster care must also be seen in the context of the community. In Africa ancestors are very important. Thus adoption of a boy into a new family is a problem, because he is of different ancestors. Foster care is much easier. For girls it is less problematic because in marriage a girl adopts the ancestors of the new family (Van Dyk 2003:336). However, whether an orphan is adopted or in foster care is often not the issue. What is important is whether the child will be properly cared for physically and emotionally. If not, the child runs the risk of also becoming HIV positive.

4.4 HIV/AIDS IN THE SCHOOL

4.4.1 Learners and educators' knowledge of HIV/AIDS

All nine educators interviewed seem to have considerable knowledge about HIV/AIDS. The same applies to the learners. They know:

- What HIV/AIDS stand for.
- How it is transmitted.
- The effect of HIV/AIDS on the immune system.
- The symptoms and disease related to HIV/AIDS as well as the precautions people should take to prevent becoming infected.

This knowledge is provided by the media, books and magazines. Newspapers such as the *Sowetan* and *Sunday Times* carry a regular column on HIV/AIDS. In addition, the radio and television often have discussions on HIV/AIDS and the topic gets extensive coverage on television. These concerted efforts to inform the public seem to be succeeding. As one learner wrote: *"We know enough about HIV/AIDS. Everywhere we go there is a reminder of the disease. People wear the red ribbon and most of the posters are about HIV/AIDS."*

The message is strengthened when learners and educators travel to school by taxis where people often talk about the disease and its effects. Taxis sometimes have stickers about HIV/AIDS. Another learner adds: *"AIDS is the topic of the day as if there are no other diseases in the world."*

Furthermore, people are beginning to talk more freely about the disease. On January 6 2005 Nelson Mandela announced to the world that his son, Makgatho died of AIDS. Mangosuthu Gatsha Buthelezi, the leader of the Inkatha Freedom Party, publicly announced the death of family members as a result of HIV/AIDS. Moreover, in 1997, Dr Olikoye Ransome-Kuki, announced that his younger brother, the famous Afro-beat musician, had died of HIV/AIDS.

In schools the learners are exposed to HIV/AIDS information. One educator felt that the learners are over exposed to HIV/AIDS information. This is having a negative effect and was

no longer touching their lives. The educator explained: *“This issue makes children bored and they dislike any topic about HIV/AIDS.”*

HIV/AIDS in the classroom is becoming more of a burden to the educators. The learners attitude remains the same. One learner explained that in spite of all the information the attitude of the youth is still: *“It will not happen to me”* and *“AIDS is a punishment from God.”*

In addition, some believe that the people with HIV/AIDS *ba loilwe* (are bewitched). This is in accordance with the views shared by many in Africa which is that if a phenomenon cannot be explained, it is attributed to witchcraft. The principal in School A confirms this:

Learners absent themselves from school. When asked the reason, they say they took their mothers to the traditional healer because She is always sick and does not get better because she is bewitched.

Most learners know vaguely that HIV/AIDS cannot be cured. Educators find it very difficult to convince learners that the disease cannot be cured and that taking their parents to the traditional healers is a waste of money.

In spite of both learners and educators saying that they have a lot of knowledge of HIV/AIDS and hear about it regularly, there is still a grave stigma attached to the disease. The educators in School C fear that most learners loose their parents or the infected learners die of related HIV/AIDS disease and the family does not discuss the cause of death due to fear of being stigmatised as a family. An educator in School C shares his views: *Learners in our school die because they are HIV positive. The family never give the reason of death, but the symptoms tell the story.* These learners are continually ill in school. They are often absent from school for a long time. Yet they keep going if they are not sick until they are no longer able to attend school.

People are confused because the opportunistic diseases have the same symptoms whether the person is HIV positive or not. A learner explains the confusion: *“People with TB die if they are not treated. People who are HIV positive and have TB as well eventually die. So it becomes difficult to distinguish between the two, if one does not disclose her/his status. The symptoms are the same.”*

In spite of the knowledge gained from school, additional information is needed to inform learners of the seriousness of the disease. Learners need to understand how the presence of other diseases such as TB can mask the fact that the person is also HIV positive.

However, judging by the increase in HIV/AIDS in South Africa and the fact that many learners have not changed their lifestyle, it does not seem as if many young people are acting on the theoretical knowledge they have. One principal remarked: *“With the rate of pregnancy in our school, one wonders what is happening to the knowledge the learners gain at school.”*

DISCUSSION

Education is at present the principal means to protect the learners against the epidemic. Through the knowledge gained, learners will learn skills and acquire ways of dealing with HIV/AIDS. However, this study suggests that learners have received a lot of information but their lifestyle remains still the same. Education should assist learners to change their lifestyle and address the stigma attached to HIV/AIDS. Alcano (2003:145) asserts that HIV/AIDS education must overcome ignorance and attitudes which are the two obstacles for youth when it comes to disease. Alcano (2003:178-179) further explains that HIV/AIDS awareness programmes must be carefully designed so that the terminology used will be understood by the learners and is in accordance with their everyday language.

4.4.2 Learners affected by HIV/AIDS

HIV/AIDS touches the lives of all people in all spheres of life. Therefore, the school is not exempted. Yearly learners become sick or die of AIDS. Moreover, learners often care for sick

parents. They are affected by the fact that they have to assume responsibility before they are ready to do so. Some leave the school earlier or enter the labour force. Educators are faced with the situation daily.

Educators witness learners arriving at the school in a state of trauma because their parents or a member of the family has been buried during the weekend due to HIV/AIDS. Educators try to deal with such learners but it is impossible to cope, because of the numbers involved. Moreover, most educators have not been trained to counsel. Educators in School A remarked that they are concerned about these traumatised learners. They cannot educate them without first dealing with their trauma.

A learner whose parents had died recently reported to an educator in School A that *“she cannot go to school hungry, nor let her younger brothers and sisters starve to death. The best thing is to look for a job and support the family.”* Situations like this take place regularly. Learners drop out of school because their parents have died and there is nobody to look after them. Another learner said: *“Since my mother died last year, life in the school have changed. I have no money to pay school fees. I have no decent uniform and I feel ashamed of going to school like this, because other children will laugh at me.”*

The principal and educators in the three schools are struggling to cope with such situations. This is particularly the case during life skill classes. An educator in School B shared this experience during an interview. He said it was during a life skill class when a learner became very emotional. The educator stopped the lesson to attend to the learner. The whole class was disturbed and shocked. The learner was taken out of the classroom to the library because there is no sickroom. He stayed with the learner until he became calm, then the learner was taken home. The following day the educator spoke to the learner and found out what had caused the outburst. Both parents died of HIV/AIDS related disease within a month of each other. The learner’s two-year old twin brothers are HIV positive and are seriously sick at home. The learner looks after them and has no money to take them to hospital. There are another two girls aged four and eight in the family. The learners have to look after them as well because he is the oldest in the family.

Such stories are not exceptional and generally come to the fore when HIV/AIDS is discussed in life skills programmes. Educators have to try and teach the learners, in the meantime caring for the traumatised learners. Many educators are not trained to cope with such a situation and require assistance.

DISCUSSION

Educators should remember that a learner affected by HIV/AIDS has more problems and greater stress than other learners. He/she has financial strain, fear and anxiety of heading a family and caring for infected parents or brothers and sisters while being responsible for those who are well (Louw et al 2001:17). Educators are under pressure trying to cope with the affected learners. This changes their role from educators to social workers, counsellors and care givers (Louw et al 2001:5).

Affected learners place an additional burden on the family, school and community. They need to be cared for. This is not easy because money is needed to take them for counselling. Social workers are trying their best to alleviate the situation but the situation is becoming worse with the death of many parents.

4.4.3 Learners infected by HIV/AIDS

In the three schools under study HIV/AIDS the HIV status of most learners is not known. The learners are taught about pre-counselling before testing, where to test and post-counselling. Some learners are continually sick and the educators send them to the clinic. As the symptoms suggest possible HIV/AIDS related illnesses, the learner's parents are asked to come to the school to talk about the condition of their child. The parents never come because they are working in Pretoria and Johannesburg. Sometimes the grandmother comes, but as one just kept saying ... *"I will tell her mother"* and the educator never hears of them again. The learner's conditions generally deteriorate and he or she stops coming to school.

A principal in School A said that it is very difficult to work in the situation. You see a learner's health deteriorating and all the educator can do is to send her to the clinic. In School C the principal mentioned five learners who had disclosed their status to the school counsellor. All the educators know this and treat the learners impartially. In School A, the principal shared that one of their learners had died of HIV/AIDS. The information was given by the aunt during the memorial service in school. The aunt advised the other learners not to follow in her niece's footsteps. An educator in School A adds: *"We had about two funerals each year. A learner disappears and the next thing she has died and learners have to attend the funeral."*

All the principals and educators interviewed are worried about the situation and concerned that they are not doing enough for the learners. But the difficulty is ... *"we do not know what to do"*, remarked an educator. *"We cannot encourage learners to disclose their status for fear that we are probing in their private lives and it is against the HIV/AIDS National Policy."* In School C educators mention that they often attend funerals of learners but the cause of death is never mentioned by the parents.

DISCUSSION

Stigmatisation and fear still dominates the three villages where the schools under study are situated. It is not easy for learners to disclose their status. Learners with HIV/AIDS infection have the right to privacy about their health and status. Therefore, educators respect this. Educators may under no circumstances force a child to disclose his/her HIV/AIDS status (Van Dyk 2003:195). The educator may suspect the learner's situation but has no power to do anything. Disclosure is a personal and individual decision. Testing of one's HIV/AIDS status is voluntary (Van Dyk 2003:195). When a learner discloses his/her status, it means changing one's lifestyle for life.

Sometimes a learner is afraid that after the disclosure he/she will be rejected by other learners, educators, friends and family. He/she feels that he/she is a disgrace and has brought shame to the family. Due to him/her, the family will be discriminated against and stigmatised.

Disclosure is a process about which a learner has to think and reflect for some time, before taking the decision to disclose his/her status.

4.4.4 The need for school counsellors

Every school should have a school counsellor. In this study only two schools have a counsellor. The main duty of the school counsellor is to listen to the affected learner's problem, deal with traumatised learners, support and help them to look after their infected members of the family.

The necessity of having a school counsellor is urged by the principal of School B who said: *“Educators are under pressure to educate learners, prepare lessons, mark their books, test and examinations, be involved in school committees and take part in extramural activities.”*

An educator agreed, pointing out that teaching learners should be the main priority of an educator, although all are committed to helping learners. He/she explained: *“Educators can play their part by listening to the learners problem, care and support them, as long as it does not take the teaching time.”*

Learners also remarked on the need to have a counsellor available to assist learners. He said: *“I feel good because the school counsellor have time to listen to me without rushing to class.”*

Educators are too busy with their school work and it leaves little time to be truly involved with the learners who are traumatised. Another learner in the same school wrote in her essay that school counsellors are necessary because if learners do not feel like talking to their educators, they have the choice to go to the school counsellors.

The principal of School C shared his experience when five infected learners disclosed their HIV status to the school counsellor. The school counsellor saw the need for the principal to know about the learners' status. It took a long time for the learners to agree because they

were afraid of the consequences. However, when they agreed to do so on the advice of the counsellor, the results were positive:

- The school counsellor ensured that the learners were provided with anti-retroviral drugs. During school hours.
- Learners were given permission to lie down during the day if they felt unwell.
- The five learners were excused from participating in stressful activities during extra-mural time.
- The learners were allowed to leave the class to take their medication at set times. When the learners are too ill to come to school, academic work was made available for them at home. The principal helped the learners to link with the support group in the community.

Most learners are afraid to disclose their HIV status. This takes courage and learners are and generally only able to do so once they have been counselled.

DISCUSSION

In the light of the above, the importance of a school counsellor is apparent. The school counsellor links with the educators so that effective teaching and learning can take place. By listening to the learners' problems and finding ways of solving them, the learners are able to better their lives (Van Dyk 2003:261).

Many affected learners experience depression, low self-esteem and behaviour problems (Sowetan 2003:22). The school counsellor can play a vital role in helping the learner to function better and have a healthier and happier life. When the educators know their learners' status, it is easier to understand them and to support them when they are ill.

4.4.5 Preventing and treating HIV/AIDS in school

The government is providing free condoms to the citizens of South Africa. Likewise, anti-retrovirals should be distributed at schools so that learners living with HIV/AIDS can take them at set times. This will encourage learners to disclose their status and will encourage those who are sexually active to go for a test. Learners who are looking after their infected parents can collect anti-retrovirals at school. and ensure relatives take the medication at set times.

A learner challenged the Department of Education to provide anti-retrovirals to the infected learners at school. At present, learners waste time going to queue at the hospital for the whole day for anti-retrovirals. Another learner adds: *“It is the Department of Education’s duty to see to it that infected learners stay longer in school, become educated, get better jobs and serve the community by contributing to its economy for at least ten years before they are terminally ill.”*

An educator in School C sees distribution of anti-retrovirals in schools as very important for the following reasons:

- Rape victims can be provided with anti-retroviral drugs.
- Affected learners who have no money to go to the hospital can get anti-retroviral drugs at hand.
- Learners can collect anti-retroviral drugs for their sick parents at home.

The principals in the three schools agree the distribution of anti-retrovirals at school will prolong the life expectancy of infected learners. Likewise, educators can see to it that the medication is taken at set times as prescribed. This will lead to a more effective regime.

In addition, educators and the principals in all the schools suggest that the Department of Health should extend their feeding scheme to secondary schools. The reasons are:

- Infected learners will be ensured of a balance diet.
- Learners will be able to concentrate on their school work.

- Learners will not need to do casual work to earn money to buy food.
- Learners will keep healthy.

DISCUSSION

the research suggests that it is necessary for health authorities to provide secondary schools with anti-retroviral drugs. Educators, learners and the whole community will benefit. The ultimate purpose of anti-retroviral drugs is to reduce the HIV viral load as much as possible. The infected learners will improve their immune system and the onset of AIDS will be delayed (Van Dyk 2003:67).

The Department of Health and the Department of Education must work in partnership to respond to the challenges posed by HIV/AIDS in schools. It can be clearly seen that without this effort, the Department of Education cannot succeed. It is only when the Department of Health provides the Department of Education with anti-retroviral drugs that HIV/AIDS can be curtailed in schools.

4.5 THE HIV/AIDS AWARENESS PROGRAMMES IN SCHOOLS

4.5.1 Training of educators to teach HIV/AIDS programmes

All life orientation educators should be trained to teach HIV/AIDS awareness programmes in their schools. Training forms part of the ongoing development of educators. As noted in table 3.4-3.6, the majority of life orientation educators fall within the age group 29 to 49. These educators did not receive any training at college and university to teach life orientation because the subject did not form part of the curriculum at that time.

The Department of Education has provided in-service training for the educators. In collaboration with the Department of Education, NGOs and universities such as the University of Johannesburg, the Technical University of Tshwane have organised workshops to provide educators with skills to teach life orientation. An educator in School A said: *“I was chosen to go to the workshop on life orientation. There we dealt with HIV/AIDS in general. This did not provide me with the necessary skills to handle the HIV/AIDS awareness programmes in my class.”*

Most educators complain that they are not adequately trained to deal with HIV/AIDS awareness programmes. They are struggling to make HIV/AIDS awareness programmes meaningful and relate to the real life situation experienced by learners. An educator in School B shared his feelings in this regard: *“I hate going to class to teach HIV/AIDS awareness programmes because I feel I am not well equipped like in the other subjects I teach to deal with this HIV/AIDS awareness programmes.”*

Most educators interviewed agree that they do not feel confident because of a lack of training and insufficient materials. An educator put it like this: *“I have to read a lot of newspapers, listen to the radio to supplement the HIV/AIDS awareness programme.”*

Learners ask questions and expect the educator to provide answers because HIV/AIDS awareness programmes touch their core being. It is not enough to make learners aware of HIV/AIDS. They are living in an ‘HIV/AIDS world’ and they find answers to this problem. In the community in which the learners live, what has been taught to the learners contradicts how people live.

Learners mentioned the following:

- People continually dying of HIV/AIDS and weekly funerals.
- Older men (sugar daddies), who will care for you in exchange for sex.
- Sex before marriage.
- Rape of young children even babies.

- Single mothers.
- Children of the same family with different biological fathers.
- Change of partners.
- Divorce.
- The death of their parents because of HIV/AIDS.

A learner wrote: *“I am afraid that I will be a victim of HIV/AIDS. Educators teach me to abstain, I tried but with a stepfather who threatens me every day, how can I abstain?”* Many learners experience similar situations. Moreover, young men insist on having sex with girls regardless of age or stance on the matter.

An educator in School C explains: *“Life orientation and HIV/AIDS awareness programmes is not easy to evaluate. A learner can know all the facts about the programmes but the lifestyle will be different.”*

It can be asked if the HIV/AIDS awareness programmes help the learners or if the HIV/AIDS awareness programmes are lacking. An educator in School B attended a workshop organised by Lonmin Mines and shared his experience during an interview: *“We were made aware of the effect of HIV/AIDS in the area. We were given material that challenged us as well.”*

Educators need to be empowered to deal with HIV/AIDS awareness programmes. It is the duty of the principal to provide in-service training for the educators. Most felt that such workshops should provide them with skills to handle emotional and traumatised learners and efficient ways of presenting the HIV/AIDS awareness programmes to learners in their schools. An educator in School C remarked: *“Constant workshop will provide us with the skills needed to teach HIV/AIDS awareness programmes.”* Educators require skills to deal with learners’ beliefs and misconceptions about HIV/AIDS. Otherwise HIV/AIDS programmes will not succeed. Educators feel hopeless when it comes to the learners’ beliefs, which are rooted in them and their communities. One educator in School B said: *“Adding African belief, for example of the personal cause of an illness may be witchcraft but the fact should be stressed that the immediate cause is a ‘germ’ which is sexually transmitted.”*

Educators stressed that the following could be included in the HIV/AIDS awareness programmes, concerning African beliefs: the use of condoms; the practice of polygamy and the importance of children. When issues like this are dealt with in a responsible and informative manner, a better understanding of HIV/AIDS will emerge.

DISCUSSION

Training educators to teach life skills and HIV/AIDS awareness programmes will help educators to be efficient in their job. African beliefs which form the core of the learners' lives should be incorporated into the HIV/AIDS awareness programmes. Louw et al (2001:31) speculate that educators will then understand learners better and be able to deal with their pain. In addition, it is suggested that educators should deal with indigenous beliefs to make HIV/AIDS awareness programmes a success (Van Dyk 2003:111).

4.5.2 Experiences and perceptions of educators of the programmes

Educators feel that insufficient has been done to make HIV/AIDS awareness programmes a success. Firstly, there is not enough material on HIV/AIDS provided especially in the Further Education and Training (FET) phase where it is mostly needed. Educators have to supplement the material with newspaper reports, listening to the radio and television and reading about the development of HIV/AIDS especially in South Africa.

Lack of sufficient material causes educators to use the primary phase material which is a repetition to the learners. One educator elaborated: *"We repeat what learners already know. This makes our work difficult because learners become bored and start to be naughty. We end up disciplining learners the whole period through."* The upgrading of the material will bring new insight to the learners. Real life situations relevant to the learners should be integrated into the programme. This is important because HIV/AIDS awareness programmes

deal with what learners experience in their communities. An educator felt that this was not currently the case and added: *“HIV/AIDS awareness programmes does not deal very well with what the learners are experiencing in reality.”* Moreover, HIV/AIDS awareness programmes do not cater for traumatised learners. Educators struggle to cope with these learners as one educator from School A remarked: *“I wish HIV/AIDS will give me skills to handle traumatised learners because I cannot cope with them.”* One of the educators in School B agreed adding that it was very important to her to know what to do when situations like this appear. She added: *“Otherwise I am lost.”* Another educator of the same School B agreed: *“The material provided by the Department of Education is not enough. I struggle to get more information to deal with my learners.”* Most educators have taught the programme for several years but it does not seem to be effective. One educator said: *“I feel a gap between the HIV/AIDS awareness programmes and my learners.”* One educator in School C who has tried to address this commented: *“I have tried to look at what is happening in the communities and the learners homes to see if I could link the HIV/AIDS awareness material and their world view.”*

More and more educators are abandoning the HIV/AIDS awareness programmes or add other material to make it a success. Learners are asked to contribute to the HIV/AIDS awareness programmes and the process still continues.

Unfortunately, educators find it unsatisfactory to go to class to repeat the same material. Some go there just to be with the learners, others simply do not attend their classes, as reported by the principal in School A.

DISCUSSION

HIV/AIDS awareness programmes are perceived by educators as inadequate. Addition to the material is urgently needed. Learners do not benefit from it and educators are upset because they cannot reach the learners. A clearer link to the learners’ real life situation and beliefs is needed urgently. Van Dyk (2003:195) stipulates that learners should be empowered by educators through HIV/AIDS awareness programmes. This is still a problem. A way should

be sought to link many HIV/AIDS awareness programmes with the real life situation of the learners. Dawson and Norton (2000:99) say dealing with HIV/AIDS is frightening and difficult. Educators should be able to adapt what they have been taught and learn to be sensitive to the beliefs of the community if HIV/AIDS awareness programmes are to be successful.

4.5.3 Experiences and perceptions of learners of the programmes

The learners participating in the research recognised the importance of the programmes. They realised that all the sectors in our country are trying their best to educate and make people aware of the seriousness of the HIV/AIDS pandemic. The Department of Health, the mines, business people and churches all play a part in informing people.

In schools HIV/AIDS awareness programmes have been instituted to educate learners and help them to choose ways in which they can protect themselves from contracting HIV.

One of the learners wrote: *“I am happy that we have HIV/AIDS awareness programmes in our school. It shows that the Department of Education, principals and educators take our lives seriously.”*

The school is the best place to deal with HIV/AIDS awareness programmes. There are many myths about the disease so *“the educators give us correct information about the disease.”*

A learner who initially did not feel the programmes are applicable to him/her wrote: *“HIV/AIDS does not affect me. I have no family members who are HIV positive, my friends do not have AIDS. But my educator stressed that we are all affected and infected until we test. So HIV/AIDS became a reality because I might be walking with HIV/AIDS.”*

HIV/AIDS awareness programmes are important in the secondary schools. Adolescents often experiment with sex, so the information they receive will help them make better choices in life. Most learners consider HIV/AIDS important in their lives. They have obtained more

knowledge on how to handle people who are HIV positive, where to obtain drugs and where to get help when needed. A learner who felt positive about the programme had been gang raped and was able to get help as a result of the information she got from her educator through the programme.

Another learner said the programme is needed but mentioned negative aspects as well: *“On the whole, we gain a lot but the repetition sometimes is too much. We need something new.”* These sentiments were supported by other learners, although some complained that all their questions were not answered by the educators who present these classes. A few added that the HIV/AIDS awareness programmes do not reflect their life situations.

One learner explained that apart from the information, educators must see to it that the toilets are clean and the school surroundings are kept clean so that learners do not get sick due to contact with unhygienic surroundings. A learner explained: *“Our toilets are always dirty. Educators seem to be blind of this. The surroundings are full of papers, at least they can tell us to pick them up. This will show that they care for us.”*

Some felt that educators should do more than just offer awareness programmes. They mention that learners who are affected by HIV/AIDS often come to school hungry and *“Educators ignore them”*. Learners felt that educators should *“try to find out and help them.”*

Learners also felt that their situation of poverty is also not considered by educators. A learner complained: *“Educators tell us that we must eat well but we have nothing at home. It is the duty of the educators to inform the Department of Education about us.”*

On the other hand, there are learners who feel that educators are well-informed and do try to help. One of the learners explains her situation: *“I have to take my mother to the hospital every month. Sometimes I do not have money to go there. I explained this to my educator who referred me to the social worker.”* This is appreciated, although some do feel that educators

should sometimes visit the most affected learners' homes to see their condition, in order to help them.

However, on the whole, many learners feel that the educators do little for them apart from giving them information. They would like to see educators being involved more in their lives to make HIV/AIDS awareness programmes a success.

A learner explains: *"I became a prostitute to feed my young brothers and sister. I like school so I cannot leave to get a job. The only way to get enough money is to sell my body."* One learner said that educators know about such learners but that nothing is done. She adds: *"I am not sure if they are afraid to ask her or not."*

DISCUSSION

Learners gain considerably by attending HIV/AIDS awareness programmes. Even though most questions are not fully answered, they are helpful to the learners. Dawson and Norton (2000:iv) agree that some topics like HIV/AIDS are very sensitive to deal with and educators cannot cope with them all.

However, some learners are dissatisfied with the HIV/AIDS awareness programmes. They feel that educators are not helping learners as should be done. Sometimes educators turn a blind eye. Most learners feel that educators have the power to help them help their HIV positive parents but do not do so. Learners need educators to link them to the social workers so that they can get help from the government.

4.5.4 Managing the programmes

The three principals interviewed are trying their best to train their educators who are responsible for HIV/AIDS programmes. Workshops are organised for them in school and at the mines. Most educators have attended in-service training more than once. The problem is that there is no follow-up: educators who went for training come back, give a report in the form of a summary to the staff and the rest they do in their classrooms.

HIV/AIDS is not easy to teach because it affects the lives of the learners and their families so there is seldom an evaluation of the programme. In addition, it needs to deal with sensitive topics. However, the way in which these programmes are evaluated leaves much to be desired.

One of the educators engaged in the HIV/AIDS awareness programmes explained: *“Our principals want to see written work. As long as the learners write something in their book and they are evaluated that is all he needs.”* An educator in School C added: *“We have an HOD in the life orientation department. She just collects books from the learners to see if they have written something. If there is work, she is satisfied.”* Another problem is that educators who teach HIV/AIDS seldom come together. They share information on a one-to-one basis in an informal way.

If one accepts that prevention of infection is the best way of combatting HIV/AIDS a way must be found in all schools to make HIV/AIDS awareness programmes a success. In spite of this, one of the educators in School C said: *“We have no HIV/AIDS awareness programmes in our school. We rely on material received from workshops.”* It is difficult for educators to compile material from workshops in order to teach learners.

Another problem is that the Department of Educator offers only one workshop on HIV/AIDS per year. Educators feel that it is not enough. They battle all year round to find more material to teach learners. One educator in School B said: *“I have experienced a shortage in HIV/AIDS awareness programmes. The material I got is what I manage to accumulate. The principal does not evaluate, never mind a follow-up in HIV/AIDS awareness programmes.”*

DISCUSSION

Some learners see the importance of HIV/AIDS awareness programmes in their school. The programme is instituted to educate learners and help them protect themselves from contracting HIV/AIDS. The knowledge gained is helping them in their every day lives. They learn how to handle people who are HIV positive, where to obtain anti-retroviral drugs and where to get help if the need arise.

Other learners view the HIV/AIDS awareness programme negatively. In order to make the programme a success the cleanliness of the school must be taken into consideration. Educators should be aware of the present life situation of the learners and try to help them, even refer them to the social workers.

The Department of Education should ensure a continuous training of educators and provide them with materials. The principals also must provide material for the educators and enough in-service training.

4.6 SCHOOL POLICY ON HIV/AIDS

Every school in the North West Province should have an HIV/AIDS policy to guide learners, educators, principals and parents, concerning the epidemic in the school. It is the duty of the school governing body to see to it that the HIV/AIDS policy is formulated. The principal as well as educators and learners should study and know the contents of the HIV/AIDS policy in order to put it into practice.

According to the principal in School A, the HIV/AIDS policy should be part of the school's documents and should be revised regularly. Nevertheless, in his school they do not have an HIV/AIDS policy. The principal sees the need and is under pressure to develop one because the Department of Education demands it, but he keeps on postponing it.

In School B the principal acknowledged that they have a HIV/AIDS policy and said that he initiated its formulation by a committee of three educators and one member of the governing body. But the document is in the school files and has been there since they formulated it and has not been looked at.

School B has two first aid kits which were provided by the Department of Education. These are only used when they have sports trips. Educators and learners are not trained to use the kits. The principal in School B commented: *“The school has two first aid kits but during an emergency, nobody remembers to use them.”* The only important policy implemented in the school is not to touch blood. A learner said that in a secondary school learners seldom get injured, therefore, the first aid kit is not often used.

The principal in School C said that the school has an HIV/AIDS policy. The opinion of the educators was sought before the team was chosen to formulate the HIV/AIDS policy. Ideas were shared at the end of which the school policy on HIV/AIDS was formulated.

The HIV/AIDS school policy is explained to the parents during parents meetings. Learners discuss the HIV/AIDS policy during life orientation class. This is appreciated by learners. One said that educators take pains to explain the HIV/AIDS school policy to them which makes them ... *“feel part of the school.”* An educator in School A added: *“It is our duty to explain the content of HIV/AIDS policy to the learners so that they can understand it.”*

DISCUSSION

The importance of a school to have an HIV/AIDS policy cannot be ignored. The principal should ensure that the HIV/AIDS policy reflects the needs, ethos and values of the school (Louw et al 2001:11). A policy is a guideline for the principal, educators, learners and parents, even if the incidence of HIV/AIDS in a school is relatively low (Alcano 2003:144). However, a policy should be communicated to all concerned and reviewed regularly.

4.7 PARTNERSHIPS WITH PARENTS AND THE COMMUNITY

4.7.1 Partnership with parents

Parents play a very important role regarding HIV/AIDS awareness programmes in schools. It is their duty to find out what the educators teach their children. In all the three schools under study, parents are involved through the school governing body and parent meetings. Parent meetings take place twice a year. In these meetings the issue of HIV/AIDS is discussed. Doctors and nurses are invited as guest speakers to share information about the disease.

An educator in School B acknowledged: *“Parents’ involvement in fighting the spread of HIV/AIDS in school is vital. The school needs them to help them to educate their children at home.”* The school and parents must share the responsibility of educating the learners. This helps the learners to get the correct information and ensures that the values parents teach at home are continued in the school. Another educator in School C confirmed the importance of parents, saying, *“Without the parents, the battle against HIV/AIDS will be partly achieved in school - learners will be informed about HIV/AIDS only in school.”* The principal and educators in the three schools agree that parents’ involvement in HIV/AIDS awareness programmes should be encouraged. Parents are seen as primary educators and schools need to build on what is taught at home. However, in the three schools, most parents are illiterate so the school must try to give them appropriate information so that they, in turn, can educate their children. This will be of great help to the community because the more people are educated about HIV/AIDS, the better. One learner said: *“I always listen to my mother when it comes to HIV/AIDS because there are many stories about the disease, at the end one is confused.”*

Moreover, many teenagers come to their parents when they are confused about the disease. It is the duty of the parents to give them correct information. A learner acknowledges this, saying: *“It is better to get information about HIV/AIDS from parents and educators. Peer groups are sometimes lost.”* Parents should be concerned that their children are given correct information on sex and HIV/AIDS in secondary schools. The knowledge gained can also help illiterate parents and grandparents. However, in most cases parents are reluctant to talk about

sex and therefore HIV/AIDS. In such cases, the school can fulfil the role of the parents by educating the learners. A learner acknowledged: *“My parents never talk to me about HIV/AIDS. Even if I ask questions, I am told that the topic is for adults.”* Another problem is that parents regard their children as too young to talk to them about sex and HIV/AIDS. One learner explained: *“My parents say I am too young for sex talks and HIV/AIDS. I should wait till I am married.”*

Often this attitude arises from parents’ concern for their children. They want to protect them from being sexually active at an early stage or being sexually abused which will lead them to contract HIV/AIDS. Often they argue that talking about sex will encourage children to experiment with sex. An educator in School A gave an example of this attitude explaining that she had given homework to her class concerning how HIV/AIDS is transmitted. The following day a learner came to class in tears, because her mother had punished her for meddling with adult issues, when the learner asked for help. An educator in School B shared her experience of a mother who came to school to accuse the life orientation educator of encouraging her child to be sexually active when the learner told her what they learned that day in school.

In 2.5.4 it was stated that parents need to understand HIV/AIDS to help the school educate the learners. By working close together, the parents and educators can make the HIV/AIDS awareness programmes a success. Unfortunately, none of the schools have a policy of involving parents. The governing body and parent meetings are used to involve the parents in the schools.

Information about HIV/AIDS helps learners to protect themselves against the disease.

In School A there is no policy to involve parents in HIV/AIDS awareness programmes. They only have the governing body policy as stated in 7.1. Another occasion where parents are involved is through parent meetings. It is during this time that parents are informed about what their children learn in school. School B parents see from their childrens’ reports what they are taught in school. School B has no parent involvement policy. During discussions

with the parents, the school does not inform them about what they teach their children. Parents only see from the children's report that they are engaged in life orientation. Most parents in School B are not educated and they do not ask what their children are taught. School C too has no policy on parents involvement. The governing body simply tells the parents what their children are taught in school. Parents have the opportunity to ask questions and give suggestions.

DISCUSSION

Parents play an important role in helping the school educate their learners about HIV/AIDS. Even though the three schools have no school policy on parent involvement, the governing body and parent meetings serve to link the school with parents. Parent partnerships with the school are important as it can alleviate the burden on educators, where parents educate their children at an early stage about sex and HIV/AIDS and educators can build on this (Perlman 1998:80). The partnership between the parents and the school ensures that both parties speak the same language (Conference on HIV/AIDS 2002:15).

Involvement of parents requires a holistic approach in educating their children so that they can contribute to alleviating HIV/AIDS in the school (Louw et al 2001:88). Parents are partners to educators in educating learners, however, most parents are unsure of how to protect their children against alcohol and drug abuse, sexual promiscuity and contracting HIV (Louw et al 2001:88).

4.7.2 The role of the church

School A was build by a missionary, a Roman Catholic priest. The motto of the school is "*I am the way, the truth and the life.*" In this school Christian values are emphasised. Due to this, the church has a hand in the school especially regarding orphans and affected and infected learners. The church in partnership with the community and the school are trying to stop the spread of HIV/AIDS. The church provides for the poorest learners in the school by paying their fees and providing clothing and food where necessary. A feeding scheme was

launched three years ago. A list of families are sent to the nearest shop and these people collect groceries every month which are paid for by the church. One of the learners commented on this: *“I am happy that I am in this school. When my parents died, I did not know where to turn but the church, through my educators, are providing for my needs.”* Bursaries are offered to learners who are unable to pay school fees. Thus learners are encouraged to stay in school and further their studies to tertiary level. Learners of different denominations and ethnic groups are provided for by the church. Another learner adds: *“My mother was a breadwinner. Now she is sick, there is no money to buy anything. At least the church came to our rescue now I can stay in school.”* The principal and educators in School A receive donations, clothes and food for the needy, from abroad. Educators distribute these according to the learners’ needs. Guest speakers of different denominations are invited to the school to talk about HIV/AIDS. They take turns to conduct the assembly.

After school hours, learners who volunteer are asked to help the families of those affected by HIV/AIDS. They fetch water, clean the house and do their washing. Sometimes they cook for them. Learners who are unable to come to school because they are looking after their sick parents are provided with school work which can be done at home. Learners discuss problems with educators and take their homework to school for marking. Different study groups are formed to help these learners. As a learner in School A remarked: *“I like the spirit of our learners. They help each other with their school work even the learners who cannot come to school are covered and they are not left behind.”* During school hours ministers, pastors and priests come to visit the learners affected and sometimes they counsel them. They even visit them at home bringing them food, clothes and money. A learner exclaimed: *“We are lucky to belong to this school. The priests look after us and our families.”*

When the parents living with HIV/AIDS are too sick and the learners looking after them do not know what to do, the priests bring their parents to their hospice to be looked after and relieve the family of this burden. Orphans who are too young are taken to the orphanage run by the church where they can be looked after and educated. The principal in School A acknowledged the help and support of the church saying the church has done a lot in their school. They not only help in preventing the spread of HIV/AIDS but look after the affected

learners and their families. One learner who passed her matric with very good marks was full of praise for the school and church in her life: *“I could not see the future with my father dead, my mother too sick and I looking after my younger brothers and sister but thanks to the school and the church. I now have a bright future. Even though I do not belong to their church.”*

DISCUSSION

The involvement of the church in this school has helped many learners who are affected. In partnership with the school, the church has helped to prevent the spread of HIV/AIDS. It is important for churches to integrate the prevention and attitudes to HIV/AIDS into all aspects of life including the schools. Moreover, churches should establish specific HIV/AIDS projects to help affected learners (Gennrich 2003:2). The church has established home based care to look after learners’ parents who are HIV positive and are terminally ill (Byamugisha 2002:98).

A great deal has been done in the schools and communities. A hospice has been established to cater for HIV/AIDS patients who are too sick to be looked after by the families. In so doing families unable to care for sick and dying relatives are helped. The church in partnership with the NGO support people on anti-retroviral by offering nutrition and psychological support (Gennrich 2004:37).

Home based care operates in the three villages organised by the different churches. They train health workers and visit affected learners and help them look after their HIV-positive parents. The church can take its rightful place in the society by educating and looking after orphans (Byamugisha et al 2002:2).

4.8 OBSTACLES TO AIDS AWARENESS PROGRAMMES

Most people see education as an effective tool in the fight against the spread of HIV/AIDS. In Africa, education can only be successful if the deep-rooted beliefs concerning ancestors, traditional healers and witchcraft are taken into consideration.

4.8.1 Belief in traditional healers

The Department of Education has introduced HIV/AIDS awareness programmes and life skills which are included in the curriculum. Likewise, African beliefs should be integrated into HIV/AIDS awareness programmes. The perception of illness whereby Africans believe that mental as well as physical illness is caused by disharmony between a person and the ancestors, bad spirits, witches and breakdowns in human relationship should be used in a positive way in the HIV/AIDS awareness programmes.

Ritual impurities whereby Africans believe that people sometimes get sick because they have neglect to cleans themselves from impurities which are usually associated with sexual intercourse should be included in the HIV/AIDS awareness programmes. Unless this is done, HIV/AIDS awareness programmes will not succeed in schools.

The principal in School A pointed out that learners learn a lot about HIV/AIDS awareness programmes but often do not accept the facts included in the programmes. Learners believe that their sick parents can be helped by the traditional healers. Another principal adds: *“Learners are always late, especially those who look after their infected parents. If asked, they say they have to take food to their mothers in Diagelong (where the sick people are cured by the traditional leaders). Every morning the learner cooks and takes food to their mother who is sick because they cannot afford to pay for both accommodation and food.”*

A learner invited her educator to a thanksgiving party because her aunt who was treated by a traditional healer and was now well. Rural learners are still steeped in ancestral beliefs. The traditional healer is an important person in their lives. If a learner is involved in an accident, he or she will go to hospital but will later consult the traditional healer to determine why the

accident occurred. Thus, the world view of learners often prevents the success of HIV/AIDS awareness programmes.

It appears as if educators also believe in the power of traditional healers. For example, an educator reported to the principal that one of his learners is absent from school nearly every Friday in order to be treated by a traditional healer. The educator hopes that the learner will be cured completely by this healer so that he will not be absent from school in future. In the meantime the learner's health is deteriorating and he is displaying many symptoms associated with HIV/AIDS.

DISCUSSION

If HIV/AIDS awareness programmes are to be successful they must touch the lives of African learners. The learners' beliefs in ancestors traditional healers as well as witchcraft should be incorporated in the programme (Van Wyk 2003:112).

Education should help learners to appraise their beliefs in order to progress. Education should throw light on the disease so that learners do not waste time and money by seeking traditional healing on HIV/AIDS.

Educators understand these beliefs and rituals. They can allow their learners to participate on them only if it helps them to see the real course of the disease and its seriousness.

Educators should respect the learners beliefs and practice in order that the HIV/AIDS programme should succeed (Van Wyk 2003:130).

4.8.2 Reluctance to use condoms

The use of condoms in Africa is seen as preventing life. According to one educator in School C, most men do not want to use a condom. Learners share the same view because they say "Sex with a condom is like eating sweets wrapped in papers." Learners do not consider their

own behaviour to be a possible reason for HIV-infection and do not see the need for using condoms.

An educator in School C explained that it is difficult for Africans and many learners, to associate HIV/AIDS with sex, because the disease attacks every part of the body except the sexual organs. A learner explained: *“Disease attack the place where they enter the body, but with HIV/AIDS it is something different.”*

African women insists on having babies even though they are HIV-positive. All that matters to them is that they will be remembered by their children. They do not see the danger that their children could be infected. African women with many children demonstrate their husbands’ health and the growth of the tribe. This belief is strongly supported in rural areas.

4.8.3 Lack of support for sex education

Talking about sex in African tradition is taboo. Parents are reluctant to talk to their children about sex. This makes it difficult for educators to talk to learners because they cannot build on the prior knowledge which children have gained in their homes. As one educator commented: *“Parents expect us to talk about sex to their children because they regard it as our duty.”*

4.8.4 Stigma associated with HIV/AIDS

Families who lose their loved-ones due to HIV/AIDS are afraid to announce the cause of death to the community in case they are stigmatised. An educator in School B said: *“People stigmatise HIV/AIDS patients subconsciously, even though they do not say anything, their actions and attitude counts.”*

DISCUSSION

Education and the prevention of HIV/AIDS will not be successful if the culture and beliefs of Africans are not understood and integrated in HIV/AIDS awareness programmes (Van Dyk 2003:111). Africans have an unique world view which can be used to make HIV/AIDS awareness programmes succeed. African beliefs help people to attribute meaning to the things that happen to them. Such beliefs provide answers that science cannot provide such as why some people whose behaviour puts them at risk do not contract AIDS (Van Dyk 2003:115). These beliefs can be used in HIV/AIDS awareness programmes to prevent the spread of HIV/AIDS and educate the learners. Likewise, traditional healers play a vital part in African society. They should be consulted to help learners in their understanding of HIV/AIDS. This will touch the real life situation of the learners.

4.9 CONCLUSION

This chapter describes the findings derived after interviewing three principals and nine educators. Data from essays written by grade ten learners in one school were also analysed.

The tape-recorded data was listened to many times and the essay read and reread to find the meaning of the participants. Leedy (1997:163) explains that the researcher tries to go to the heart of the matter by looking for themes that lie hidden in the unexamined events of the lives of participants. The researcher interpreted data obtained from the interview by synthesising the data into a larger whole and establishing a theme (Mouton 2001:208). The researcher looked for patterns in what the principals, educator and learner said.

In Chapter 5 a synopsis of the findings of the study as well as a summary conclusions and recommendations arising from the study are provided.