THE EXPERIENCES OF TEACHERS REGARDING PROVISION OF CARE AND SUPPORT TO SCHOOL CHILDREN ON ANTIRETROVIRAL THERAPY IN SWAZILAND

By

FUTHI ANTINATE NXUMALO

Submitted in accordance with the requirements for the degree of

MASTER OF ARTS

in the subject of

NURSING SCIENCE

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROFESSOR AZWIHANGWISI HELEN MAVHANDU-MUDZUSI

January 2017

DEDICATION

I am dedicating this dissertation to my late mother Ms H Matsenjwa and my late grandmother Mkhonjwase Matsenjwa. May their souls rest in peace!

Student Number: 57663084

DECLARATION

I declare that **THE EXPERIENCES OF TEACHERS REGARDING PROVISION OF CARE AND SUPPORT TO SCHOOL CHILDREN ON ANTIRETROVIRAL THERAPY** is my own work and all the sources that I have used, cited or quoted have been indicated and acknowledged by means of complete references, and that this work has not been submitted before for any other degree at any other institution.

Signature:..... Date: 25/01/2017

Full name: Futhi Antinate Nxumalo

ACKNOWLEDGEMENTS

My sincere thanks and gratitude go to the Almighty God for providing me with good health, without which this work would not be completed. I extent my gratitude and appreciation to the following persons who supported me towards the study:

- My Supervisor, Professor Azwihangwisi Helen Mavhandu-Mudzusi, I thank you for first teaching me the research, opening my eyes to the future. You have seasoned my research skills with your professional inspiring guidance. You were able to provide enlightening explanations until I understood research. I thank you for the love at heart you have for students, you give yourself time to the extent of shelving your honorable duties to fit me in your schedule even in the late hours without showing an irritable countenance whenever I needed your assistance. Today I consider myself as a privileged student to have you as my supervisor. Had it not been for your undying support, the impact of this research study would not have been a fraction of what it is today. I shall hold you in high esteem and to be precise you deserve more than just a paragraph.
- My husband, Jabulani Sikhondze for helping the kids with their homework while I was busy with the research project and understanding that the wife is studying.
- My loving children Neliswa,Noncedo and Mncedisi for understanding why their mother is not spending quality time with them and more so not helping with homework.
- My loving father, Mr Bernard Nxumalo for the encouragement and helping me with the University funds.
- All the study participants for providing their time and valuable information.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral treatment
HIV	Human Immunodeficiency Virus
IMCI	Integrated management of childhood illnesses
NGO	Non-Governmental Organisation
PEPFAR	President‘s Emergency Plan for AIDS Relief
PLWHA	People living with HIV and AIDS
SADC	Southern Africa Development Community
SATAMO	South African Treatment Access Movement
UN	United Nations
UNAIDS	United Nations joint programme for HIV/AIDS
UNICEF	United Nations children’s fund
USAID	United States Agency for International Development
WHO	World Health Organization

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STUDENT NUMBER	57663084
STUDENT NAME	FUTHI ANTINATE NXUMALO
DEGREE	MA IN NURSING SCIENCE
DEPARTMENT	HEALTH STUDIES
SUPERVISOR	PROFESSOR AH MAVHANDU-MUDZUSI

ABSTRACT

The aim of the study was to gain in-depth understanding of teachers 'experiences with regard to the provision of care and support to school children on antiretroviral therapy in Swaziland in order to recommend approaches for enhancing support and care offered to children on ART by teachers. The study explored the experiences of teachers providing care and support to school children on antiretroviral therapy in Swaziland. The study used interpretative phenomenological analysis design. The study population was primary schools teachers in Swaziland. Data were collected through individual semi structured interviews from 16 purposively selected teachers. Data were analysed using interpretative phenomenological analysis framework for data analysis. Three superordinate themes emerged from data analysis namely: (1) Increased responsibility, (2) inadequate support and (3) psychological impact. The increased responsibility is related to ensuring that children who are on antiretroviral therapy have eaten before taking antiretroviral treatments, are properly dressed, receive proper education and health care and protected from bullying and social exclusion. Inadequate support for teachers makes caring for the learners very challenging. The psychological impact of caring for these learners are sense of accomplishment, demotivation; helplessness and emotional pain. Recommendations are made to ensure support for teachers rendering care and support to children on antiretroviral therapy.

KEY CONCEPTS: *Antiretroviral therapy, care, experiences, school children, support, teachers*

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OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a global health threat, and continues to pose great public health challenges (Joint United Nations Programme in HIV/AIDS [UNAIDS} Report 2012:8). Southern Africa remains the epicentre of the HIV and AIDS epidemic and home to one-third of all HIV positive people globally (UNAIDS 2013:5). Sub-Saharan Africa is the most affected area, and currently it is estimated to have 70% of people living with HIV, and contributing 68% of the new HIV infections globally (UNAIDS Report 2012:8). Swaziland has the highest HIV prevalence in the world, with 28.8% of their adult population living with HIV. In 2015, 11,000 people were newly infected with HIV and 3,800 people died of an HIV and AIDS-related illness (UNAIDS 2016:1). The high death rate of adults due to HIV and AIDS related conditions leave the country with around 38% of the population being under the age of 15 (World Health Organization [WHO] 2016:3). According to The United State of America President's Emergency Plan for AIDS Relief (PEPFAR 2016:7), approximately 24% of children aged 0-17 years are orphans and 45% are either orphans or vulnerable. Majority of those children (Around 47,000) are orphaned due to HIV and AIDS related illnesses. This indicates that a lot of children are living with HIV and those on antiretroviral therapy need to be supported to ensure adherence (United Nations children's fund [UNICEF] 2011:30). The support of the children at school is supposed to be provided by the teachers.

This study explored teachers' experiences with regard to the provision of care and support to school children on antiretroviral therapy in Swaziland**.** The aim of the study was to gain in-depth understanding of teachers 'experiences with regard to the provision of care and support to school children on antiretroviral therapy in Swaziland in order to recommend approaches for enhancing support and care offered to children on ART by teachers.

This chapter provides an overview of the study. It covers the background to the study, problem statement, aim and objectives of the study. The chapter also highlights the significance of the study, research questions and definition of key concepts used in the study. A brief discussion of research design and research methods used in the study is also provided. The chapter also highlights ethical aspects considered in this study and layout of the entire dissertation.

1.2 BACKGROUND TO THE RESEARCH PROBLEM

The human immunodeficiency virus (HIV) is still a global issue. According to UNAIDS (2015:1), The Southern Africa Development Community (SADC) report (2011:1) indicated that the SADC region was at the epicentre of the global HIV epidemic. According to this report, SADC was more heavily affected by HIV than any other part of the world, with member states having adult HIV prevalence of at least 10%. According to UNAIDS (2015:1), the top five countries which are severely affected by the HIV epidemic are: Swaziland (25.9%), Botswana (21.9%), South Africa (19.1%), Zimbabwe (15%) and Malawi (10.6%). Swaziland has the highest HIV prevalence in the world, with 28.8% of their adult population living with HIV. In 2015, 11,000 people were newly infected with HIV and 3,800 people died of an HIV and AIDS-related illness (UNAIDS 2016:1).

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome have devastating impact on Swaziland. Between 1992 and 2010, HIV prevalence among pregnant women increased from 4% to 41% (National Emergency Response Council on HIV and AIDS 2014: 9). According to 2015 estimates, life expectancy in the country is 57 years for men and 61 years for women (WHO 2015: 3). 'In order to change the devastating effect of HIV and AIDS in the country, Swaziland has aggressively put patients living with HIV and AIDS on antiretroviral treatment making it to be one of the countries with highest rates of antiretroviral treatment coverage in Sub-Saharan Africa through its own funding (WHO 2015: 4). Overall, HIV prevalence in Swaziland is stabilising. HIV incidence has decreased from 2.5% in 2011 to 1.8% in 2013 and the number of HIV-positive infants born to HIV-positive mothers also decreased from 12% to 3% between 2011 and 2012 .(Swaziland Ministry of Health

2014:10) Nevertheless, the huge amount of people living with HIV in Swaziland means it is still the country's biggest public health concern. The prevalence of HIV is not only among adults but also children.

In a country like Swaziland with a high prevalence of Human Immunodeficiency Virus (HIV), it is important to determine the support offered to children on antiretroviral therapy in schools. Antiretroviral therapy (ART) improves growth and survival of HIV infected individuals (South African Treatment Access Movement [SATAMO] 2008:13). In the Sub-Saharan region, about 43% of children were reported to be infected with HIV and most of them are on antiretroviral therapy (United Nations Children's Fund [UNICEF] 20011:30). In the Southern Africa region, it is reported that approximately 15 000 children are receiving antiretroviral therapy in South Africa (Kibel, Saloojee & Westwood 2010:5). In 2010, 1600 children were born with HIV in Swaziland and about 500 children aged 0-14 years were newly infected (Swaziland Ministry of Health (2014). These are only the statistics of one year which means that there are many children living with HIV in Swaziland especially those born before the rollout of Prevention of Mother to child transmission of HIV in 2010. Around 78% of children (aged 0-14) living with HIV are on receiving antiretroviral treatment (UNAIDS 2016: 3). Majority of those learners who are now antiretroviral therapy are attending schools. This indicates that a lot of children are living with HIV and those on antiretroviral therapy need to be supported to ensure adherence (UNICEF 2011:30).

The support of the children on antiretroviral therapy at school is supposed to be provided by the teachers. Teachers are regarded as important care givers for children on antiretroviral therapy as they spend most of the time with children. They also have responsibility to care for the children while at school. Wood and Goba (2011:281) documented that teachers consider the responsibility for caring for children on ART as a great challenge. A study conducted in rural Zimbabwe indicated that teachers are experiencing hardships in terms of caring for the children on antiretroviral therapy (Anderson, Nyamukapa, Gregson, Pufall, Mandanhire, Mutsikiwa, Gawa, Skovdal & Campbell 2014:9). Findings of the study by Anderson et al further mentioned that some of the hardships are related to increase of numbers

whose conditions are continuously deteriorating while they are on antiretroviral therapy. They state that HIV epidemic continues to have a negative impact on children in schools. Most children according to the teachers lack the essential needs of a child which include food, clothes and medication.

The main source of the challenges experienced by teachers at school is feeling responsible for responding to the needs of the children which sometimes can be so stressful (Wood & Goba 2011:281). Croke and Chamberlain (2012: 7) discovered that the schools in the farms have a great challenge of water. Teachers fetch water from the nearest stream in order to provide for the children on antiretroviral therapy and the rest of children at school (Davies, Bonlle, Fakir, Nuttal & Fley 2010:10). Wood and Goba (2011:281) documented that some teachers are overloaded by the responsibilities of caring for children on ART as they sometimes cook for the children which add to the stress in the lives of the teachers, since it is unlikely that they can meet all the needs of these children particularly in the absence of cooperation from the rest of the school community. A study conducted in South Africa by Croke and Chamberlain (2012: 7) reported that teachers feel traumatised having to deal with hungry children on daily basis. As a result, many teachers end up giving their lunch boxes to needy children since the feeding schemes have proven inadequate. Some of the teachers are also living with HIV or have lost some of the relatives to HIV and AIDS. These situations make taking care of the children on ART more traumatizing to those affected or infected teachers (Wood & Goba 2011:281).

1.3 STATEMENT OF THE RESEARCH PROBLEM

It is estimated that more than twenty thousand (20 000) children in Swaziland are living with HIV (Central Statistics Office 20011:7). More than five thousand (5 000) of these children are already on antiretroviral therapy and some of them are already attending school (UNAIDS 2010:10). The children who are attending school are supposed to be supported and be cared for by teachers at school, thus adding extra responsibilities to those teachers. Though there are several studies conducted regarding the challenges and experiences of children who are living with HIV and AIDS, there is dearth of studies conducted in Swaziland regarding the experiences of

teachers providing care and support to those children. This prompted the researcher to conduct this study in order to gain in-depth understanding of the experiences of teachers providing care and support to school children on antiretroviral therapy in Swaziland.

1.4 RESEARCH AIM

The aim of the study was to gain in-depth understanding of teachers 'experiences with regard to the provision of care and support to school children on antiretroviral therapy in Swaziland in order to recommend approaches for enhancing support and care offered to children on ART by teachers.

1.5 OBJECTIVES OF THE STUDY

The following were the specific objectives of the study:

- To explore the experiences of teachers regarding provision of care and support to school children on antiretroviral therapy in Swaziland.
- To identify support available for the teachers providing care and support to school children on antiretroviral therapy in Swaziland.
- To recommend support needed by teachers for enhancing support and care offered to children on ART.

1.6 RESEARCH QUESTIONS

The study sought to answer the following research questions:

- What are the experiences of teachers regarding care and support to school children on antiretroviral therapy in Swaziland?
- What type of support is available for the teachers providing care and support to school children on antiretroviral therapy in Swaziland?
- What support is needed by teachers for enhancing support and care offered to children on ART?

1.7 SIGNIFICANCE OF THE STUDY

Significance refers to the relevance of the research to some aspects of a profession, its contribution towards improving the knowledge-base of a profession and its contribution towards evidence-based practice (Polit & Beck 2014:86).There is limited information documented regarding the experiences of teachers providing care and support to children on antiretroviral therapy. Findings from this study will add to the existing body of knowledge related to teachers and provision of support and care to children on antiretroviral treatments. The findings may also assist the researcher in writing relevant recommendations regarding support of teachers who are providing care and support to children on antiretroviral therapy. It is envisaged that the well supported teachers will be able to provide proper care and support to children who are living with HIV including those who are on antiretroviral treatments. The overall significance is that children who are living with HIV and attending school will have improved care which will enhance their quality of life. Improved quality of life of children may assist in ensuring that children attendance to classes is improved. This will results in improved pass-rate of children in Swaziland.

1.8 DEFINITIONS OF KEY CONCEPTS

Definition of concepts assists in conveying the general theoretical meaning of the word used in a study to avoid misinterpretation (Brink, van der Walt & van Rensburg 2014:91). Below are definitions of key concepts used in this study:

1.8.1 Acquired Immunodeficiency Syndrome

Acquired Immunodeficiency Syndrome (AIDS): This relates to the name given to a group of illnesses in HIV-positive people. These are illnesses that arise when people living with HIV are no longer able to fight off infections and diseases because of lowered immunity (Kader, Govender, Seedat, Koch & Parry 2015:1)

1.8.2 Antiretroviral therapy

Antiretroviral therapy is the combination of several antiretroviral medicines used to suppress or prevent the replication of HIV in cells (Van Dyk 2010:91). According to WHO (2013:15) defines antiretroviral therapy as a lifelong treatment in combination with at least three antiretroviral drugs to maximally suppress the HIV virus and stop the progression of HIV infection to AIDS. For this study, WHO (2013:15) definition will be used as it is more specific to the number of antiretroviral drugs used and it is the most recent one.

1.8.3 Care

Care is the process of looking after and giving attention to someone who needs it or responsibility for looking after someone, which is most commonly used to imply its psychological and social dimensions (Livingstone 2010:63). According to this study, care will be focusing on the attention provided by teachers to children who are on antiretroviral therapy in schools.

1.8.4 Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV) is a virus than can spread through body fluids and affect specific cells of the immune system, called CD4 cells, or T cells. Over time, the human immunodeficiency virus can destroy many of these cells to such an extent that the body can't fight off infections and disease (van Dyk 2013:5).

1.8.5 HIV positive

HIV positive means the presence of HIV antibodies in the blood stream which is an indication that the person concerned has been exposed to HIV (Van Dyk 2010:91). In this study, HIV positive refers to a school child who is living with HIV.

1.8.6 School children

These are children attending school for educational purposes (*Oxford Advanced Learner's Dictionary* 2010:1320). In this study school children will be learners aged six to thirteen years who are in school grades one to seven.

1.8.7 Support

Support is to provide help to someone in need which can be of physical nature, psychological nature and social nature (Livingstone, 2010:355). According to this study support mean looking after school children who are on antiretroviral therapy.

1.8.8 Teacher

A teacher is defined as a person who provides education for pupils (children). The role of a teacher is often formal and ongoing, carried out at a school or other place of formal education (Patric, Hisley & Campler 2010:247). In this study teachers mean people who are trained as professionals to teach grade one to seven classes.

1.9 METHODOLOGY

Research methodology is a theory of how research proceeds (Braun & Clarke 2013:333). This includes research approach, research design, study setting, population, sampling and sample size, data collection, and data analysis, ethical aspects and measures of ensuring rigour of the study.

1.9.1 Research approach

The researcher used qualitative approach. Grove, Burns and Gray, (2013:705) defined qualitative research as a systematic, interactive, subjective approach used to describe experiences of participants and the meaning they ascribe to their

experiences. Qualitative approach provides opportunity for the researcher to have an in depth and holistic understanding about phenomena by collecting rich narrative materials (Polit & Beck 2014: 270). Qualitative approach has its roots in symbolic interactionism or phenomenology and concentrates on aspects such as meaning, experience and understanding (Brink, van der Walt & van Rensburg 2014:10). The semi-structured interviews coupled with in-depth probing embedded in this approach enable the researcher to explore the teachers' experiences regarding provision of care and support to school children on antiretroviral therapy in Swaziland.

1.9.2 Research design

Research design is a set of logical steps that the researcher takes in order to answer the research question/s (Brink, van der Walt & van Ransburg 2014: 96). The researcher followed a phenomenological design, focusing specifically on an Interpretative Phenomenological Analysis (IPA). Phenomenological studies examine human experiences through the descriptions that are provided by the people involved (Brink, van der Walt & van Rensburg 2012:121). Smith and Osborn (2007:53) mentioned that interpretative phenomenological analysis design enable the researcher to explore in detail how participants are making sense of their personal and social world. The purpose of interpretative phenomenological analysis research is to describe what people experience in regard to certain phenomena, as well as how they interpret their experiences. In describing the lived experiences the researcher focuses on what is happening in the life of the individual, what is important about the experience and what alterations can be made (Brink, van der Walt & van Rensburg 2014: 113). As the researcher wanted to explore and interprets the experiences of the teachers providing care and support to children on antiretroviral therapy, and recommends possible support to be offered to teachers based on their voiced need, the researcher considered an interpretative phenomenological analysis design to be the best option to be used.

1.9.3 Setting and population

Polit and Beck (2012:743) define research setting as the physical location and conditions in which data collection takes place in a study. The study was conducted at one of the primary schools in the Lubombo region: Swaziland. This is because statistics has shown that there is high number of children on antiretroviral therapy in the Lubombo region and some of them are attending schools (UNAIDS 2010:21).

A population is a complete set of units/elements that have some common characteristics that the researcher is interested in (Brink, van der Walt & van Rensburg 2014:131). The population of the study was all teachers in the primary schools at Lubombo region. More information about the population and research setting is provided in chapter 3.

1.9.4 Sampling method and sample size

Sampling is a process of selecting a group of people, events, behaviors, or other elements with which to conduct a study (Burns, Grove & Gray 2013:708). A sample is a subset of the population that is selected for a study (Grove, Burns & Gray 2013:708). Convenient purposive sampling was used in this study. Convenient purposive sampling is a non-probability sampling technique that is based on the judgment of the researcher regarding the representative of the study phenomenon (Brink, van der Walt & van Rensburg 2014:134). Sixteen (16) teachers participated in the study. This sample size was determined by category saturation.

1.9.5 Data collection and analysis

Grove, Burns and Gray (2013:536) defined data collection as a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study. Data was collected using individual semi-structured interviews. The process was guided by interview schedule developed in accordance with the principles of interpretative phenomenological analysis. Data

analysis is a systematic organisation and synthesis of the research data (Polit & Beck 2012:725). Data analysis was done using Smith's (2005) interpretative phenomenological analysis framework for data analysis which is provided in details in chapter three.

1.10 MEASURES TO ENSURE TRUSTWORTHINESS

Trustworthiness of the study is the degree of confidence which qualitative researchers portray in their data (Polit and Beck (2012:745). Grove, Burns and Gray (2009:132) define trustworthiness is a means of demonstrating the plausibility, credibility and integrity of the qualitative research process. Trustworthiness was maintained and assessed in this study through adhering to the following criteria: credibility, transferability, dependability, conformability and authenticity (Polit & Beck 2012:175). These criteria are discussed thoroughly in chapter 3.

1.11 ETHICAL CONSIDERATION

Ethics in social research refers to what is proper and improper in the conduct of scientific inquiry (Streubert & Carpenter 2011:62). De Vos, Strydom Fouche and Depot (2011:307) define ethics as a set of moral principles which offers rules and behavioral expectations about the most correct conduct towards people and organisations such as research participants, organisations, sponsors. In this study, the following ethical issues were observed: obtaining permission from relevant authorities to conduct the study; informed consent from participants; principles of beneficence, confidentiality, and respect. Approval to conduct the study was sought by the researcher from the Research Ethics Committee of the University of South Africa and from the Grant of the identified school in Swaziland.

1.12 SCOPE OF THE STUDY

The scope of the study was limited only to the teachers in the identified school in the Lubombo region in Swaziland.

1.13 STRUCTURE OF THE DISSERTATION

This dissertation consists of five chapters. A brief outline of each of chapter is offered below to allow readers to follow and understand discussions on issues presented.

Chapter one gives an introduction to the background of the study, the problem statement, aim and objectives of the study. It also presents the definitions of key concepts used in the study. A summary of research design and method is provided together with ethical aspects and measures followed to ensure trustworthiness.

Chapter two focuses on Literature reviewed. It highlights literature search strategy, appraisal of identified literature and themes which emerged from literature reviewed. It also identifies the gaps in the existing literature which motivated the researcher to conduct this study.

Chapter three focuses on detailed information on the methodology used in the study. Description of research approach, research design, population, the study site, sampling method, data collection, data analysis, measures to ensure trustworthiness and ethical issues related to the study are provided.

Chapter four presents the results of the study based on themes and subthemes that emerged from the data analysis. Verbatim extract from participants transcripts are also used to show the origin of the themes and subthemes.

Chapter five discusses the findings of the study in relation to the literature. It also provides conclusion and limitations of the study. Recommendations related to the findings of the study are also presented.

1.14 CONCLUSION

This chapter provides the background to the study, research methodology, ethical considerations, measures to ensure trustworthiness and the significance of the study. The next chapter, which is chapter two focuses on literature reviewed in relation to the study topic and research problem.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided an overview of the study. This chapter focuses on the literature review. Literature review is a synthesis of the literature that describes what is known or has been studied in relation to a particular research question or purpose (Taylor 2014:305). Literature review involves getting information, understanding and forming conclusions on relevant studies. This provides knowledge on the study topic, helps identify how other studies in the area were conducted and gaps in previous studies (Brink, van der Walt & van Rensburg 2014:52). Langford and Young (2013:80) state that literature review involves a search for information that is relevant to an identified problem area in order to reveal how the problem fits into the larger picture of evidence and context of a study. For this study, relevant literature were reviewed to generate a picture of what is known and not known about the experiences of teachers providing care and support to children on antiretroviral therapy. The major aim of the literature review is to assist the researcher to gain insight into the problem under study, verify the significance of the problem, and put the research problem in context. Literature review also assists the researcher in determining the most appropriate research methodology, including the research instrument to be utilised.

This chapter gives a detailed process for literature review covering the focus question, search strategy**,** search profile, appraisal of identified studies, and themes and sub-themes that emerged from the literature sources.

2.2 FOCUS QUESTION

To conduct a literature review effectively, a focus question need to be formulated. A focus question is a statement that offers the precise query that a researcher wants to answer with the review in order to address a research problem (Grove, Burns & Gray 2013: 276). The researcher used Kumar`s (2005) framework for formulating the focus question of this study. Kumar`s (2005) framework was considered to be appropriate and effective for eliciting focus questions for this study. The framework is easily adaptable and easy to use. When formulating a research question using this framework, the four Ps should be used namely: People, Problem, Programme and Phenomenon. Using this structure together with questions that relate to the five Ws (why, what, when, who and where) and those which start with How, resulted in the formulation of the focus question of this literature review (Bryman, Bell, Hirschsohn, DosSantos, Du Toit, Masenge, Van Aardt, & Wagne, 2014: 205). The formulated focus question was: *What are the experiences of teachers providing care and support to children on antiretroviral therapy?* This question assisted the researcher to choose the relevant search strategy.

2.3 SEARCH STRATEGY

The search strategy is the approach used to search the relevant literature to be reviewed (Creswell 2014:32). The focus for this study was on empirical literature. Empirical literature is based on evidence from practical experience (Polit & Beck 2014:10). According to Creswell (2014:32), it is useful to identify and use key words for the study to search for literature sources. The researcher used the following key words: *Antiretroviral therapy, care, children, experiences, schools, support and teachers.* Each of the search terms were initially used individually, and then combined using Boolean operators '*and'* and 'or'. The electronic search for journals and articles commenced with the use of UNISA Lib-guides for journals and articles. Several databases were searched for existing literature relevant to the study. Examples of the databases searched were Research gate, Elsevier, Ebscohost, BMC Health Service Research, Global Business and Technology, Contemporary

Nurse, and SAGE. To ensure that the search is focused, the researcher used the following inclusion and exclusion criteria in order to limit the scope of literature to only relevant sources:

Inclusion criteria

The following criteria were considered when determining sources to be included for review:

- Literature on the experiences of teachers providing care and support to children living with HIV.
- Literature on the experiences of teachers providing care and support to children on antiretroviral therapy.
- Literature published in English.
- Literature published from 2008-2016.

Exclusion criteria

The following literature was excluded from the study**:**

- Literature not focusing on the experiences of teachers providing care and support to children living with HIV or on antiretroviral therapy.
- Literature published in other languages than English.
- Literature published before 2008.

2.4 APPRAISAL OF IDENTIFIED STUDIES

All the articles which meet inclusion criteria were reviewed based on the process of reviewing research article and critical appraisal by Polit and Beck (2012:342; 584). The process focus on assessing rigour, validity, reliability, dependability and transferability of each source reviwed. Attention was given to the handling of data

within each of the reviewed sources, including how well researchers addressed potential limitations of their studies. The following were the steps followed on appraising the research articles used in this study:

- Step 1: Reading and re-reading the articles
- Step 2: Initial note making
- Step 3: Development of emergent themes: looking for themes
- Step 4: Searching for connections across the emergent themes
- Step 5: Development of final themes

Six major themes emerged from appraisal of literature. The emerged themes will be discussed in the next section

2.5 THEMES THAT EMERGED FROM APPRAISAL OF LITERATURE

The following themes emerged from the literature sources reviewed:

- Stress related to children's physical, social and economic situations.
- Lack of communication between teachers and guardians;
- Limited knowledge of support structures available for HIV affected children;
- Teacher's personal restriction;
- Lack of appropriate health personnel in schools and
- Work overload.

2.5.1 Stress related to children's physical, social and economic situations

Teachers are stressed by having children who are living with HIV and AIDS because of their poor attendance to classes (Anderson et al. 2014:9). Children on antiretroviral miss class to go to the hospital or clinic for refill of antiretroviral treatments almost every month (Nxumalo, Wojcicki & Magowe 2015:2). They also visit the hospital or clinics for treatment opportunistic infections (Anderson et al. 2014:9). These authors also mentioned that children on antiretroviral treatment are

not only absence from school only when they are sick or for the refills of their medication but also due to the responsibilities of taking care of sick relatives or siblings (Nxumalo et al, 2015:4). Some children absence themselves from school due to lack of essential basic needs which includes food, clothes, medicine or even water to bath (Anderson et al. 2014:9). These type of situation and responsibilities cause some children living with HIV and AIDS to be late for school, skip school temporarily or completely drop out of school. In a study by South African Democratic Teachers Union (SADTU 2014:4), it was indicated that HIV positive learners face many barriers to attending school regularly. The absence or late coming of children to school make teachers to either ignore other children in order to update children who were absent or else face the challenge of having high failure rate in class. Attending to children who were absent lead to complain by other children that they are not taught or that the teacher is repeating things which have already been taught. This makes teachers to be in dilemma (Anderson et al 2014:9).

In a study conducted by Wood & Goba (2011:281), teachers cited that they experience stress when seeing that most of the children come to school with empty stomach while they are expected to take their treatments and also learn. More so the children on antiretroviral therapy need food more than other children because of their immune compromised bodies (Kibel, Saloojee & Westwood 2010:124). Children need to have at least three meals a day or more, as they are taking the antiretroviral treatments (ARVs). If they get one meal a day their nutrition will be affected because of the cycle of HIV. When the body is affected by the HIV, the body uses more energy and nutrients hence the need for the children on ART to have adequate nutrition (United States Agency for International Development [USAID] 2010:10). This lead to some teachers to even donate their food to ensure that these children needs for food is met.

Another teacher mentioned that a child will complain of headache, and when one make thorough assessment usually find that it is headache due to hunger as some children go to school with an empty stomach. The last meal which they would have taken will be what was given at school the previous day (Wood & Goba 2011:281).

These situations imply that to some learners, the school is the sole provider of food. Some teachers are forced by the situation to cook food for the hungry children in order to bridge the gap left by parents who could not provide the children with the basic needs. Some learners are orphans and vulnerable children as the parents are very sick or have passed away. These means that those children do not have anybody to provide food or clothes. Providing for the basic needs of children on antiretroviral is stressful to teachers (Wood & Goba 2011:281).

The study which was conducted in South Africa by Wood and Goba (2011:281) revealed that sense of responsibility to care for children living with HIV and AIDS is another source of stress in the lives of teachers. The stress is worsened by failure to meet all the needs of these children due to poor cooperation from the rest of the school community. Findings of study conducted in Zimbabwe by Anderson et al (2014:10) portray that many children who are living with HIV and AIDS come to school with empty stomachs. The situation compromise learners' ability to concentrate and learn with resultant increase in failure rate among those learners. The situation stresses the teachers as they appear incompetent in the eyes of other teachers and the school governing bodies. Another cause of stressor to the teachers caring for children who are on antiretroviral treatment is watching those children being discriminated and bullied by other children (Anderson et al. 2014:10). Teachers stated that being a provider for the children living with HIV and AIDS or affected with those conditions do not only drain the teachers materially and financially but was also emotionally (Duangkamol, & Ankana 2014:5).

2.5.2 Lack of communication between teachers and guardians

Communication is one of the key components in caring for the children on antiretroviral therapy. A study conducted in Zimbabwe by Anderson et al (2014:11) indicated that teachers are concerned about lack of communication from children's parents/ guardians regarding children's health condition including the HIV status. Lack of communication hampered the mutual understanding and the possibility of collaborating between teachers and parent/guardian in tackling issues regarding children's health and performance at school. Some teachers cited that even when

the parents/guardians are requested to come to school for discussion of their children's health condition and school performance they never honor the invitation. Non-attendance of meetings limits the opportunities for teachers to discuss and follow up on issues regarding children's school performance and well-being (Anderson et al 2014:11). In another study by Soul City (2015:1), a teacher in Tzaneen disclosed that parents never tell them whether they have found out if their child is HIV positive and on treatment. They won't even give the report from doctors. They actually may stop the child from coming to school because they do not want people to know about their children status. Schools could act as center points for comprehensive community responses to HIV/AIDS as they are the ideal places to bring teachers, caregivers and others together to help support vulnerable children in a coordinated and effective way (UNAIDS, 2011:4).

Anderson et al (2014:11) documented that teachers had limited or no knowledge on the social background or HIV status of the children. It was stated that some children and their families are reluctant to disclose the HIV status of their children due to fear of stigma and discrimination. Aspects of non-disclosure of HIV status due to fear of stigma and discrimination is also documented by UNAIDS (2016:6). If the doctor tells the parent that the child has HIV the parents would never tell the school (Soul City 2015:10). Demmer (2011:2) record that caregivers suffer from discrimination regardless of their own HIV status. As a result, families may keep a child's HIV infection a secret. Lack of knowledge on children's home circumstances compromised teacher's understanding of children's behavior in school and limited their flexibility and the likelihood of offering relevant support to learners. The situation make the teacher seems to be not adequately caring for learners (Anderson et al 2014:11).

2.5.3 Limited knowledge of support structures available for HIV infected and affected children

Study conducted in Zimbabwe by Anderson et al (2014) found out that caring for the children living with HIV is a challenge for some teachers especially because they do not know where to refer the children in cases where the parents are not taking the

responsibility or for those children whose parents are dead. It was revealed in a study by Soul City (2015:11) that in some cases the parents are sick and the children has to take care of them and the siblings making it even worse for the children and teachers to cope as the child would come to school exhausted or abscond classes. The teachers reported that they had little knowledge or awareness of support available for children in the local community such as Non-Governmental organisations (NGO's), community groups and church groups. This undermined the ability to mobilize support for children in need. They also cited weak networks between schools and external sources of support which were common barriers preventing teachers and schools from acting as referral sources for children in need (Anderson et al 2014:11). This should not be the case as children living with HIV/AIDS should have equal access to education, as well as access to treatment and care including attention to their special needs, all of which would enhance their physical and emotional well-being and their social and intellectual development (United Nations [UN] 2013:2).

Besides limited knowledge regarding referral systems, teachers have limited information regarding care and support required for children living with HIV and AIDS (Nxumalo, Wojcicki & Magowe 2015:3). The report highlighted that there are inadequate HIV trainings regarding care and support of children living with HIV and AIDS and those who are on antiretroviral therapy. Teachers had little or no knowledge of HIV policies in their schools (Nxumalo et al 2015:3). Most teachers reported that they lacked counseling skills and the necessary experience to deal with children's psychological challenges (Anderson et al 2014:12). While these teachers focus on the importance of not stigmatizing children living with HIV/AIDS, none had been specifically provided with education or training on how to address or teach a classroom where there are children living with HIV and AIDS (Nxumalo et al 2015:3). Most teachers reported that in their respective schools there were no systemic responses or guidelines of support or strategies to guide teachers on how to provide or mobilize support for HIV affected or infected children in their classes (Anderson at al 2014: 14).

2.5.4 Teacher's personal restriction

To some teachers, caring for children living with HIV and AIDS induce a lot of negative emotions as some of them are faced by the same challenges like the children they are caring for. Example of the problem is that some teachers are themselves living with HIV and AIDS, Some teachers have a child or other family members who are living with HIV or who have died because of HIV and AIDS related illnesses (Nxumalo et al 2015:3). Other teachers, though they are employed by the ministry of Health and receive salary every month, they are also living in poverty state which makes them feel helpless to support children while they are also struggling to meet their own basics needs. Some teachers indicated that although they wished to support children, they were restricted by their own personal economic constraints and emotional challenges (Anderson et al 2014:13).

Anderson et al (2014:15) reported that teachers do not feel motivated to care for children living with HIV and AIDS or even supporting those who are on retroviral therapy because their effort is not even recognised by the principals of the school (Anderson et al 2014:15). It was reported that teachers felt unrecognized and unappreciated. These led some of them to lose their motivation to help children on antiretroviral therapy beyond just teaching them in class. This lack of motivation made some teachers to be absent from classes, coming to school being drunk or beating up children for no apparent reasons (Anderson et al 2014:13). The teachers reported that being a provider for the learners living with and affected by HIV did not only drain them materially and financially but was also an emotional taxing experience. One teacher cited that he wanted to help but did not want to use personal resources, Nxumalo et al. (2015:4). As a result teachers struggle to balance the already challenging business of teaching and learning with the additional demands imposed by limited concentration spans in class and increased poverty experienced by the learners living with AIDS (Wood & Goba 2011:276).

2.5.5 Lack of appropriate health personnel in schools

Duangkamol, and Ankana (2014:5) documented that in some schools especially public schools in Bangkok, there were lack of healthcare providers to take care of children living with HIV and AIDS. The public schools cannot employ nurses or health personnel to take care of the children in schools because the government does not have funding to employ nurses. The teachers who teach health education are usually made responsible for providing health care to children who become ill at school (Duangkamol, & Ankana 2014:5). Another study by Nxumalo et al, (2015:3) indicated that teachers have been placed in a situation where they take sick children to hospital or clinic, because the child does not have a reliable caretaker at home.

Studies carried out by Bantwana in Swaziland (2009:11), indicated that there is lack of proper mechanisms of health services in schools yet a high percentage of children were reported to have been once admitted in hospital. Though at times the health care services visit the schools, their assessment of children for minor ailments and follow-up care seems to be not properly done, because immediately when they leave the school, some children who are sick are not identified or given treatment. This situation leaves the burden to teachers to send the children to clinic for treatment or to their homes (Bantwana in Swaziland 2009:11)

2.5.6 Work overload

Anderson et al (2014:15) mentioned that in Zimbabwe schools were encouraged to facilitate opportunities for one to one dialogue between teachers and children. The intension for doing that was to help children to have an opportunity to share their concerns which helped teachers to identify and attend to children's needs. It was also gathered that teachers were encouraged to show flexibility in allowing children to visit hospitals during school hours. Furthermore, in terms of playing a role in supporting children's adherence to ARVs, it was suggested that teachers should play a role of being the carer by referring sick children for HIV testing and treatment,

reminding children to take pills on time and mobilizing food for children on antiretroviral therapy. In another study by Soul City (2015:7) it transpired that teachers are traumatizes by the whole situation whereby they have to deal with a lot of poor and hungry children every day. Many educators seemed to be bringing food to school for needy children since feeding scheme have proven inadequate. Teachers were also encouraged to facilitate support groups for HIV affected or infected children, giving them an opportunity to share their life experiences in a secure environment with pears. This was seen as a method of providing encouragement and also strengthening friendships (Anderson et al 2014:15). All these are done on top of what the teachers is employed for, which for teachers it is considered as work-overload.

Nxumalo et al (2015:4) reported that some teachers have to work extra hours to support those children living with HIV and AIDS or those who are on antiretroviral therapy. The teachers interviewed stated that as they are busy caring for the children who are in need of added attention; there is a possibility that the rest of the children in class suffer neglect. Teachers are overworked and are without adequate support. The teachers indicated that their role and scope of work have broadened further to include being a provider for the needy children on antiretroviral therapy (Nxumalo et al 2015:4).

2.6 GAPS IN LITERATURE REVIEWED

Though literature reviewed have provided some aspects related to the experiences of teachers providing support to learners living with HIV and AIDS, there are some gaps in the care for children on antiretroviral therapy as far as the experiences of teachers is concerned in different countries. However, there is a gap in literature as there is not even a single study talking about the experiences of educators providing care and support to children on antiretroviral therapy but only children infected or affected with HIV and AIDS. Literature reviewed does not suggest the solution to the challenges experienced by the teachers. The studies are conducted in other countries, none of the study was conducted in Swaziland. The identified gaps made it necessary for the researcher to conduct the study in Swaziland focusing on the

experiences of teachers providing care and support to children on antiretroviral therapy in order to recommend support needed to ensure that teachers provide quality care and support to children on antiretroviral therapy. The improved care and support of learners on antiretroviral therapy will improve the quality of life of learners and ensure that learners attends schools regularly.

2.7 CONCLUSION

This chapter focuses on the literature reviewed. Findings from literature are represented into the following six themes: Stress related to children's physical, social and economic situations; lack of communication between teachers and guardians; limited knowledge of support structures available for HIV affected children; teacher's personal restriction; lack of appropriate health personnel in schools and work overload. The limitation in the literature was that none of the studies were conducted in Swaziland which gave the researcher the reason of conducting the study in Swaziland. The next chapter which is chapter three will be focusing on research design and methods used in the study

CHAPTER 3

RESEARCH METHEDOLOGY

3.1 INTRODUCTIONS

The previous chapter gave a detailed discussion on relevant literature reviewed regarding the experiences of teachers providing care and support to children living with HIV/ and AIDS. The chapter also highlighted challenges experienced by those teachers. This chapter describes and justifies the methodology used in the study. Methodology refers to the process of obtaining, organizing and analyzing data (Polit and Beck 2014:349).The methodology is aimed at guiding the researcher as it is designed to develop or refine procedures for obtaining, organizing and analyzing data. This chapter describes the research paradigm, approach, research design, study setting, study population, eligibility criteria, sampling procedures data collection and data analysis process. The chapter also describe criteria used to ensure trustworthiness and ethics principles followed in the study.

3.2 RESEARCH PARADIGM

Paradigm is a way of looking at natural phenomena that support philosophical assumptions and guide the researcher's approach to inquiry (Polit & Beck, 2012:736). Kuhn (2011:1) defines a research paradigm as a framework that contains acceptable views about a subject or a pattern of thinking. A research paradigm provides a structure and direction that the research should take and details of how it should be performed. In this study an Interpritivism paradigm was utilised. This paradigm according to Green and Martelli (2015:22) has its origins in sociology and phenomenology. Interpretivist believes that the natural reality and the social reality are different and therefore requires different kinds of methods of inquiry. While the

natural sciences are looking for consistencies in the data in order to deduce “laws” the social sciences often deal with the actions of the individual (Gray, 2014: 23). Interpretivist focuses on culturally derived and historically situated interpretations of the social life-world (Gray 2014:23). This paradigm assumes that people are social actors in their environment and thus promote the idea that subjective thought and ideas are valid. As the researcher’s aim of the study was to understand the experiences of teachers experiences regarding provision of care and support to learners on antiretroviral therapy, Interpritivism was consider the most suitable paradigm. Interpritivism paradigm utilises qualitative research approach.

3.3 RESEARCH APPROACH

A qualitative approach was followed by the researcher in this study in line with interpretivism paradigm. Qualitative research is a systemic, interactive, subjective approach that is used to describe experiences of participants and the meaning of their experiences (Burns & Grove 2013:705). According to Polit and Beck (2012:60) in qualitative studies, the researcher usually collects data through narrative descriptions. Narrative information can be obtained by having conversations with the participants, by making detailed notes about how participants behave in naturalistic settings. It is commonly used to describe and explore phenomena where there is scanty of information. Qualitative researchers believe that many different views of reality are possible, and all of them are right and that there are always multiple interpretations of reality, and that can only exist within an individual (Houser 2012:36). In qualitative research, data is usually collected in the participant’s natural setting (Creswell, 2014:185). The researcher chose to use qualitative approach as very little is known about the experiences of teachers providing care and support to children on antiretroviral therapy in Swaziland schools.

3.4 RESEARCH DESIGN

A research design is the overall plan for addressing a research question including specifications for enhancing one’s study integrity (Polit & Beck 2014:270). It is a map of the way which the researcher will engage with research participants in order to

achieve the outcomes needed to address research aims and objectives (Moule & Goodman 2009:168). The researcher followed phenomenological design, focusing specifically on an interpretive phenomenology analysis (IPA). Interpretive phenomenology analysis design examines human experience through the descriptions that are provided by the people involved (Smith, 2009:53).

Griffith (2009:39) stated that IPA is phenomenological because it is concerned with individual's perceptions of objects or events. It enables the research to gain access to and understand individual's world using interviews and their perceptions. Griffiths (2009:39) emphasized that researchers using this approach have to be capable of conceptualizing and making sense of the participant's personal world through interpretative activities. The purpose of interpretative phenomenological analysis research is to describe what people experience in regard to certain phenomena, as well as how they interpret the experiences. In describing the lived experiences the researcher focuses on what is happening in the life of the individual, what is important about the experience and what alterations can be made (Brink, van der Walt & van Rensburg 2014: 113). Interpretative phenomenological analysis (IPA) assisted the researcher to explore in detail how participants are making sense of their personal and social world, as stipulated by Smith & Osborn (2009:53). As the researcher wanted to explore and interprets the experiences of the teachers in providing care and support to children on antiretroviral therapy, an interpretative phenomenological analysis design was the best option to be used. This was because the researcher was interested on how the teachers view their experience of caring and supporting learners who are on antiretroviral treatment; how they interpret their experience in relation to how the researcher interpret teachers experience. The researcher also wanted the teachers to come up with the suggestions regarding the alterations that can be made in order to improve or to make their experiences to be more positive.

3.5 RESEARCH METHODS

Research methods refer to the steps, procedures, principles and strategies for collecting and analysing the data in a research investigation (Rees 2011:244). This section covers study setting, sampling, data collection and data analysis.

3.5.1 Study setting

The study setting refers to physical location and conditions in which data collection takes place in a study (Polit & Beck 2014:267). For qualitative studies, the researcher mostly collects data in a real world, naturalistic setting (Polit & Beck 2014:267). Natural settings are uncontrolled, real life settings where studies are conducted (Burns & Grove 2010:35). The study was conducted at a Primary school in the Lubombo region in Swaziland. Swaziland is a country in southern Africa that is surrounded by Mozambique and South Africa. The country covers an area of 17,363 square kilometers. It has four administrative regions being Lubombo, Manzini, Shiselweni and Hhohho. The country's population is estimated to be a million. About three hundred thousand of the population are children who are aged 5 to 19 years of age (Census, 2009:40). Economically Swaziland relies on South Africa in terms of imports and exports. Some industries have lost their trading market and this brings down the country's economy. Many Swazis are not employed and this affects most of the children as they depend on their parents or guardians for support which is linked to finance. (Demographic survey, 2009:55).

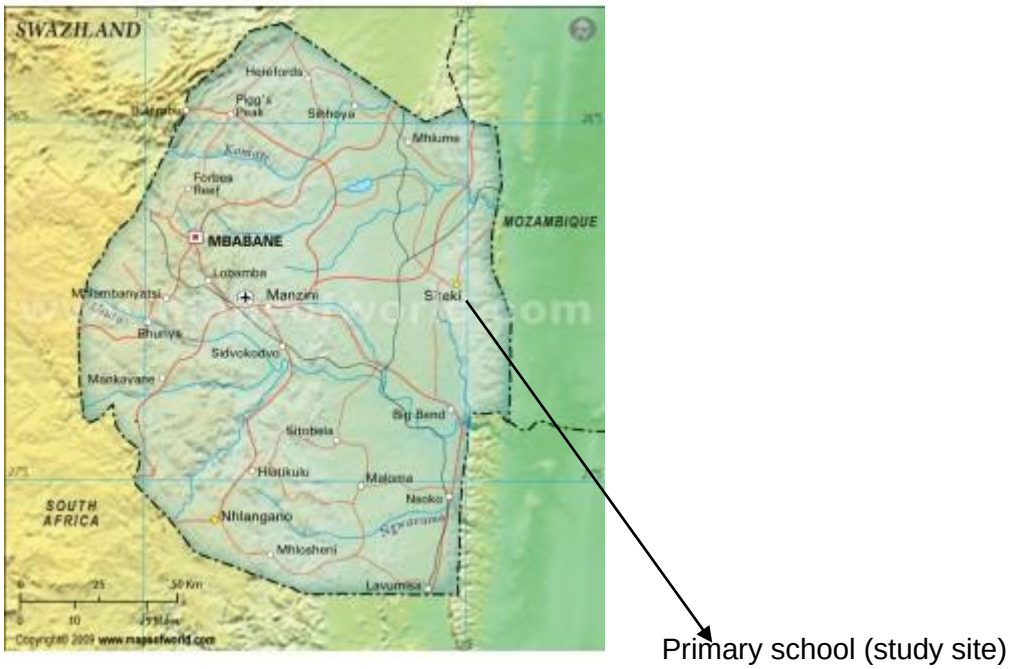

Figure 3.1 Political map of Swaziland (source)

There are various diseases in Swaziland and some of them are due to poor environmental sanitation and children are not spared from these diseases, for instance diarrhoea is a problem in the population of children and is due to contaminated water and unhygienic practices in food preparations. HIV and AIDS have killed a large number of children since it started and the number is still rising, more than 5000 children (Central Statistics Office 2011:76). This is due to the fact that children mostly get the virus from their mothers whereby it is not by choice and also from abuse. Many opportunistic infections affect the children who are HIV positive because of the low immune system and tuberculosis is one of those and have decreased the population of children over the years. Anemia is also a problem in HIV positive children and affects 17% of the population (Central Statistics Office 2011:76).

The collaboration of UNICEF with government ministries, United Nations agencies, and nongovernmental organisations led to good results such as the prevention of mother to child transmission which helps in monitoring the mother and providing prophylactic treatment so that a HIV negative baby is possible in an HIV positive mother and monitoring continues even after birth. Also the paediatric care with

improved access and quality of care for HIV infected children as children in the country now has access to antiretroviral drugs at any earlier age and these drugs helps them to live longer without being killed by the opportunistic infections, (UNICEF 2011:32). Baylor clinic is providing care specifically for HIV positive children and it is of great help as the workers focus on HIV and aids and are able to provide holistic care to the HIV positive children (UNICEF 2011:33).

Lubombo district has the highest HIV prevalence in the country. The school where the participants are recruited chosen because statistics has shown that there is high number of children on antiretroviral in the school as compared to other school (UNAIDS, 2010:21). The name of school is not mentioned due to confidentiality and also protection of the participant and institution. Lubombo region and some of them are attending schools

3.5.2 Population

According to Brink, van der Walt and van Rensburg (2014:123), study population is the entire group of persons or objects of interest to the researcher. It is the entire set of individuals who have common characteristics (Polit & Beck, 2014:387). Population sets boundaries on the study units, De Vos, strydom, Fouche and Delport (2012:223). The population of the study was all teachers in the primary school identified.

3.5.3 Sampling and sample size

Sampling is a process of selecting subjects, events, behaviors, or elements for participation in a study (Burns & Grove 2010:35). Convenient, purposive sampling was used in this study to obtain participants. Convenient sampling is a type of non-probability sampling that is based on the judgment of the researcher regarding subjects or objects that are typical or representative of the study phenomenon or who are especially knowledgeable about the question at hand (Brink, van der Walt & van Rensburg 2014:134).The advantage of purposive sampling is that it allows the researcher to select the sample based on knowledge of the phenomena. In the study

the researcher did not include any teacher in the school but those who met the eligibility criteria for inclusion. Eligibility criteria refer to the principles for inclusion in terms of characteristics that enables an individual to be included in the study population (Brink, van der Walt & van Rensburg 2014:124). It specifies the population characteristics for inclusion in the study (Polit & Beck, 2012:274). Exclusion sampling criteria are characteristics that can cause a person or element to be excluded from participation in a study (Grove, Burns & Gray 2013:353). The following are the exclusion and inclusion criteria utilised in this study.

Inclusion criteria

- Being a teacher at the identified primary school
- Worked for a minimum of a year in the school.
- Having cared and supported at least a learner on antiretroviral therapy

Exclusion criteria

- Teachers who are less than a year in the school were excluded
- Teachers who were doing teaching practice in the school were excluded.
- Teachers who have never cared or supported any learner on antiretroviral therapy.

A sample is a subset of the population, selected through sampling techniques (Moule & Goodman 2009:266). According to Polit and Beck (2012:521) there is no specific rules for sample size in qualitative research as the sample is mainly determined by the category saturation or redundancy. Same was done in the study as the researcher was controlled by data saturation. Though initially the researcher was aiming at interviewing 18 participants, total number of participants interviewed was only 16 which were determined by category saturation.

3.6 DATA COLLECTION

Data collection is defined as a precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions or hypotheses of a study (Grove, Burns & Gray 2013:691). In this section, details on the process of developing interview questions, recruitment of participants and conducting interviews are discussed.

3.6.1 Constructing the interview guide

The interview guide was designed following interpretative phenomenological analysis. All the questions were open-ended to avoid leading the participants or channeling the participants' response. This is because open ended questions are not based on preconceived answers and they provide richer, more diverse data (Brink, van der Walt & van Rensburg 2014:149). The researcher was guided by the research objectives and research questions in formulating the questions. After developing the interview guide, it was sent to the supervisor for approval. An agreement was reached on its appropriateness.. However, the supervisor's advice was that the questionnaire should be piloted to ensure the information gathered through responding to the research questions will be able to address the research questions and objectives. This was done through conducting a pilot interview with one teacher from another school who met the inclusion criteria. The pilot interview was transcribed and submitted to the supervisor who suggested the inclusion of certain probes and prompts to ensure that the questions are well responded to. After refining the interview guide, the researcher interviewed the second educator. The interview was also transcribed and submitted to the supervisor who approved the revised interview guide. The final interview guide was composed of biographic data, open-ended questions and probes (Annexure-E). Open-ended question are useful to avoid leading the participants or channeling the participants' response. This is because open ended questions are not based on preconceived answers and they provide richer and more diverse data (Brink, van der Walt & van Rensburg 2014:149).

3.6.2 Recruitment of participants

After getting permission from the Principal together with the participants, they were contacted prior to the interview session, to prepare them for the actual interview and clarify any questions which they might have. The discussions focused on the aims, objectives and significance of the study. Time for interviews was allocated to the researcher for participants to have individual contacts with. The answers to the questions asked by the researcher were expressed in anonymity and confidentiality. An information leaflet was given to each participant for later referencing. The leaflet explained the study, aim, objectives, issues of confidentiality and anonymity, benefits of the study and contact details of the researcher and supervisor. Present participants showed interest to participate in the study and further appointments were made on different dates and times. Each participant was provided with information leaflets to enhance their understanding of the study and ethical issues involved (See annexure D).

3.6.3 Conducting the interviews

Interviews were utilised to collect data. Polit and Beck (2012:731) define interview as a data collection method in which an interviewer asks questions from the respondent, either face- to- face or by telephone. Grove, Burns and Gray (2013: 698) describes interview as a structured or unstructured verbal communication between the researcher and participants to obtain information for a study. The interviews were conducted at the school (working environment), in a separate room from the staff room to ensure privacy and minimum disturbance from those who were not participating in the study.

Participants were first welcomed to the interviews to break the ice and to create conducive environment for facilitation of interviews. Recapping with the individual participants about the information leaflet was done. An informed consent was signed by the participants before starting the interview. Permission was requested from each participant to tape record the interview. Interview guide consisting of open

ended questions were used when conducting the interviews. The researcher conducted individual semi-structured interview. Each interview session started with the following statement: "*Kindly share with me your experiences regarding provision of care and support to school children on antiretroviral therapy at this school.* Other questions appearing in the interview guides were used as prompts. Probes and follow-up questions were used to increase detailed exploration and clarifying of some questions (Brink, van der Walt & van Rensburg 2014:152). Field notes were taken to enhance audio recordings. Each interview took about 45 to 60 minutes. Interviews were conducted iteratively with data analysis and were terminated when category saturation was reached.

3.7 DATA MANAGEMENT

A voice recorder was used for verbatim transcriptions of recordings. This increased the accuracy of data collection. The researcher made handwritten notes, which assisted with reaching the most comprehensive and accurate description. Detailed notes were made immediately after the interview in case the recording failed. The researcher listened to the recording immediately after the interview, checking for anything unsure, and to know if a follow-up interview was neccessary (Streubert & Carpenter, 2011: 91).

3.8 DATA ANALYSIS

Data analysis begins as soon as data collection begins (Streubert & Carpenter, 2011: 90). The researcher transcribed each audio-recorded interview verbatim. Each transcript was analysed one at a time. The transcripts were analysed manually using the IPA framework of data analysis approach in the following steps according to Smith and Osborn (2009:67): The steps are as follows:

- Reading and re-reading transcript to familiarize with participant's account;
- Making notes of interesting issues about participant's account;
- Development of emergent themes that capture meaning of participant's account;

- Searching for connections across emergent themes;
- Development of a master table of themes containing super ordinate themes, sub-themes and quotes from transcript and;
- Development of a single master table of themes from master table of themes of individual transcripts.

The following themes emerged from the data analysis and are discussed in chapter 4 with extracts from participants' narratives:

- Increased responsibility
- Inadequate support
- Psychological impact

3.9 ETHICAL CONSIDERATION

Ethics in social research refers to what is proper and improper in the conduct of scientific inquiry (Streubert and Carpenter (2011:62). Adherence to ethical principles is key to any research (Brink, van der Walt & van Rensburg 2014: 35).In the study ethical issues observed include protection of the rights of the institution, informed consent, confidentiality, beneficence, respect, justice and non-maleficence,.

3.9.1 Protecting the rights of the institution involved

Prior to data collection, ethical clearance was obtained from the Ethics Research Committee of the Department of Health Studies, at the University of South Africa.. Ethics Clearance number provided for this study is (ANNEXURE A) REC 012714 – 039, HSHDC/497/2015. Permission to conduct the study was sought and obtained from the Regional Education Officer for Roman Catholic Schools (Grant) (ANNEXURE B); Principal, and the entire school committee through letter writing (ANNEXURE C).

3.9.2 Informed consent

According to Moule and Goodman (2014:63), informed consent refers to the process of gaining agreement from an individual to participate in a research study, based on having been given all relevant information, in a manner that is appropriate for that individual, about what participation means, with particular reference to possible harms and benefits as well as the inclusion criteria. Informed Consent form refers to a written agreement signed by a study participant and a researcher concerning the terms and conditions of voluntary participation in a study (Polit & Beck, 2014). In this study, the participants were given all the relevant information regarding the study such as voluntary participation, purpose of study, benefits of participating and also the risks related to participating in the study. They had a choice to participate and were under no obligation to participate. They were free to withdraw from the study if they were feeling uncomfortable to continue. Participants who were willing to participate were requested to sign the form.

3.9.3 Beneficence

Beneficence refers to a fundamental ethical principle that seeks to maximize benefits for the study participants and prevent harm (Polit & Beck 2014:83). In this study, though there was no direct benefit to the participants, the recommendations made in relation to the findings in this study will assist in providing relevant support and skills needed to support learners on antiretroviral therapy. This will assist the educators in providing relevant care and support to their learners. The researcher avoided any question which was going to deliberately harm the participants. However, in case where participants were emotionally affected through the process of participating in the interview process, arrangements were made with psychologist to offer counselling.

3.9.4 Confidentiality

Confidentiali**y** is keeping the identity of the research participants only known by the researcher (Brink, van der Walt & van Rensburg 2014:35). It is the researcher's responsibility to ensure that the information obtained during the course of a study is not divulged to any other person without the permission from the study participants (Babbie 2010:67). In the study numbers were used instead of names to protect identity. The name of the school was not mentioned in any case so that information could not be traced back to the possible educator at school. Information was presented in a summarised form before dissemination. Recorded interviews are stored under lock in safe cupboard. Only the independent coder and supervisor have access to the audio-recordings.

3.9.5 Anonymity

Anonymity exists if research participants' identity cannot be linked with individual responses Grove, Burn and Gray (2013:172). Though in qualitative research the participants cannot be completely anonymous as the researcher who conduct face to face interview will know the participants. However, the participants become anonymous to the other people. In the context of this study, the participants were informed that their individual identities would not be disclosed in the research findings, therefore the researcher made use of numbers in transcripts. Interview tapes were stored in a locked cupboard where only the researcher has access. The consent forms where numbered, signed and stored separately from participants' contact details.

3.9.6 Privacy

Privacy refers to an individual's right to determine the time, extent and circumstances under which personal information can be shared or withheld from others (Grove, Burns & Gray 2013:169). This is to ensure that participants are able to share their

information freely without fear of being seen or heard by unauthorized individuals. In this study, participants choose the time and place where they consider that it will be more convenience and that nobody would be able to hear the conversations. The participants were allowed to discuss only issues that they felt comfortable to talk about and the researcher only asked information that was relevant for the study. Issues related to participants HIV status where not asked, but were only followed up when raised by the participants.

3.9.7 Respect

Respect is awarding the participant the right to express self (opinions) which is the right to decide whether or not to participate in the study (Brink, van der Walt & van Rensburg 2014: 32). The autonomy which is the right to self-determination or freedom of expression of the participants was respected in the study. Participants had a right to decide whether or not to participate and were free to withdraw from the study without any form of victimization or threat. The participants' privacy was also respected.

3.9.8 Justice

This principle includes the right to fair selection (Brink, van der Walt & van Rensburg 2014: 33). The researcher selected the participants with fairness. The researcher was fair in conducting research and maintained confidentiality towards the participants and avoided discomfort when enquiring information from the participants (Polit & Beck, 2014:84). The researcher first had an information giving session with every teacher in the selected school to ensure that those who meet selection criteria make informed decision to uncovered.

3.9.9 Non-maleficence

The objective of this principle is that the research should bring no harm to participants, communities and society at large (De Vos et al, 2014:115). According to Babbie (2010:71) this principle refers to the researcher's responsibility and duty to avoid, prevent or minimise harm to research participants. To avoid harm, only

questions related to the study where asked. The participants were informed that if they feel uncomfortable to answer some questions they should feel free not to do so. In case where the participants became emotional in the process of interview, they were referred to the psychologist who was arranged prior to conducting the study. Participants were also informed that if after the interview they feel emotionally stressed, they should feel free to communicate the counsellor whose name appear on the information leaflet.

3.10 MEASURES TO ENHANCE TRUSTWORTHINESS

Polit and Beck (2012: 1720) describe trustworthiness as the degree of confidence qualitative researchers has in their data. Moule and Goodman (2014:188) define trustworthiness as a method of establishing or ensuring scientific rigor in a qualitative research without sacrificing relevance. The goal for maintaining scientific rigor in qualitative research is to accurately portray the experiences of study participants. As the researcher's study purpose was to understand the experiences of teachers when offering care and support to learners on antiretroviral therapy, ensuring trustworthiness was very important. To ensure scientific rigor, the researcher adhered to the criteria of ensuring trustworthiness described in Polit & Beck (2012: 1720). The criteria include credibility, dependability, transferability, conformability and authenticity.

3.10.1 Credibility

Credibility alludes to confidence in the truth that the data and the interpretation thereof is a true reflection of the participants' experiences, views and beliefs (Brink, van der Walt & van Rensburg 2014:172). Effort was made to ensure that all participants were selected because they possess the experiences of caring and supporting learners on antiretroviral therapy. Only participants who met selection criteria were purposively sampled. Data was collected using in-depth semi-structure interviews until data saturation was achieved. To ensure credibility, the following elements were taken into consideration: prolonged engagement, member checking, peer review; triangulation and peer debriefing.

3.10.1.1 Prolonged engagement

Prolonged engagement is the investment of sufficient time during data collection to have an in depth understanding of the group under study, thereby enhancing credibility. The researcher had information session with the participants during the preparatory phase to get to know one another and explain questions they had about the study before the set date for the interview and rapport was established. This provided a room for trust during the day of the interview and participants were able to have a live discussion with the interviewer. This was because prolonged engagement is proven to help in gaining an in depth understanding of the phenomena under study (Bothma, Mulaudzi & Wright 2010:231)

3.10.1.2 Member checking

Creswell (2009:199) describes member checking as a process whereby “the final report or specific description or themes” are taken back to the participants so as to offer them an opportunity to provide their view points, provide context and alternative interpretation. In this study, since the research participants were required to listen to the taped interviews to give them an opportunity to react, to ensure that there were no distortions or missing data and to allow participants to check and verify information recorded. After data analysis, the researcher presented the research findings to the group of teachers who participated in the study to ensure that the analysis of the findings and presented results presents the participants views.

3.10.1.3 Triangulation

Triangulation is the use of multiple methods to collect and interpret data about a phenomenon, so as to converge on an accurate representation of reality (Polit & Beck, 2014:393). The researcher collected data using interviews and observations where by semi-structured structured interviews and field notes were used as means of ensuring triangulation.

3.10.1.4 Peer debriefing

Peer debriefing refers to meetings with peers to review and explore various aspects of a study, used to enhance trustworthiness in a qualitative study (Polit & Beck, 2014:387).The researcher was continuously discussing the study process with some academics who have already completed the masters study using qualitative approach to provide guidance an feedback. The initial transcript and her summary of the findings to the supervisor and some academic colleagues for review and discussions. Suggestions mainly from the supervisor were made.

3.10.2 Dependability

Dependability refers to the stability (reliability) of data over time and over conditions (Polit & Beck 2014:323). According to Bothma et al (2010:292) dependability is a process to determine the quality of data. To ensure dependability, the researcher describe the inclusion and exclusion criteria for the participants, data collection methods and data analysis process. Verbatim transcription of participants' interviews was done. Direct quotations of participants are used during presentation of the results. All the transcripts and video recordings are available for authorized people who want to confirm the results. The study supervisor have seen transcripts and also listened to one of the audio-recording of interviews. Peer briefing and member checking done to ensure credibility also affirms dependability. Rees (2011:239) indicates that if credibility is established then dependability is said to have been achieved Code and recoding of data was done by the researcher and an independent coder to ensure that the emergent themes are truly reflecting participants' experiences.

3.10.3 Transferability

Transferability refers to the extent to which qualitative findings can be transferred to other settings or groups (Polit & Beck 2014; 323). This was achieved by purposive sampling of participants, thick descriptions of research methods and data saturation.

The dissertation report contains a detail description of the experiences of teachers in caring for children on antiretroviral therapy in school. Verbatim extracts of participants were also included.

3.10.4 Confirmability

Confirmability refers to accurate reporting of the real meaning of data as provided by the participants (Brink, van der Walt & van Rensburg 2014: 171). According to Moule and Goodman (2014:190), confirmability refers to a mechanism of ensuring that the data represents information that the participants provided and is a measure of objectivity of the data. To ensure that no bias influences the results, tape recordings and field notes were utilized and were kept for further auditing. The study setting, participants sampling process, data collection methods, data analysis, results and discussions of findings and recommendations are well documented to show how the study was conducted.

3.10.5 Authenticity

Authenticity refers to the extent to which fairness and faithfulness is displayed by the researcher in different realities Botma, Greeff, Mulaudzi & Wright (2013:234). Authenticity is evident when the report describes the feelings of the participants lived experiences. The researcher made it possible for the readers to be able to understand the experiences that the teachers have with regard to caring for children on antiretroviral therapy in school. This was ensured by providing description of the participants and also verbatim transcription of interviews. The participants' excerpts are used throughout during discussion of the results to sure the origin of the theme. The video recording and transcripts are available and were also seen by the study supervisors. All participants' signed consent forms are kept safe in case a proof is required.

3.11 CONCLUSION

The chapter focused on the methodology of the research process, which was briefly explained in chapter one. Important aspect like the ethical considerations and trustworthiness of the study were also included in this chapter. The next chapter which is chapter four focuses on the results of the study.

CHAPTER FOUR

RESULTS

4.1 INTRODUCTION

The previous chapter focused on research methodology. It also highlighted the measures followed to ensure trustworthiness and the ethical principles followed. The chapter described the process of data analysis and highlighted the themes which emerged from data analysis. This chapter presents the results of the study based on the superordinate themes, themes and subthemes which emerged from data analysis. The results are based on the experiences of the teachers in the school with regards to caring for the children on antiretroviral therapy.

4.2 DEMOGRAPHIC DATA OF THE STUDY PARTICIPANTS

The purpose of providing the demographic data is for the readers to understand the sources of the information. All the study participants were qualified teachers. All of them were trained in Swaziland and they all met the inclusion criteria for participation. A total of 16 teachers participated in the study. Table 4.1 shows the demographic profile of the participants.

Table 4.1: Demographic data of participants

Participant	Age	Sex	Qualification	Number of years at school
Participant 1	25 years	F	Secondary teachers diploma	1 year
Participant 2	28 years	F	Primary teachers diploma	3 years
Participant 3	29 years	M	Primary teachers diploma	2 years
Participant 4	24 years	F	Secondary teachers diploma	1 year
Participant 5	31 years	M	Primary teachers diploma	4 years
Participant 6	35 years	F	Primary teachers diploma	6 years
Participant 7	39 years	M	Primary teachers diploma	6 years
Participant 8	43 years	F	Primary teachers diploma	8 years
Participant 9	40 years	F	Primary teachers diploma	11 ears
Participant 10	44 years	F	Primary teachers diploma	12 years
Participant 11	45 years	F	Primary teachers diploma	11 years
Participant 12	49 years	M	Primary teachers diploma	14 years
Participant 13	50 years	F	Primary teachers diploma	15 years
Participant 14	55 years	M	Primary teachers diploma	16 years
Participant 15	54 years	F	Primary teachers diploma	30 years
Participant 16	55 years	M	Primary teachers diploma	32 years

In this study all the participants were teachers in the school. Participants were from Swaziland and each had a diploma certificate in teaching. They graduated from the colleges and universities in the country. Out of the sixteen participants, ten were females and six were males. Their age ranged between 21 and fifty five years. Only five participants had been in the school between two to five years, with most of them being in the school for more than five years.

4.3 PRESENTATIONS OF FINDINGS

This section provides an overview of superordinate themes, themes and sub-themes that emerged from data analysis of the experience of teachers in the care of children

on antiretroviral therapy in schools. Table 4.2 below summarises the super-ordinate themes and .sub-themes that emerged from data analysis.

Table 4. 2 Summary of results

SUPERORDINATE THEMES	**THEMES**	**Sub-themes**
Increased responsibility	Provision of food	Sacrificing own lunch
		Cooking at school
	Ensuring that learners are properly dressed	Individual donation of clothes to learners
		Team contribution towards buying uniform
	Provision of proper education	Providing catch up lessons
		Teaching learners after hours
		compromising the teaching of other learners
	Meeting healthcare needs	Providing Firs-aid to learners
		Transporting learners to the health care facilities
	Protecting children from stigma and discrimination	*ensure that children are not offended*
		to protect the children from being bullied
Inadequate support	Lack of support from children's parents/guardians	*not receiving support from the parents*
		Not informed about children's HIV status
	Lack of training	Limited knowledge
		Use of common sense
	Lack of support from school	Limited resources include food and protective materials
		Expected to teach same number of subjects
Psychological impact	Sense of accomplishment	***best moments to share***
		Happiness and self-fulfillment.
		Being trusted by learners
	Demotivation	*do not have any motivation*
		assisting learners without necessary materials

		Using own funds to care for learners
	Feeling of helplessness	Seeing children deteriorating because of parents' ignorance
		children deteriorate because of poverty
	Emotional pain	Seeing child deteriorating
		Dealing with death of a child

4.4.1 Increased responsibility

This theme relate to the additional responsibilities with teachers who are providing care and support to school children who are on antiretroviral therapy. The increased responsibility is related to ensuring that children who are on antiretroviral therapy have eaten something before taking antiretroviral treatments, leaners are properly dressed, that they are also receiving proper education like any other children in class, meeting their healthcare needs and protecting children from being bullied and social excluded.

4.4.1.1 *Provision of food*

Participants mentioned that providing care and support to children on antiretroviral treatment increase their responsibility towards children. This is because they do not just supervise the children to ensure that treatments are taken but they should first ensure that the children have eaten food as antiretroviral treatments are not taken in an empty stomach. Some teachers have to **provide their own food** to provide learners as indicated by the following quotations:

> *"Before providing the treatment, I first ask if the child have eaten breakfast. The challenge is that, most of the children come to school with empty stomachs without even a lunch box or pocket money. The first meal provided at school is usually during break time which is around 11 hour. By then it is too late for the child to take treatment. So it become my responsibility to ensure that the child eat something before taking treatment. Most of the time I have to provide my own food to the needy child" (Participant 15).*

"As a teacher, you have to make sure that the children have eaten something in the morning, if not so as a teacher you have to provide something. Even if there is nothing in the school you give what you have brought from your house." (Participant 8).

Some children do not wait to be asked but they directly go to the teachers to report hunger. Sometimes ***teachers have to cook for learners*** to ensure that children get breakfast as indicated in the following quotation

"The children only get one meal in school during break. But some learners you can see that they are starving. So if I have not brought my lunchbox or if I see that there are several learners whom I cannot feed with my food. I end up going to the kitchen to cook soft porridge and provide to learners before I provide antiretroviral treatments". (Participant 6)

4.4.1.2 *Ensuring that learners are properly dressed*

Despite ensuring that children are well-fed before providing antiretroviral treatment, participants mentioned that they also have a responsibility to ensure that children are properly dressed. This is done through ***individual donation of clothes to learners*** on antiretroviral therapy. At times the educators some educators make ***financial contribution*** as a team to buy clothes for learners on antiretroviral therapy.

"Some children are coming from very poor family. They come to school with torn dirty clothes. Even when it is very cold, you will see a child coming without even a jersey. They come with bare feet. Knowing that children living with HIV are prone to diseases, especially flue, we contribute even money towards the welfare of other children who will even come to school without proper uniform even in cold weather." (Participant 2).

"I have really dedicated my time and my all in attending to the needs of the children in the school, we really go an extra mile in caring for those whom we know their conditions though it is not easy but we try our best to clothing and

any other help that we can but indeed it is not enough because most of our children are poverty stricken" (Participant 16)

4.4.1.3 *Provision of proper education*

Participants mentioned that children on antiretroviral therapy miss lessons most of the time. The reason for absence from school is either related to their ill health or for their responsibilities as care givers as most of learners who are on antiretroviral therapy have HIV infected parents or even siblings. Teachers have the responsibilities to ensure that those learners who have missed class are provided with the lessons which were taught in their absence. This means that teachers have to **repeat the lessons in class** instead of continuing with new lessons**.** Sometimes we are expected to teach learners who have missed lessons **after hours or during break times.** These are indicated in the following excerpts**.**

"The school attendance by children on antiretroviral therapy is not good as most of the time they are supposed to see the doctor for minor ailments and also for refills of medication. It was discovered that sometimes they care for sick relatives or siblings in cases whereby parents are dead. "It is really hard because as teachers we have to go back most of the time to explain to those who were absent and try not to be hard on them but give them the love they deserve. When we are doing that, we find that the rest of learners who were in class are now neglected. Sometimes we are forced to teach the learners who have missed class during break time which is very exhaustive". (Participant 1).

In the process of repeating lessons to assist learners on antiretroviral therapy to catch up with what they have missed, they end up ***compromising the teaching of other learners*** who are always in class which even bring conflict between parents and educators. These are indicated in the following quotation:

"The responsibility of teaching one lesson more than twice to cover those learners who were absence due to HIV and AIDS related situations is frustrating. Sometimes parents of health learners even come to school and scold us saying that we are not teaching as their children are taught one thing

for a very long time. But if we ignore those who are living with HIV and focus only on healthy children, that will not be fair. However, accommodating them during normal school hours is problematic. The problem is that we cannot request them to remain after school because other children may start to discriminate against them". (Participant 7).

Participants mention that children on antiretroviral therapy are allowed to go to their respective clinics and hospitals on monthly basis for the refill of their medication. It became the responsibility of the educator *to ensure that learners do not miss lessons* ***through catch up lessons.***

"Children on antiretroviral therapy go to the hospital every month to collect antiretroviral treatments. I do not shout them for being absent when they come back from the refill appointments. I also make sure that I furnish them with what was done in the school while they were away which includes giving them tests and assignments. This is a great challenge though as the children go on different days in a month and it gives an extra job to me to take care of the individuals learning needs when they come back". (Participant 13).

"The children on antiretroviral therapy are free to go for their refills and later taken care of when they come back in terms of making them to catch up with their studies, though a challenge on the side of the teachers as they go on different dates and there is no consistence". (Participant 1).

4.4.1.*4 Meeting healthcare needs*

Children on antiretroviral therapy need to see a doctor most often due to opportunistic infections and as they have a compromised immune system so early treatment is recommended. It is true that some caretakers at home do not pay special attention to that and depends on the level of education and understanding, as you will find that some children live with very old grandparents. Some children are orphaned and live in child headed families. This gives the teacher an extra work to really take care of the children especially when they are sick, they have to take them to hospital. The school policy agreed that every human has a right to treatment and

as a result the children are taken to the nearest hospital when they are sick. There are no health personnel who attend to the children within the school premises. It is also their responsibility to remind the kids of their medication time on daily basis. Though the country provides what is called school health, it is not enough as the health personnel comes maybe once a month to provide care to the needy child, which is not enough according to the interviewees. The teachers are then left with no option but to ***provide First-aid services*** in which they were not trained for. Participants mentioned that they have a responsibility for making sure that the health care needs of children on antiretroviral therapy are met. They do that through **taking them to the clinic** or nearest hospital using their own funds and transport.

> *"As teachers, we pay special attention to a sickly child in the school like is doing to our children. When they are sick, we take them to the nearest clinic or hospital, not to their parents/guardian. We use our own money and we cannot even request money from their parents. We cannot even request the money back from the guardian or parents as some children do not even have parents. But sometimes it is very painful on our side because we also do not have adequate money. But we cannot allow children to die at school." (Participant 7)*

Participants mentioned that some children do not have responsible guardian or parents who can take them to the hospital for check-up and refill of the antiretroviral treatments. This becomes the responsibilities of the teachers.

Apart from accompanying children to the hospital and health care facilities for refill. It is also the responsibility of teachers to ensure that children take their antiretroviral treatments as prescribed by the health care providers.

> *"It is a policy that antiretroviral therapy is taken at the same time on daily basis and the child together with the guardian chooses the appropriate time. Some children's time for taking the medication fall on the school hours thus making it our duty as teachers to provide love and care through reminding the children to take their medication on the said time. As I am also on chronic medication, I encourage the young ones to take their medication by taking mine in front of the pupils." (Participant 1)*

4.4.1.5 *Protecting children from stigma and discrimination*

Participants mentioned that caring for children on antiretroviral therapy is an extra job as they had to ***ensure that children are not offended*** throughout the caring process that can be as a result of lacking confidentiality from the teachers. Though teachers try their best to maintain confidentiality, some learners end up being suspected that they are living with HIV and end up being bullied by other learners. Participants mention that bullying is a problem in the school if the other children happen to know the status of the child on antiretroviral therapy. They mention that they have the responsibility ***to protect the children from being bullied***, which sometimes is so serious because there in the process, the participants have to ensure that they do not worsen the issues of stigma and discrimination towards children living with HIV and AIDS.

> "*Bullying is a challenge in the school among the pupils if they happen to know the status of the other children, they would even refuse to play or socialize with them so as teachers we have to devise a strategy of making them to do things together in the presence of the teachers and try to include HIV alertness in our teaching while taking into consideration the privacy to the affected children*. *It also helps the others not to socially exclude them. Teachers have a hard task to teach the children about the bad habits that involve looking down upon others." (Participant 3).*

> *"Some children social exclude the children on antiretroviral therapy when they know that they are on treatment. This is due to the way HIV was taken when it started. It is for this reason that some children and their guardians are afraid to disclose to the teachers in fear of discrimination. Confidentiality is a requirement in this situation so the children are reminded of not telling anybody their HIV status. They are also encouraged in class participation and involvement in activities taking place in the school. They are enabled to be class prefects like any other child in the school and are treated in the same manner with other children in the school despite being on antiretroviral therapy in order to protect them from social exclusion." (Participant 1).*

4.4.2 Inadequate support

Though educators have additional responsibilities to provide care and support to children on antiretroviral therapy, some of them mentioned that they do not receive any support. Participants mention that there is lack of support from children's guardians/parents, school and government.

4.4.2.1 *Lack of support from children's parents/guardians*

Participants mention that they *are* ***not receiving support from the parents*** or guardians of learners who are living with HIV or those who are already on antiretroviral therapy. This is evidenced by teachers not being told of any information regarding the children's HIV status or the treatments the child is taking.

> *"We end up acting as parents to the children as parents are so stiff to communicate with teachers about the welfare of a child, you even decide by self how to take a child to nearest clinic when sick because some parents will even bring a sick child to school even with opportunistic infections without seeing a doctor and without any communication pertaining the situation. It is very difficult to make one take it easy due to the way HIV was taken when it was discovered in the country. Parents are really not comfortable to talk about it, even disclosing is very difficult". (Participant 15).*

Most teachers revealed that they know of a few pupils on antiretroviral therapy whereby parents have disclosed their status either to the head teacher or class teacher. Some indicated that they discovered the status through the pupils when asking them about continuous absenteeism. In other instances they are just seeing poor health conditions but they are afraid to dig further as this would usually ruin the relationship with the child or parent.

> "*Disclosing status to the school is a great challenge thus making it difficult for teachers to assist the children with treatment". (Participant 4)*

4.4.2.2 *Lack of training*

Participants mentioned that the government of Swaziland is not supportive to teachers who are providing care and support to learners on antiretroviral therapy as it is not offering training. Participants mentioned that they are supporting care and support ***without any knowledge*** of how to manage children living with HIV or on antiretroviral therapy. Participants mention that they just support learners on antiretroviral therapy ***using common sense***.

> *"We are just assisting learners based on common sense. There is lack of trainings to equip us on the facts of antiretroviral therapy. It is a challenge to take care of the children if we do not know about the antiretroviral drugs and their side effects. We have not received any training as far as HIV//AIDS management is concerned. This makes it difficult for us to render proper care. Maybe it is an oversight on the part of teachers". (Participants 13).*

4.4.2.3 *Lack of support from school*

Participants mention that they are not receiving support from the school as they are expected to do everything to ensure that learners who are on antiretroviral therapy are well cared for. They are doing that above their day to day responsibilities of ensuring that learners are well taught. They are also ***expected to teach similar number of subjects*** as the teachers without learners on antiretroviral therapy. Participants further mentioned that **the school does not supply resources** to use when caring for and supporting learners.

> "*Seemingly there is no one really concerned about how we feel yet this is a stressful situation, whereby we have to care for the children without enough resources. We do not even have gloves to assist when children are bleeding. Most of the time the school ran out of food to assist learners and they don't care. What they want is to make sure that children are given medicine. Whether you have many children in class who are on antiretroviral therapy, no one seems to care. They still expect you to have 100% pass rate of learners and submit everything on time. This leads to burnout as we end up sacrificing with*

our break time and lunch, it will be easy if we have specific teachers for that, and who will be teaching less subjects to accommodate caring for the children on antiretroviral therapy" (Participant 2).

Another thing that limit motivation are the teacher's own problems as far as HIV/AIDS is concerned as you will find that they are also affected and have to deal with their own economic constraints and emotional challenges in their families.

4.4.3 Psychological impact

This theme is about the psychological impact of providing care and support to children on antiretroviral therapy has psychological impact to the providers. The psychological impacts experienced by teachers providing care and support to children on antiretroviral therapy range from Sense of joy, Demotivation, Feeling of helplessness and emotional pain.

4.4.3.1 *Sense of accomplishment*

Even if the work of rendering care to children on antiretroviral therapy is an overload but the teachers had their ***best moments to share***. These are considered as positive emotions. Positive emotions identified by participants include ***happiness and self-fulfillment.***

"What is good is that school children most of the time believes a lot on what I say as their teacher at school. So it is my mandate to tell the children the truth, show them love and caring attitude. It is so lovely to see them having self-esteem in the activities within the school despite their situation and it's so uplifting and encouraging to me". (Participant 14).

"Seeing them happy, playing around, playing different type of games and performing well academically gives us hope as teachers and makes us feel good about our effort in helping them with their medication. It also shows that our counseling is really helping them though not an easy task." (Participant 8).

According to the interviewees, every teacher is responsible to be caring and supporting learners without discriminating the children in class. The teachers reported great moments in seeing the **children trusting them** and reporting all their concerns to them after they have established good teacher – child relationship.

> *"The children in the school are treated the same with the teacher providing the love like sharing jokes with the kids and taking care of them making sure the dress codes suitable for the day, and making sure that every child get food during the break time, also attending to their individual complains among themselves and make sure there are not bullied by other kids". When I see this happening, it makes me feel very happy. (Participant 11).*

4.4.3.2 *Demotivation*

Motivation at work makes an individual to go to work with more energy to conduct his/her job. Most of the teachers reported that they ***do not have any motivation*** with regard to providing care and support to children on antiretroviral therapy. The most demotivating aspects are ***assisting learners without necessary materials***. They are even ***using their own funds to assist learners***.

> *"I do not have any motivation to continue caring for children on antiretroviral therapy, in fact all children living with HIV and AIDS. This is because it is an extra job on which is difficult as it is done in the absence of the required resources. It is none encouraging that mostly one has to even fork out money from his/her pocket to help the needy child. Even the guardians are not appreciating the care I am providing to their children but what they are concerned with is how I am treating their children after disclosure." (Participant 3).*

> *"It is not easy sister. Sometimes while one is supporting a child, yet she/he have own problems it becomes too much. Remember, we are not even well paid as teachers. So it is demotivating when you have to use your own limited resources to assist learners." (Participant 5)*

4.4.3.3 *Feeling of helplessness*

Participants further mentioned that they find themselves in the situations where they feel so helpless. The helplessness is usually related to ***seeing children's condition deteriorating because the parents have stopped the child from using the antiretroviral*** treatments.

> *"Some children deteriorate due to the beliefs of their guardians and it is so challenging because as minors they depend on parents. Children on antiretroviral therapy face the wrath from their parents when they stop them from medication believing that they are healed and this leads them deteriorating in no time as they need the treatment. As a teacher I have no much to say when a parent/guardian stops the child from treatment though in some instances we report in the child well fare department but it takes time for them to investigate and sometimes we report when it is already late. This make one feel so helpless". (Participant 10).*

Participants mentioned that some ***children deteriorate because of poverty***. The poor children are in and out of hospital most of the time due to opportunistic infections, which the interviewees believe poverty plays a major role in it.

> *"It is heart breaking to see them deteriorate due to the circumstances they face in life as even the school cannot do more than what it is providing in terms of meals yet some children are from very poor families resulting in them not getting enough nutritious and health foods to compensate the low immunity"*. (Participant 4).

> *Most of children come home with empty stomachs and this means they take their medication hungry if the time for their medication is before they reach school. In some instances you find that they last eat from the meal they take in school during break time until the next day. Those are the children who do not live longer even when they are on treatment. It is painful when you see them on Monday morning. They look so weak showing that they might have not eaten since Friday when they left school. And even when you are willing to assist, you*

are able to help only during the school. There is nothing else one can do as the children are from very remote areas in rural villages." (P15).

4.4.3.4 *Emotional pain*

Participants mention that they experience severe emotional pain when they *see that a child's condition is deteriorating.*

> *"It is very painful for me when I see a child's condition deteriorating. Watching a child in class gradually losing weight, becoming weaker and weaker every day is so traumatizing. Especially when the child is on treatment. Sometimes when I look at the child and see death on her eyes just make me cry. Sometimes I even fail to hold my tears in front of the class. Realizing that, I will just tell the children that something has entered my eyes and is irritating me."(Participant 1).*

Participants mentioned that their worst situation is ***dealing with the death of a child*** who was on antiretroviral therapy.

> *"I don't want to think about the situation. It is so painful when the child who is in your class dies, especially those who are on antiretroviral therapy and seems to be doing well. Last year one child who was looking very well just passed away. The most painful thing was that we were not formally informed. I noticed that the child was not in class but just thought that the child has gone to the clinic for check-up. I started to make a roll call. When I called his name one child just said "He is dead" I was so shocked and stop calling the names and went to the staff room and reported to the principal. The principal called the family and it was confirmed that the boy is indeed dead. I did not know how to handle other children in class because some of them where crying. The whole situation was so painful. We had to go to the boy's family for condolences. The family situation was so pathetic. We had to donate some money to assist with the burial. During the day of funeral I was expected to make a speech as a class teacher. When seeing all his classmates crying, I also broke into tears." (Participant 7).*

4.5 CONCLUSION

The research provided detailed description of the study findings in relation to the experiences of teachers in caring for children on antiretroviral therapy in schools. The last chapter that follows focuses on the discussions of study findings, recommendations, limitations and conclusion of the study.

CHAPTER 5

DISCUSSIONS, LIMITATIONS, RECOMMANDATIONS AND CONCLUSION

5.1 INTRODUCTIONS

The previous chapter presented the results of this study. This chapter summarizes, discusses and concludes the key findings from the study. The chapter also provides appropriate recommendations based on the study findings and states the limitations of the study.

5.2 RESEARCH DESIGN AND METHODS

The aim of the study was to gain in-depth understanding of teachers 'experiences with regard to the provision of care and support to school children on antiretroviral therapy in Swaziland in order to recommend approaches for enhancing support and care offered to children on ART by teachers. Interpretative phenomenological analysis design was used in this study. Smith and Osborn (2007:53) mention that IPA explores in detail how participants are making sense of their personal and social world. The purpose of interpretative phenomenological analysis research is to describe people experiences in regard to certain phenomena, as well as how they interpret their experiences. In describing the lived experiences the researcher focuses on what is happening in the life of the individual, what is important about the experience and what alterations can be made (Brink, van der Walt & van Rensburg 2014: 113). As the researcher wanted to explore and interprets the experiences of the teachers in providing care and support to children on antiretroviral therapy, in order to gain in-depth understanding of those experiences, an interpretative phenomenological analysis design was the best option to be used.

The researcher collected data from 16 purposively selected participants using semi-structured interviews. The interview process was guided by an interview guide which was designed in line with IPA design. Each interview was audio recorded and lasted between45 to 60 minutes per participant in average. Field notes were taken as a means of triangulating data collection method. The researcher transcribe the audio recorded interviews verbatim. Data was analysed using Interpretative Phenomenological Analysis framework for data analysis. Trustworthiness of the study was maintained using the criteria of credibility, transferability, dependability, conformability and authenticity. Ethical aspects that were considered in the study were protection of the rights of the institution, informed consent, confidentiality, beneficence, respect, justice and non-maleficence.

5.3 DISCUSSION OF THE RESEARCH FINDINGS

Discussion of research findings is about interpretation and summary of the results and the researcher present the results relating to existing literature. The discussion section connects the findings with similar studies (Brink, van der Walt & van Rensburg 2014: 192). The discussion of the findings covers demographic data and the thematic categories which were highlighted in the results section.

5.3.1 Demographic data

Demographic data is discussed focusing on sex, marital status, age and number of years which the participant has spent at school.

5.3.1.1 *Sex*

The participants in the study represented both sexes though there were more females than males. The findings were more or less the same among the participants despite the gender difference.

5.3.1.2 *Marital status*

Concerning the marital status of the participants, the study revealed that more participants were married and have responsibilities to care for their children. This

might have contributed to their commitment to extending the care and support to children at school. It was discovered that despite the marital status, both married or individuals reported that care and support to children on antiretroviral therapy is indeed an overwork. Both married and unmarried teachers considered economic support to these learners as posing economic burden as all of them have their own families to care for.

5.3.1.3 *Age*

The study indicated that the age range for the participants was between 20 and 55 years which is mainly a child bearing age. Meaning that the participants might be also responsible for their own children or grandchildren. This situation makes the participants capable to provide care and support to the children on antiretroviral therapy in the school. Given that the teachers in the school almost shared the same age range, it was assumed that they would provide similar support and care to children on antiretroviral therapy. However results showed varied experiences and approaches to care and support for children on antiretroviral therapy.

5.3.1.4 *Number of years served in the school*

According to the results most participants have been in the school for more than five years. The length of stay was long enough for the teachers to know some of the children on antiretroviral therapy and the type of support they needed to offer to the children. The teachers could be able to make good plans for the children to receive sufficient support as being in the school longer is assumed to be enabler for them to be committed. However, the number of years has an impact on the experiences of the teachers towards provision of care and support and the challenges experienced. The longer the time the teacher have spent at school, the more they reported the challenges faced in the school compared to those who were having few years in the school.

5.3.2 The experiences of teachers with regard to the provision of care and support to school children on antiretroviral therapy

In this section, the findings in relation to the experiences of teachers with regard to the provision of care and support to school children on antiretroviral therapy is

discussed based on the three superordinate themes which have emerged from data analysis of narratives of the participants namely: (i) Increased responsibility, (ii) inadequate support and (iii) psychological impact. The findings will be discussed in relation to the existing literature.

5.3.3 Increased responsibility

This superordinate theme is about the increased responsibility which is experienced by teachers offering care and support to learners on antiretroviral therapy. The increased responsibility is related to ensuring that children who are on antiretroviral therapy have eaten something before taking antiretroviral treatments, learners are properly dressed, that they are also receiving proper education like any other children in class, meeting their healthcare needs and protecting children from being bullied and social excluded. These findings concur with those of Wood & Goba (2011:281).

Despite ensuring that children are well-fed before providing antiretroviral treatment, teachers also have a responsibility to ensure that children are properly dressed. For the teachers, the responsibility of ensuring that children on antiretroviral therapy are fed and well-dressed has a negative impact on teachers' finances. The findings also revealed that children on antiretroviral therapy miss lessons most of the time. The reason for absence from school is either related to their ill health or for their responsibilities as care givers as most of learners who are on antiretroviral therapy have HIV infected parents or even siblings. Children on antiretroviral therapy are allowed to go to their respective clinics and hospitals on monthly basis for the refill of their medication which shows great support and caring attitude from the teachers. It became the responsibility of the educator to ensure that learners do not miss lessons. This is supported by the results of a study done in Zimbabwe by Anderson et al (2014:10).

The study also showed that children on antiretroviral therapy need to see a doctor most often due to opportunistic infections and as they have a compromised immune system so early treatment is recommended. It is true that some caretakers at home do not pay special attention to that and depends on the level of education and

understanding, as you will find that some children live with very old grandparents. Some children are orphaned and live in child headed families. This gives the teacher an extra work to really take care of the children especially when they are sick, they have to take them to hospital. This is very hard for the teachers in the school as they have to use their money and time dedicated for academic purposes. The school agreed that every human has a right to treatment and as a result the children are taken to the nearest hospital when they are sick. This is supported in a study by Duangkamol, and Ankana (2014:5), where it was stated that teachers are made responsible to provide health care to children who become ill at school. This situation leaves the burden to teachers to send the children to the clinic for treatment.

There are no health personnel who attend to the children within the school premises. It is also the responsibility of the teachers to remind the kids of their medication time on daily basis. This is greatly supported in a study by Duangkamol, and Ankana (2014:5) which was conducted in a public school in Bangkok whereby there was lack of healthcare providers. This is because the public schools cannot employ nurses or health personnel to take care of the children in schools because they do not have the funding. Though the country provides what is called school health, it is not enough as the health personnel comes once a month to provide care to the needy child, which is not enough considering the opportunistic infections in which the children are prone to. The teachers are then left with no option but to provide first aid services in which they were not trained for.

They have a responsibility for making sure that the health care needs of children on antiretroviral therapy are met. They do that through taking them to the clinic or nearest hospital using their own funds and transport yet they do not have enough money considering their salary scale. This also affects their own economical status as they have families to care for. Ideally there should be extra funds for taking the children to hospital and vehicle for transporting them but it is not the case. This concurs with results from Bantwana (2009:11) where it indicated that there is lack of proper mechanisms of health services in schools. Though at times the health care services visit schools, their assessment of children for minor ailments and follow up

care seems to be not properly done, because immediately when they leave the school, some children who are sick are not identified or given treatment. This situation leaves the burden to teachers to send the children to clinic for treatment or to their homes (Bantwana, 2009:11).

Some children do not have responsible guardian or parents who can take them to the hospital for check-up and refill of the antiretroviral treatments. This becomes the responsibilities of the teachers. Apart from accompanying children to the hospital and health care facilities for refill, it is also the responsibility of teachers to ensure that children take their antiretroviral treatments as prescribed by the health care providers. This really affects their job description because they have to go an extra mile as far as educating the child is concerned. This finding concurs with a study done in Zimbabwe by Anderson et al (2014:15) where teachers were encouraged to play a good role in caring for the children who included reminding them of their medication, mobilizing food and facilitating support groups. All these are done on top of what the teacher is employed for, which is considered as work overload (Anderson et al 2014:15).

Caring for children on antiretroviral therapy is an extra job as they had to ensure that children are not offended throughout the caring process that can be as a result of lacking confidentiality from the teachers. Though teachers try their best to maintain confidentiality, some learners end up being suspected that they are living with HIV and end up being bullied by other learners. Bullying is a problem in the school if the other children happen to know the status of the child on antiretroviral therapy. They mention that they have the responsibility to protect the children from being bullied, which sometimes is so serious because there in the process, the participants have to ensure that they do not worsen the issues of stigma and discrimination towards children living with HIV and AIDS. This study concur with findings by Anderson et al (2014:11) where it was stated that some children and their families were reluctant to disclose due to stigma and discrimination.

In a similar study by Nxumalo, Wojcicki and Magowe (2015:4) it was highlighted that some teachers have to work extra hours to support those children living with HIV and AIDS or those who are on antiretroviral therapy. It was stated that teachers are overworked and are without adequate support. Their role and scope of work have broadened further to include being a provider for the needy children on antiretroviral therapy (Nxumalo, Wojcicki & Magowe 2015:4). This fully supports the results of the study as teachers are experiencing the same challenges of work overload with no one concerned about their welfare.

5.3.4 Inadequate support

Though educators have additional responsibilities to provide care and support to children on antiretroviral therapy but they do not receive any support. There is lack of support from children's guardians/parents, school and government which makes the caring and support to be challenging. The study shows that teachers are not receiving support from the parents or guardians of learners who are living with HIV or those who are already on antiretroviral therapy. This findings concurs with Anderson et al (2014:11) which indicated that teachers had limited knowledge on the social background or HIV status of the children. Some families were reported to be reluctant to disclose the HIV status due to fear of stigma and discrimination.

This is evidenced by results in this study where teachers not being told any of any information regarding the children's HIV status or the treatments the child is taking. The research revealed that they know of a few pupils on antiretroviral therapy whereby parents have disclosed their status either to the head teacher or class teacher. Some discovered the status through the pupils when asking them about continuous absenteeism. In other instances they discover through being concerned from seeing poor health conditions but the teachers will be afraid to dig further as this would usually ruin the relationship with the child or parent. A study by Anderson et al (2014:11) revealed that lack of knowledge on children's home circumstances compromised teachers understanding of children's behavior in school and limited the flexibility in offering support to learners.

The study displays that the Government of Swaziland is not supportive to teachers who are providing care and support to learners on antiretroviral therapy. On the other hand teachers are not receiving support from the school as they are expected to do everything to ensure that learners who are on antiretroviral therapy are well cared for. They are doing that above their day to day responsibilities of ensuring that learners are well taught. This tally with a Study in Zimbabwe where it was disclosed that this situation make the teacher seems to be not adequately caring for learners yet they have more responsibility compared to their job description as educators (Anderson et al 2014:11).

Another thing that limit motivation the teacher's own problems as far as HIV/AIDS is concerned as you will find that they are also affected and have to deal with their own economic constraints and emotional challenges in their families. To some teachers, caring for children living with HIV and AIDS induce a lot of negative emotions as some of them are faced by the same challenges like the children they care for. Example of the problem is that some teachers are themselves living with HIV or having a child or other family members who are living with HIV (Nxumalo, Wojcicki & Magowe 2015:3). Other teachers, though they are working, they are also living in poverty state which makes them feel helpless to support children with problems they were unable to cope with in their own lives. Some teachers indicated that although they wished to support children, they were restricted by their own personal economic constraints and emotional challenges (Anderson et al 2014:13).

5.3.5 Psychological impact

Providing care and support to children on antiretroviral therapy has an emotional impact to the providers. Even if the work of rendering care to children on antiretroviral therapy is an overload, but the teachers had their best moments to share. According to the study every teacher is responsible to so loving and without discriminating the children in class. The teachers do experience great moments in seeing the children trusting them and reporting all their concerns to them after they have established the teacher-child relationship. This is really good and gives them confidence to continue with providing care to the children on antiretroviral therapy

despite all the challenges. This is similar to results by Anderson et al (2014:15) where teachers were encouraged to facilitate support groups for HIV affected children, giving them an opportunity to share their life experiences in a secure environment with pears. This was seen as a method of providing encouragement and also strengthening friendships (Anderson et al 2014:15).

Motivation at work makes an individual to go to work with more energy to conduct his/her job. Most of the teachers do not have any motivation with regard to providing care and support to children on antiretroviral therapy. This is because of the hurting feelings which they experience when the child is deteriorating because the parents have stopped the child from using the antiretroviral treatments. This is cruelty from parents/guardians in which the teachers have neither control nor power over. Even when they report to the relevant authorities the investigations and auctioning towards the matter is usually delayed. This usually leads to further complications if not death of the affected child. This concur with a study by Anderson et al (2014:11), where it was disclosed that there was lack of communication between teachers and guardians which was demotivating to teachers as it hampered the mutual understanding in tackling issues regarding children's healthy and performance at school. It was indicated that parents do not honour invitations to discuss on children's health conditions.

Some children deteriorate because of poverty. The poor children are in and out of hospital most of the time due to opportunistic infections, which is believed to be caused poverty. The teachers experience severe emotional pain when they see that a child's condition is deteriorating. Their worst situation is dealing with a death of a child who was on antiretroviral therapy. This leaves them traumatized and guilty as if they had not done justice to the child yet the death is usually due to uncooperative parents/guardians who fulfill their desire and selfishness through the child. Some parents stop medications citing that they have faith in healing power in their respective churches. That is where the government of Swaziland has to intervene and help the desperate child who cannot make own decisions. A study by Wood & Goba (2011:281) revealed similar results as teachers stated that being a provider for the children on antiretroviral therapy is stressful to them. In another study teachers

revealed that being a care provider for the children does not only drain them materially and financially but also emotionally, Duangkamol, & Ankana (2014:5).

5.4 LIMITATIONS OF THE STUDY

The study provided understanding and insight into the experiences of teachers regarding provision of care and support to learners on antiretroviral therapy. However, as the study was done at only one school in the Lubombo region in the country, which may mean that the school context may be having an impact on the findings which may differ with the experiences of other teachers at the other school. Interpretative Phenomenological design mainly focus on psychological experiences. This may mean that valuable information regarding other aspects such as infrastructural challenge which may have further impact on the experiences of the educator might not be shared. Based on these limitations, the findings may not be generalized to other schools in the country in the same region of Lubombo. However the results may be transferable to other schools within the country.

5.5 RECOMMENDATIONS

The recommendations are made based on the findings, recommendations are made to relevant structures in order to ensure that educators receive relevant support which will assist in reducing their work overload and the negative psychological impact experienced by teachers in the process of providing care and support to children on antiretroviral therapy in Swaziland schools.

5.5.1 Recommendations to alleviate increased responsibilities

- The government should ensure that there is a person employed at school to prepare food for the learners who come to school hungry.
- The school may have volunteer teachers who focus on catch-up lessons for learners who have missed lessons so that the teachers will be able to focus

on the planned lesson plans instead of repeating one thing several times to accommodate learners who missed classes.

- The school should work with the department of social welfare and other charity organisations which will ensure that learners have proper clothing. This will relieve teachers from using their own funds to buy clothes for learners.

- The school should always have contact numbers for the ambulances so that when learners need urgent referral to the health care facilities, it will be easy. In case where the educators have used their own funds, the Ministry of Education or Health should reimburse the educators to avoid increasing financial burden.

- The Ministry of Health should re-enforce the school health programmes so that the nurses and teachers work together for the benefit of children on antiretroviral therapy.

- The Ministry of Health needs to improve the school health programme so that school receives visits at least once a week.

- Government needs to consider hiring more nurses especially those for the school health programme for the benefit of children on antiretroviral therapy, as the nurses will be able to visit all schools on continuous basis.

5.5.2 Recommendations to enhance support to the teachers

- Parents should be taught about the importance of their collaboration with educators in order to benefit the children on antiretroviral therapy.

- Government need to train teachers so that they can be able to provide good care for the children on antiretroviral therapy. It is true that there are changes now and again so equipping them with all the knowledge will be helpful especially dealing with the side effects and it will also enhance them so that they are able to answer many questions that may arise from the children as

they spend most of the time with the teachers and they tend to trust what is said by the teacher. Teachers need to be educated on how to curb stigma and discrimination in the school and how to help boost the self-esteem of the children on treatment.

5.5.3 Recommendation for mitigating psychological impact

- The school should have a support group meeting for the teachers who are providing care and support to learners on antiretroviral therapy.
- There should be a psychologist who visits the school at least once monthly to debrief educators who are providing cate and support to learners on antiretroviral therapy.
- Free counselling either on line or face to face should be made available free of charge to educators who are providing support to learners on antiretroviral therapy.
- Teachers who are failing to cope with caring and supporting learners on antiretroviral therapy, especially those who are ether living with HIV and AIDS or those who are deeply affected may be allowed to teach other classes where there is no responsibility of caring for and supporting learners who are on antiretroviral therapy

The researcher also recommends further research to be conducted in several schools using quantitative cross sectional study. The study should not only include educators but also the heads of the schools.

5.6 SUMMARY OF THE RESULTS

The following is a summary of the results based on research questions which were formulated based on the study objectives. :

Research question 1: *What are the experiences of teachers regarding care and support to school children on antiretroviral therapy in Swaziland?* Results indicate that teachers providing care and support to children on antiretroviral treatments are experiencing increased responsibilities, lack of support and psychological impact.

Research question 2: *What type of support is available for the teachers providing care and support to school children on antiretroviral therapy in Swaziland? Results indicate that there is minimal to no support provided to teachers providing care and support to school children on antiretroviral therapy in Swaziland*

Research question 3: *What support should be offered to teachers providing care and support to school children on antiretroviral therapy in Swaziland? Recommendations are made regarding support should be offered to teachers providing care and support to school children on antiretroviral therapy in Swaziland*

5.7 CONCLUSIONS

The purpose of the study was to gain understanding on the experiences of teachers regarding provision of care and support to school children on antiretroviral therapy in Swaziland**.** The study explored the experiences of teachers regarding provision of care and support to school children on antiretroviral therapy in Swaziland. The study used interpretative phenomenological analysis design. The population of the study was all teachers in the school. Data were collected through individual semi structured interviews from 16 purposively selected teachers. Data were analysed using interpretative phenomenological analysis framework for data analysis. Study finding indicate that teachers are experiencing challenges in the process of caring and supporting learners on antiretroviral therapy as the role as increased responsibility, with minimum support which also impact on their psychological wellbeing. The teachers has the additional responsibility of ensuring that children who are on antiretroviral therapy have eaten something before taking antiretroviral treatments, learners are properly dressed, that they are also receiving proper education like any other children in class, meeting their healthcare needs and protecting children from being bullied and social excluded. There is lack of support

from children's guardians/parents, school and government which makes the caring and support to be challenging. The psychological impacts range from sense of joy, demotivation and feeling of helplessness to emotional pain. Based on the findings, recommendations are made to relevant structures in order to ensure that educators receive relevant support which will assist in reducing their work overload and the negative psychological impact experienced by teachers in the process of providing care and support to children on antiretroviral therapy in Swaziland schools. If the recommendations are implemented, educators will be able to provide proper care and support to learners on antiretroviral treatments while they continue to effectively execute their teaching roles.

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ANNEXTURE A : The University of South Africa Ethical clearance certificate

UNISA

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

REC-012714-039

HSHDC/497/2015

Date: 9 December 2015 Student No: 5766-308-4

Project Title: The experiences of teachers regarding provision of care and support to school children on antiretroviral therapy in Swaziland.

Researcher: Futhi Antinate Nxumalo

Degree: MA in Nursing Science Code: MPCHS94

Supervisor: Prof AH Mavhandu-Mudzusi
Qualification: D Litt et Phil
Joint Supervisor: -

DECISION OF COMMITTEE

Approved √ **Conditionally Approved**

Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES

ANNEXURE B

Good shepherd Hospital

Box 2

Siteki

30 October 2015

The Regional Education Officer for Roman Catholic Schools

Good shepherd Mission

Siteki

Lubombo region

Swaziland

Dear sir/madam

Re: **Request for permission to conduct research at Good Shepherd primary school.**

I, Futhi A. Nxumalo, a University of South Africa student and an employee for Good Shepherd hospital, am doing research, supervised by Professor Mavhandu-Mudzusi of the University of South Africa in the department of Nursing Science and Arts, towards a Masters in Nursing Science. We are requesting for the participation of the Good Shepherd primary school teachers to participate in a study entitled: *The experience of teachers regarding provision of care and support of school children on antiretroviral therapy in Swaziland.*

The aim of the study is to find out about the experiences of teachers regarding provision of care and support of school children on antiretroviral therapy. Their experiences will inform if school children on antiretroviral therapy are receiving care and support while at school.

Your school has been selected because it is one of the schools in the Lubombo region. The study will be conducted through interviews with the teachers whereby they will be asked questions pertaining to their experiences regarding provision of care and support provided towards school children on antiretroviral therapy.

The benefits of this study are that it will help you to acknowledge particular needs for the children on antiretroviral therapy. The study will guide agencies targeting children on antiretroviral therapy and will inform strategies to be used in supporting children in the school setting. The study will also assist the Ministry of Health to focus on issues of children.

There will be no potential risks as the name of the school and of the participants will be kept confidential and will not be revealed in the reporting/publication of the results. Data will be kept under lock and only the researcher and supervisor will have access and it will be permanently destroyed after reporting of the results. Feedback on the research findings will be provided if interested on the research results.

The study will be conducted in 2016.

Your assistance is greatly appreciated, thank you.

Yours Sincerely

……

Futhi A. Nxumalo

+26876284090

ANNEXTURE C

Good shepherd Hospital

Box 2

Siteki

30 October 2015

The Principal

Good shepherd primary School

Siteki

Lubombo region

Swaziland

Dear sir/madam

Re: Request for permission to conduct research at Good Shepherd primary school.

I, Futhi A. Nxumalo, a University of South Africa student and an employee for Good Shepherd hospital, am doing research, supervised by Professor Mavhandu- Mudzusi of the University of South Africa in the department of Nursing Science and Arts, towards a Masters in Nursing Science and arts. We are requesting for the participation of the Good Shepherd primary school teachers to participate in a study entitled: the experience of teachers regarding provision of care and support of school children on antiretroviral therapy in Swaziland.

The aim of the study is to find out about the experiences of teachers regarding provision of care and support of school children on antiretroviral therapy. Their experiences will inform if school children on antiretroviral therapy are receiving care and support while at school.

Your school has been selected because it is one of the schools in the Lubombo region. The study will be conducted through interviews with the teachers whereby they will be asked questions pertaining to their experiences regarding provision of care and support provided towards school children on antiretroviral therapy.

The benefits of this study are that it will help you to acknowledge particular needs for the children on antiretroviral therapy. The study will guide agencies targeting children on antiretroviral therapy and will inform strategies to be used in supporting children in the school setting. The study will also assist the Ministry of Health to focus on issues of children.

There will be no potential risks as the name of the school and of the participants will be kept confidential and will not be revealed in the reporting/publication of the results.

Data will be kept under lock and only the researcher and supervisor will have access and it will be permanently destroyed after reporting of the results.

Feedback on the research findings will be provided if interested on the research results.

The study will be conducted in 2016.

Your assistance is greatly appreciated, thank you.

Yours Sincerely

…….

Futhi A. Nxumalo

+268762840

ANNEXTURE D

GOOD SHEPHERD MISSION

Melusi Lomuhle (Tihlabelelo 23:1)

P.O. Box 7
SITEKI
Swaziland, Southern Africa

Tel: 23434428 Fax: 23434428

09/06/16

Good Shepherd Hospital
Box 2
Siteki
June2016

Dear Sir/ Madam

RE: Permission to conduct research at Good Shepherd Primary School.

We are in a receipt of your letter requesting the above mention function to happen at Good Shepherd Primary School.

It is a pleasure for us that you have chosen our school to receive experience on teaching regarding provision of care and support of school children on antiretroviral therapy. It is also a pleasure to this mission to advise you that it has no objection to your request.

You are warmly welcome.

Yours sincerely,

Fr. Thulane v. Mabuza

GOOD SHEPHERD MISSION
PHONE 23434428
EMAIL: gsmc

ANNEXURE E

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

Ethics clearance reference number: REC 012714- 039

Research permission reference number: HSHDC/497/2015

Date: July, 2015

Title: The experience of teachers regarding provision of care and support of school children on antiretroviral therapy in Swaziland

Dear prospective participant

My name is Futhi A. Nxumalo, a student at the University of South Africa, who is doing research and supervised by Professor AH Mavhandu – Mudzusi, a Professor in the Department of Nursing Science and Arts towards a Masters at the University of South Africa. We are inviting you to participate in a study entitled, the experiences of teachers regarding provision of care and support of school children on antiretroviral therapy in Swaziland.

What is the purpose of the study?

I am conducting this research to find out if school children on antiretroviral therapy are receiving care and support while at school. This study will help you to acknowledge particular needs for the children on antiretroviral therapy. The study will guide agencies targeting children on antiretroviral therapy and will inform strategies

to be used in supporting children in the school setting. The study will also assist the Ministry of Health to focus on issues of children.

Why am I being invited to participate?

You are chosen to participate in the study because you are a teacher in the school and you have been here for more than a year. More so you spend more time with the children as they spend most of their time in school hence the need for your support. Your school was chosen randomly in the Lubombo region to participate in the study. The name of the school will not be revealed in the study results.

What is the nature of my participation in the study?

There should be no risk or discomfort in sharing your opinions and experiences in the school. Your participation will mean that you will fill with me a questionnaire where by open ended questions will be asked. Audio taping will be done on your permission in trying to capture every information given and it will be kept confidential and under lock. The estimated time for the interview is 30 minutes to 60 minutes.

Can I with draw from this study even after having agreed to participate?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

What are the benefits of taking part in this study?

Your participation will be helpful in the region and the country at large, as the study will guide agencies targeting to help children on antiretroviral therapy in school and will inform strategies to be used in supporting the children.

Are there any negative consequences for me if I participate in the research project?

There are no negative consequences or side effects for participating in this research because the name of the school nor of the participants will not be revealed when the study is reported or published.

Will the information that I convey to the researcher and my identity be kept confidential?

Your name will not be on the questionnaire guide or field notes. All data will be kept under lock and only the supervisor and researcher will have access. Your identity nor of the school will not be revealed when the study is reported or published. A report of the study may be submitted for publication, but individual participants will not be identifiable in such a report.

How will the researcher (s) protect the security of data?

All data will be kept under lock and only the researcher will have access to the data. Hard copies will be destroyed by shredding after compilation and reporting of the results. Electronic copies will be permanently deleted.

Will I receive payment or any incentives for participating in this study?

There are no incentives for participating in the study because the researcher is a UNISA student who is self-sponsored.

Has the study received ethics approval?

This study has received written approval from the research Review Committee of the Departmental Higher Degrees committee, Unisa.

How will I be informed of the findings/results of the research?

If you would like to be informed of the final research findings, please contact Futhi A. Nxumalo, +26876284090, nxumalofuthi38@gmail.com. Should you have concerns about the way in which the research has been conducted, you may contact Professor AH Mavhandu – Mudzusi, +27124292055, mmudza@unisa.ac.za.

Thank you for taking time to read this information sheet and for participating in this study. Thank you.

……

Futhi A. Nxumalo

Consent to participate in this study

I……. (Participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the audio recording and taking of field notes.

I have received a signed copy of the informed consent agreement.

Participant Name and Surname …… (Please print)

Participant Signature …….Date…….

Researcher’s Name and Surname ……. (Please print)

Researcher’s signature ……Date …….

ANNEXURE F

Interview guide

To explore and describe care and support offered to school children on antiretroviral therapy in Swaziland.

Interviewer……

Date …….

Demographic information of teachers

1. Sex ……

2. Teachers age**(tick on the left the appropriate one to you)**

……20 – 30

…….....31 – 40

…….....41 – 50

…….....51 – 60

3. Marital status……

4. Qualifications **(tick on the left the appropriate one to you)**

……..certificate in teaching

……..PTD

……..STD

……..BED primary

…….....BED secondary

……..M.ED/M.A

……..other

5. Teaching experience **(tick the one appropriate to you)**

……1 -5 years

…….5 – 10 years

…….11 – 15 years

…….16 – 20 years

…….20 years +

Research questions to guide interviews (themes)

6. Kindly share with me your experiences regarding provision of care and support to school children on antiretroviral therapy at this school.
7. What challenges are you experiencing in caring for children on antiretroviral therapy at this school?
8. What were your best moments in the children on antiretroviral therapy at this school?
9. What were your worst moments when caring for children on antiretroviral treatment?
10. What should have been be done differently by the government to improve your experience of caring children on antiretroviral treatment?
11. What type of preparation/training have you undergone to equip you in caring for children on antiretroviral treatments?