SENIOR PHASE EDUCATORS' PERCEPTIONS OF HIV/AIDS AND ITS IMPACT ON THE HOLISTIC DEVELOPMENT OF ADOLESCENT LEARNERS

by

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Submitted in accordance with the requirements for the degree of Magister Educationis (CW) in the Education Faculty at Vista University

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DECLARATION

I declare that:

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is my own work, that all the sources used or quoted have been indicated and acknowledged by means of complete references, and that this dissertation was not previously submitted by me for a degree at another university.

SIGNED :.....

DATE :.....January 2003.....

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SUBMITTED IN ACCORDANCE WITH THE REQUIREMENTS FOR THE DEGREE MAGISTER EDUCATIONIS (CW) IN THE EDUCATION FACULTY AT VISTA UNIVERSITY

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"Educational institutions, together with the family, must become the ideal environment for social development to ensure the future generations will understand the value of human dignity. The educator can be an agent of change or an agent of resistance or an agent of hope or a mixture of these."

(DoE, 2001:1)

SUMMARY

HIV/AIDS has reached epidemic proportion and we cannot avoid the reality of this disease any longer. It has infiltrated our schools and education institutions already, where learners were once safe and protected against the dangers of the outside world. The time has elapsed where educators can sit back and think that they are unaffected. They should join forces with the different role players and become persistent in equipping the youth, the future generation, to take up arms and guard themselves against this destroyer of human life and dignity.

This study is an attempt to determine the senior phase educators' perceptions regarding HIV/AIDS and its impact on the holistic development of adolescent learners. A qualitative approach was employed in conducting this research. Purposive sampling was used to select information rich individuals. The data

was obtained by means of an individual questionnaire. The questionnaires were coded and analyzed with the assistance of an independent coder. The findings indicated that the educators have a basic knowledge of HIV/AIDS and were aware of the impact it has on the holistic development of the learners. They also showed commitment to educate and assist learners in the prevention and combating of this disease. The educators also realized that they need training so that they can be adequately educated to handle and assist the learners who are affected and infected with HIV/AIDS.

KEYWORDS:

- Senior phase
- HIV/AIDS
- Educators
- Learners
- Holistic development
- Special needs
- Barriers to Learning
- Ecosystemic framework
- Inclusive education
- In-service training

LIST OF ACRONYMS:

HIV	:	Human Immunodeficiency Virus
AIDS	:	Acquired Immune Deficiency Syndrome
DoE	:	Department of Education
LSEN	:	Learners with Special Education Needs
SADTU	:	South African Democratic Teachers Union
INSET	:	In-service Education and Training
MRC	:	Medical Research Council
ATICC	:	AIDS Training, Information and Counselling Centre

LIST OF TABLES & FIGURES

TABLE OF CONTENTS

CHAPTER ONE
GENERAL ORIENTATION, PROBLEM STATEMENT, AIM RESEARCH METHODOLOGY AND COURSE OF STUDY

CHAPTER TWO

A THEORETICAL FRAMEWORK FOR THE UNDERSTANDING OF THE HOLISTIC DEVELOPMENT OF THE ADOLESCENT LEARNER AND THE IMPACT OF HIV/AIDS

CHAPTER THREE
RESEARCH DESIGN AND RESEARCH METHODOLOGY

CHAPTER FOUR

RESULTS AND INTERPRETATION OF FINDINGS

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

CHAPTER ONE
GENERAL ORIENTATION, PROBLEM STATEMENT, AIM, RESEARCH METHODOLOGY AND COURSE OF STUDY

1.1 INTRODUCTION

"It is not the HIV virus which is killing me or making my life not worth living but the bad attitudes of people towards me and their rejection of me."

(A person with HIV infection)

"Do not forget that you are dealing with the whole man not only the body – not only the mind – but the man himself... You must remember patients not only suffer from damaged bodies, but with bruised minds, lacerated consciences and broken hearts...". (Sir Sydney Smith)

(Evian, 2000)

In the emergency document from the Department of Education (2002:27), President Thabo Mbeki states that HIV/AIDS is the fastest spreading disease in South Africa. He also states that 1500 people in South Africa are infected daily and that 3 million people have already been infected. According to Webb (1997:8) the prevalence of HIV peaks in females in the age group 20-24, which might indicate that adolescents and young adults are most at risk of becoming infected.

In the past, the education system was based on the 'medical model', also known as the 'individual deficit model', where the deficit was located in the learner and there was no focus on the capacity of the educational system to respond to the individual learner's needs. Inclusive Education, which means that all learners must be accommodated in regular classes in their neighbourhood school,

irrespective of their special educational needs however, is based on a 'rights model' where each individual has the right to attend his neighbourhood school, have his specific educational needs met and where equal opportunity and independence are encouraged. In this manner discriminatory attitudes ought to be eliminated and 'education for all' in an inclusive society (Naicker, 1999:47-48) could be encouraged.

Learners affected by HIV/AIDS, be it by family members, their friends or themselves who have been infected, have not as yet been specially provided for within the educational context. They lack support within their specific contexts, yet they are expected to develop normally in all areas of their lives (physically, emotionally, cognitively, socially, morally) irrespective of how they are affected by HIV/AIDS.

Educators too, have not sufficiently been made aware of the need for more specialized support of learners who are infected or affected by the prevalence of HIV/AIDS in their environment, nor are they thoroughly equipped to teach, facilitate the development of and provide support for these learners. Although some educators have studied the effects of HIV/AIDS, many may feel uncertain of how to deal with it in the classroom.

Much has been reported about HIV/AIDS in general: HIV in Africa (Webb, 1997), HIV Care and Counselling (Van Dyk, 2001), AIDS the biological basis (Alcamo, 1993), Teaching AIDS (Tonks, 1996) and AIDS prevention and treatment (Seligson & Peterson, 1992). I have also scrutinized South African research, using the Nexus Data base, but found no research dealing with teachers' perceptions of HIV/AIDS and how it influences the development of adolescent learners. It is therefore necessary to explore educators' perceptions of HIV/AIDS and its influence on the holistic development of learners.

1.2 PROBLEM STATEMENT

The problem facing senior phase educators is that according to statistics (Mukoma, 2001:55), the highest infection rate of HIV/AIDS is in the age group of senior phase learners. Therefore these learners would require specialized support in the educational context and attention would have to be given to the needs of the individual learner. These needs would have to be met at every developmental level of the learner, which would be physically, cognitively, emotionally, socially and morally.

Considering the above information, two research questions can be generated:

1.2.1 Primary research question

What perceptions do senior phase educators have of HIV/AIDS and of its impact on the holistic development of adolescent learners?

1.2.2 Secondary research question

How can the information gained be used to describe guidelines and recommendations to supplement their existing knowledge so that the learner can benefit?

1.3 RESEARCH OBJECTIVES

In line with the research question the objectives of this study are twofold:

1.3.1 Primary Research Objective

To explore and describe senior phase educators' perceptions of HIV/AIDS and its impact on the holistic development of adolescent learners.

1.3.2 Secondary Research Objective

To use the information obtained to describe guidelines and recommendations to supplement the educators' existing knowledge so that the learner can benefit.

1.4 CONCEPT CLARIFICATION

1.4.1 HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus which attacks the immune system and as a result the body's resistance to illnesses such as influenza, pneumonia and tuberculosis is reduced. HIV is a sexually transmitted disease (Department of Education, 2002:4-5). The final stage of the HIV infection is AIDS (Acquired Immune Deficiency Syndrome) and several symptoms occur at the same time and therefore it is referred to as a syndrome (Department of Education, 2002:4-5).

1.4.2 Development

According to the Reader's Digest Universal Dictionary (1987:427), "development is the act, process or result of developing which is to grow, expand or progress to a more advanced state. It is a developed state, condition or form; the progression from earlier to later stages of individual maturation and from simpler to more complex stages of evolution." Good and Brophy (1990:34) concur that development refers to the mind, emotions and the body, in an orderly progression to increasingly higher levels of differentiation or organization. Development in mind and emotions can take place independently to physical growth taking place.

1.4.3 Ecosystem

Every learner is born into a specific social environment and his/her development and learning occur within these surroundings. These surroundings are referred to as his/her social context and include the physical place where development and learning takes place, i.e. the family, school, community and the broader society. Any occurrence/event in the life of the learner impacts on and is influenced by all these contexts *(ecosystem)*, i.e. they are interrelated (Donald, Lazarus & Lolwana, 2002:46-47).

1.4.4 Educator

For the purpose of this research, educator refers to the grades 7, 8 and 9 educators in the senior phase. According to Van den Aardweg and Van den Aardweg (1993:77) an educator is one who educates and who takes the responsibility of leading the child into adulthood. Van den Horst and McDonald (1997:231) refer to the educator also as a facilitator of the learning process of the learner as well as the person who leads and imparts knowledge.

1.4.5 Learner

For the purpose of this research, learner refers to grade 7, 8 and 9 learners in the senior phase. The learner is defined by Van den Aardweg and Van den Aardweg (1993:196) as one who is taught and accepts the teaching of the educator, while Van der Horst and McDonald (1997:13) state that in an Outcomes-based education approach the learner's achievement of outcomes is facilitated by the educator, whilst the learner, as an interested participant, is actively involved in the process.

1.4.6 Perception

The act of receiving information through the senses is known as perception according to Van den Aardweg and Van den Aardweg (1993:169). Harber and Payton (1985:794) refer to perception as the observations made and insights gained by the senior phase educators while implementing Outcomes-based education.

For the purposes of this study, the regular classroom educator therefore ought to be aware of what HIV/AIDS is, facilitate holistic development and learning and provide support for those learners in their classes who have been affected by HIV/AIDS.

1.5 RESEARCH DESIGN AND METHODOLOGY

1.5.1 Research Design

A qualitative, explorative and descriptive research design (Mouton & Marais, 1990:4) which is suitable for the exploration of senior phase educators' perception of HIV/AIDS and its impact on the holistic development of adolescent learners is used.

1.5.2 The Sample

Purposive sampling is used as the researcher selects a sample which would provide rich data (Strydom & De Vos, 1998: 198). The richness of the data will determine the final number of participants. Grade 7, 8 and 9 educators, from two primary schools and two secondary schools, will be invited to participate. Senior phase educators are chosen because the researcher is a senior phase teacher, but also because adolescent HIV/AIDS has been neglected since the start of the AIDS pandemic. It is a reality that many children are already sexually active at

the age of twelve and thirteen (Chaane, 2001:20) and are therefore at risk of being affected.

Permission for the research will be requested from the Department of Education. The principals at the relevant schools will be approached to get their consent to approach the relevant grade educators, and finally the relevant grade educators will be approached in order to invite them to participate. Participation will be voluntary. Confidentiality and anonymity of the schools and educators will be ensured.

1.5.3 Data Collection

The data will be collected by means of a questionnaire. The researcher would briefly explain to each participant that the study is aimed at exploring and describing the perceptions senior phase educators have of HIV/AIDS and its impact on the holistic development of learners. It will be stressed that the responses should be their own understanding of HIV/AIDS and its influence on the development of learners. Only two questions will be posed:

(i) What is your perception of HIV/AIDS?

(ii) What is your perception of how HIV/AIDS impacts on the holistic development of the learner?

After the questionnaires have been collected, the researcher would begin the analysis thereof. If responses are unclear, the researcher will clarify issues, by asking clarifying questions where necessary. These questions will be asked when questionnaires are collected.

1.5.4 Data Analysis and Interpretation

An analysis strategy would be used which would be to take a complex whole and break it into parts (Mouton & Marais, 1990:102–103). Tesch's descriptive

analysis technique (Cresswell, 1994:153) is to be used. Units of meaning will be identified and categorized, and emerging themes would be sought. Guba's (Lincoln & Guba, 1985:290) measures to ensure trustworthiness will be applied. Independent coding of the data will be done, ensuring investigator triangulation (Duffy, 1993:143) as well as a literature control will be undertaken to recontextualise the findings (Poggenpoel, 1998:342). Guidelines will be generated as recommendations.

1.6 DELIMITATION OF THE STUDY

The perceptions senior phase educators have of HIV/AIDS and its impact on the holistic (physical, cognitive, emotional, social and moral) development of learners are looked at in the context of Educational Psychology and specifically in the context of Inclusive Education.

1.7 COURSE OF STUDY

In **Chapter one**, a general orientation will be provided and the rationale, problem statement and objectives stated. The concepts to be used, will be clarified.

Chapter two will consist of a literature survey regarding HIV/AIDS, the development of learners and the training of educators. A theoretical framework (ecosystemic) will be provided to place HIV/AIDS and its impact on learners' development in context.

In **Chapter three**, the research design and research method will be discussed. The sample, data collection, data analysis and the ethical measures will be explained.

In **Chapter four**, the results will be discussed. The analysis and interpretation of data will also be discussed and the findings will be recontextualised.

In **Chapter five**, conclusions and recommendations of the research will be discussed. Recommendations for further research in this regard, will be made. Limitations of the study will be pointed out.

1.8 SUMMARY

The purpose of this study is to enable, equip and empower educators to support, encourage and enrich learners infected with and affected by HIV/AIDS so that discrimination and the stigma of the disease can be eliminated and eradicated. It is also very important for educators to understand the levels of development which the learner experiences and how the learner can be accommodated within these specific developmental levels. The findings of and information gathered from the educators who participated in this study could benefit the staff of the Department of Education, the School Management Teams and fellow educators of schools, parents of adolescents as well as adolescents themselves.

CHAPTER TWO

A THEORETICAL FRAMEWORK FOR UNDERSTANDING THE HOLISTIC DEVELOPMENT OF THE ADOLESCENT LEARNER AND THE IMPACT OF HIV/AIDS

2.1 INTRODUCTION

The impact of HIV/AIDS on South Africa as a whole, and learners in particular, becomes clear in that, according to the Minister of Education, Professor Kader Asmal (Department of Education, 2002:2), three quarter million South African children will have been made orphans due to HIV/AIDS within the next ten years. Schools are being affected because educators, learners and their family members are being infected by HIV/AIDS. This illness, like any other illness, disrupts learning and teaching and schools, individuals and families experience disruption, loss and sorrow. The impact of this disease possibly could disable and weaken schools, learners and their families. In the National Education Policy (Department of Education, 1999:23), the commitment of the government with regard to HIV/AIDS is clearly stated and gives a clear indication of the importance it attaches to the learners of South Africa.

Kelly (2000:8) is of the opinion that HIV/AIDS is causing devastating human suffering, death and untold physical, psychological and emotional suffering. HIV/AIDS is destroying the most productive members of society, those between the ages of 15 – 49 years of age (thus including adolescents). Disruption in social systems, worsening of poverty, a decrease in productivity and a decline in human self-worth are possible results of this disease.

Of particular importance for this research, is the educators' perceptions of the impact of HIV/AIDS on the physical, cognitive, emotional, social and moral development of the adolescent learner.

2.2 AN EDUCATIONAL PSYCHOLOGY PERSPECTIVE

For the purpose of this research an Educational Psychological perspective will enable the researcher to look at how HIV/AIDS affects the adolescent learner.

Educational Psychology has a two-fold function and purpose because it has its origin in science and in education. Psychology, which according to Sprinthall and Sprinthall (1990:3) is the science of human behaviour, is focused on the description of and uncovering of the nature of human beings. It is also the discipline concerned with probing the inner being and motivation (Sprinthall & Sprinthall, 1990:43). On the other hand it is concerned with the practice of education. Sprinthall and Sprinthall (1990:8) and Good and Brophy (1990:27) concur that Educational Psychology is focused on the teaching-learning process, the learner, the educator, the learning situation, understanding of educational objectives and learner development.

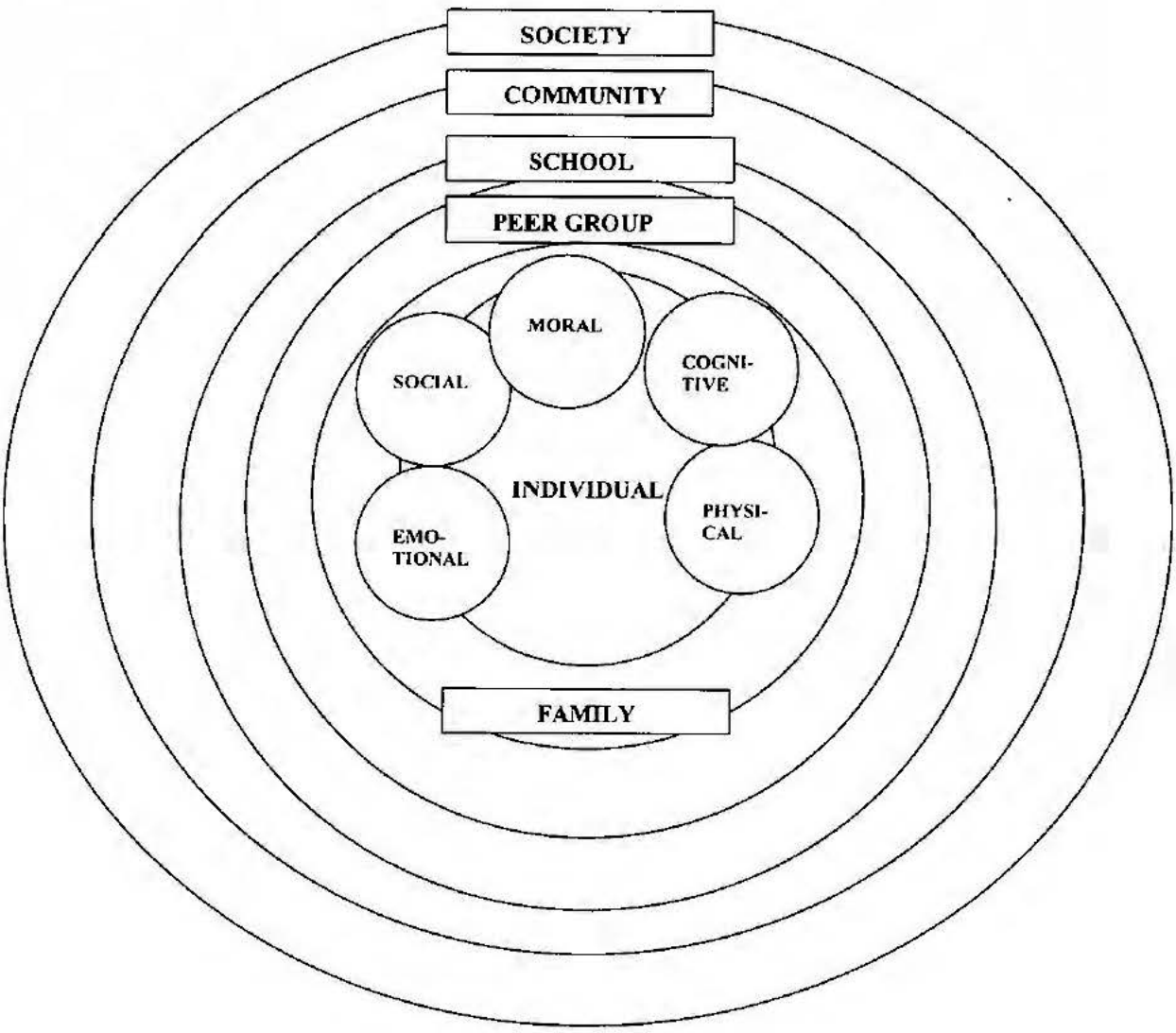
Therefore it is important to look at the influence HIV/AIDS has on the adolescent learner and to see how this disease affects the holistic development of the learner, not only in the educational setting, but also in the learner's whole ecosystem. The different aspects of development such as physical, cognitive, emotional, social and moral development will provide a basis to understand the adolescent holistically.

2.3 DEVELOPMENT FROM AN ECOSYSTEMIC PERSPECTIVE

The ecosystemic perspective (Donald *et al.*, 2002:50-51) provides a framework for understanding the learning and development of the adolescent (cf. 2.3.1). According to Donald, Lazarus and Lolwana (1997:36), every learner is born within a specific social environment and his/her development and learning occur within these surroundings. These surroundings are referred to as his/her social context which include the physical place where development and learning take

place, which is the family, the peers, the school, community and the broader society. As Donald *et al.* (1997:39) state any occurrence in the life of the learner impacts on and is influenced by all these contexts. Engelbrecht (1999:4) agrees that an individual's actions, values and understanding are difficult to understand if they are divorced from the social context in which they occur. This is illustrated by the following figure (adapted from Donald *et al.*, 2002:46,48).

FIGURE 2.3.1: THE ECOSYSTEMIC FRAMEWORK



2.4 DEVELOPMENT OF THE ADOLESCENT

2.4.1 Introduction

Mussen, Conger, Kagan and Huston (1990:568), Mwamwenda (1995:63) and Gouws and Kruger (1994:3) agree that the adolescent period can range from 12 to 21 years. Adolescence means to grow into adulthood, as it starts with puberty and ends with adulthood and the responsibilities thereof (Mussen *et al.*, 1990:568).

Mussen *et al.* (1990:569) and Mwamwenda (1995:63) also state that adolescence is a stage of life in which physical, sexual, psychological, cognitive, emotional and social changes occur. Development is influenced by genetic, endocrine, emotional and environmental factors according to Gouws and Kruger (1994:18). According to Mussen *et al.* (1990:569) changes also occur in the social demands made by parents, educators and society.

To understand adolescents and to deal with them effectively it is essential to know where they have been, where they are now and where they are likely to be going, according to Good and Brophy (1990:34). From a developmental perspective, changes occur over time, in terms of the **sequence** which is the order in which changes occur, **rate** which is the speed with which these changes occur and **form** which is the shape or appearance of the developing being.

2.4.2 Aspects of Development

Development, according to Good and Brophy (1990:34), refers to the orderly progression to increasingly higher levels of the mind, body and emotions. Development can take place even though no physical growth is taking place. The following aspects of development will be dealt with: namely the physical, cognitive, emotional, social and moral aspects. Gouws and Kruger (1994:9)

suggest that the adolescent should be seen as a total, complex human being and that these aspects should never be dealt with in isolation or as separate entities because development in one aspect always influences and is related to the other aspects.

However, each adolescent experiences development differently and is at different stages of their development. This makes every adolescent unique because not any individual experiences changes and development in the same way.

2.4.2.1 Physical Development

According to Gouws and Kruger (1994:9), physical development is concerned with body growth, changes in different body parts, the functioning and the internal structure thereof. Mwamwenda (1995:63) states that the growth spurt and acceleration which occur during puberty is an important part of the physical development of the adolescent. This growth spurt and acceleration are caused by hormones secreted by the pituitary gland in the brain.

Mussen *et al.* (1990:585) found that these hormonal changes are accompanied by strong sexual feelings. Adolescents experience and express these feelings differently. Some adolescents are more sexually aware and expressive than other adolescents.

Sprinthall and Sprinthall (1990:59), Mussen *et al.* (1990:608), Mwamwenda (1995:63) and Gouws and Kruger (1994:17) agree that physical growth of adolescent girls occurs earlier than in boys. The adolescent girl therefore needs extra support and understanding from parents and adults during this time.

Bor, Miller and Goldman (1993:125) feel that the adolescent is caught between childhood and adulthood and risk-taking and experimentation is part of their normal activities. Therefore they are as vulnerable as adults to the risk of

contracting HIV/AIDS through irresponsible sexual activities or intravenous drug use.

To conclude, Sprinthall and Sprinthall (1990:34) indicate that the physical development can determine what an individual can or cannot do and it influences how an individual feels about him/herself and others.

2.4.2.2 Cognitive Development

Gouws and Kruger (1994:46-53) state that cognitive development also occurs differently with every adolescent. Cognitive development is about knowing, thinking, perceiving, intuition, imagination, insight, experiencing and conceptualizing. Adolescents think of such concepts as love and hate, justice and injustice. Adolescents are often critical and analytical of themselves and others, especially their parents. They are extremely self-conscious which leads to self-criticism and self-evaluation.

According to Mussen *et al.* (1990:608-609) adolescents think more abstractly and often ponder on what might be or what actually exists. Therefore they often criticize social values. Very often the adolescent's thought and behaviour appears egocentric. The cognitive development of the adolescent plays a very important role in their personality development and in forming a clear sense of identity.

2.4.2.3 Emotional Development

Gouws and Kruger (1994:94) describe the adolescent's emotional life as feelings, passions, moods, sentiments and whims which are influenced by the environment as well as hereditary factors. The adolescent's complete emotional development is also influenced by his peer groups, educators, social expectations and also his/her own personality. The adolescent also encounters intense emotional experiences such as extreme emotions, emotional outbursts and mild

or severe emotional tension. Feelings of inadequacy and heightened emotions stem from the unrealistic expectations parents and society place on the adolescent. Interaction with the environment, the adjustment to the environment and the longing for independence by the adolescent often result in conflict and emotional tension.

According to Mussen *et al.* (1990:608), while coping with developmental changes, the adolescent has a personal struggle to find his/her own identity. Friendships are very important to the adolescent and this provides emotional support for them. Within these friendships they are allowed to change their behaviour, ideas and tastes without the fear of rejection.

The adolescent's relations with parents, peers, educators and with society cause him/her to experience many emotions, according to Mwamwenda (1995:75). These emotions are displayed in an aggressive, inhibitory or joyous nature. In early adolescence, outbursts of anger and physical violence often come to the fore and this behaviour declines somewhat as they grow older. As adolescents develop emotionally they will form relationships with the opposite sex and fall in love whether their parents approve or not. These relationships need to be encouraged if acceptable behaviour is practised.

However Mussen *et al.* (1990:610) feel that adolescents who form steady relationships with the opposite sex at too early an age are depriving themselves of meaningful same sex relationships and run the risk of stifling their development in becoming mature, self-reliant and independent.

2.4.2.4 Social Development

One of the most critical developmental tasks which have to be performed by the adolescent, according to Gouws and Kruger (1994:110) is that of socialization: finding out where he/she fits in society, developing interpersonal skills,

developing self-confidence and learning tolerance for the personal and cultural differences of others. Their friendships with the same sex deepens at this time and their relationships with the opposite sex becomes romantic or sexual. The adolescent also strives for independence, self-reliance and autonomy in their relationships with their parents.

The peers play a very important role in the social development of the adolescent. Peer relationships are more important to adolescents than to younger children and they are more dependent on these relationships. They also have a need to conform to their peer group values. Adolescents spend most of their social and personal life with their peers, away from their family (Mussen *et al.*, 1990:609-610).

2.4.2.5 Moral Development

Adolescents are very concerned about moral values and standards at this stage. They often choose values in conjunction with their personal conflicts and motives without being aware thereof. Their increased cognitive capacities allow adolescents to be more aware of moral issues. They often question the social and political beliefs of adults (Mussen *et al.*, 1990:649).

The religious beliefs of the adolescent between the ages of 12 and 18 years become more abstract. The interest in religion declines among young people. They become concerned with their personal well-being and financial success and tend to have less concern for the welfare of society and others (Mussen *et al.*, 1990: 649).

According to Gouws and Kruger (1994:188), adolescents often question the religious convictions which were a part of their lives before. They become despondent at the inconsistencies of adults concerning the practicing of religion, for example, telling them to go to church when they themselves do not go. This

leads to disillusionment and doubt about religion for the adolescent, which could affect their moral values.

2.4.3 Aspects of Development from an African Perspective

According to Mwamwenda (1995:75) adolescents of African culture experience a very difficult time because they have to come to terms with the normal developmental stages as well as the traditional, that is, cultural rituals and beliefs. These rituals and beliefs should be adhered to in a very strict manner and the adolescents are therefore placed under tremendous pressure. The peer pressure and the cultural pressure often overwhelm the adolescent, from an African culture, who is forced to conform to western culture and at the same time pressurized by parents to adhere to their African culture.

Hickson and Mokhobo (1992:11) explain that dancing, singing, drumming, traditional rituals and ceremonies are instrumental in expressing emotions and to overcoming anxiety. The adolescent is taught important cultural values through dance, story-telling and music. However, some traditional behaviour such as multiple sexual partners and certain cleansing rituals are harmful.

In the African culture, adolescence for males is a stage of undergoing circumcision, proving your courage and participating in tests of bravery. Special status and recognition is bestowed upon the youth of this culture and they are prepared to participate in the traditional lifestyle and in all the affairs that accompany this lifestyle. Participation in these cultural activities could be a contribution to the African adolescent gaining a sense of identity (Mwamwenda, 1995:63,73).

The physical development of the African adolescent is the same as that of the Western adolescent except that some of these developments are followed by certain customary rituals. However, these customary rituals are not always

preceded by the initiates being informed. Mwamwenda (1995:66) states that menstruation is especially traumatic for African girls because they are totally unprepared for it. They experience a state of panic and shock when menstruating for the first time, thinking that they have hurt themselves or that they are cursed.

There is also a social stigma attached to an unmarried girl getting pregnant in the African culture and the chances of this girl ever getting married are slim. They also have to contend with being rejected by their parents because they have brought disgrace upon the family (Mwamwenda, 1995:75).

Adolescent boys grow beards and this to them signifies independence. They also believe that the growth of pubic hair is a sign of manhood and maturity. This in turn allows them special status. The younger boys should respect boys with pubic hair and they should not look when they undress at the river when swimming as a group (Mwamwenda, 1995:76-77).

Although Mwamwenda (1995:75) states that adolescents are pressurized by their parents to adhere to the African culture, many adolescents have moved away from these rituals and values and have been greatly influenced by Western culture.

These African rituals and values do not have to be discarded completely but could be amalgamated with some of the beliefs of the Western culture to ensure that a sense of complete protection and safety could be maintained against infection of HIV/AIDS at all times. The adolescent should safeguard him/herself from risky and dangerous behaviour irrespective of which culture he/she belongs to.

2.5 HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNE DEFICIENCY SYNDROME

2.5.1 What is HIV/AIDS?

Human Immunodeficiency Virus (HIV) is an ultramicroscopic infectious agent which infects living beings. This virus only survives and multiplies in the body fluids such as sperm, vaginal fluids, breast milk, blood and saliva. Infection occurs through contact with infected body fluid. The virus attacks the immune system and reduces the body's resistance to illnesses such as influenza, diarrhoea, pneumonia, tuberculosis and cancer. The immune system is the body's natural defence against illnesses. HIV eventually makes the body weak so that it cannot fight sicknesses resulting in death. People usually die between five to ten years after being infected. AIDS (Acquired Immune Deficiency Syndrome) is the final stage of the HIV infection. People with AIDS usually have several different illnesses at the same time, as the word syndrome means that several symptoms occur at the same time (Education Labour Relations Council, 1999:22-23).

2.5.2 Prevalence

The greatest health threat in South Africa presently is HIV/AIDS. According to Gouws, Kruger and Burger (2000:167), the Department of Health estimated that 5% of the child population in South Africa is affected with HIV/AIDS and this figure is rapidly increasing; that one in eight adults in South Africa is infected with HIV/AIDS and that 1 600 people become infected with HIV/AIDS on a daily basis. Most of these people will die directly as a result of AIDS. Statistics from the Health Department also indicate that in 1994 the rate of infection amongst pregnant adolescents younger than 20 years was 6.47%, that by 1997 it had risen to 12.7% and that by 1998 it had increased to 21.0%. An increase of 65% was apparent (Gouws *et al.*, 2000:168).

Further statistics (Norval, 2002a:2) reveal that HIV/AIDS is still on the increase while other AIDS researchers have found that infection of South Africans have stabilized in the last few years. A report issued by The Medical Research Council, according to Norval (2002b:2), states that 40% of deaths in people between the ages of 15 and 49 is due to AIDS. A projection made by the MRC is that by the year 2010 AIDS would have claimed between five and seven million lives and that 1.5 million children younger than 15 will be orphaned by 2014. It has also been revealed by the Department of Health that in the Western sub-province of the Eastern Cape 3929 cases of HIV/AIDS were diagnosed by June 2002. The highest rate of HIV/AIDS infections is in pregnant women aged 20 to 24 years and the rate for teenagers under 20 years is 13.6%. More than 500 000 people are infected with the virus in the whole Eastern Cape.

2.5.3 Symptoms of AIDS

According to Evian (2000:9) it may take 3 – 7 years after being infected with HIV for the signs and symptoms to develop. People infected with HIV can remain well for a long period of time. More rapid progression of the disease can take place if the individual has a poor health status or is already chronically ill.

As the body's defence system breaks down, other viruses and germs can affect the body. A person starts feeling tired and may be ill for a long time. When the body's defence system is destroyed, rare and serious diseases can attack the weak body. Death soon follows, as there is no cure for AIDS yet. If any of the following symptoms lasts for more than a month, the person should go to the doctor and have him/herself tested: fever, sores in the mouth, dry cough, extreme fatigue, swollen glands, running stomach, itchy skin rashes, loss of appetite, night sweats and chronic weight loss (Meeks & Heit, 1991:35-36).

2.5.4 The Effects of HIV/AIDS on Education

HIV/AIDS has the potential to affect the *education sector* in South Africa tremendously as Kelly (2000:7) points out. This can occur through the increasing number of orphans, altered roles to be adopted by educators, the modification of the curriculum, new interactions within schools, between schools and communities and the planning and management of the education system.

A challenge to education, according to the Kaiser Family Foundation Report (2001:31), is the threat of HIV/AIDS preventing sufficient skilled people entering into the economy and also preventing young people from leading productive, fulfilling lives. A concern also would be that the large number of children orphaned by HIV/AIDS would have to be supported and accommodated by the education system.

According to Alcamo (1993:127), HIV/AIDS has infiltrated schools and educational institutions because young people tend to experiment with drugs and sexuality. The danger exists in the ignorance of these young people and their belief that they are invincible. Meeks & Heit (1991:45) portray the fear of parents whose children attend a school where other learners are infected with HIV/AIDS and who are not aware that HIV is not transmitted through casual contact.

Pretorius (2002:3) states that *teachers* are dying from HIV/AIDS and because of this, hopes of improving the quality of education in post apartheid schools, are being dampened. There is a shortage of teachers in schools which could increase as HIV/AIDS takes its toll.

Kelly (2000:12) states that HIV/AIDS can also affect school attendance and enrolments *of learners*. This happens because learners are taking on the responsibility of care-givers to dying parents and relatives. Van Dyk (1999:331)

concurs that girls between 11 and 16 years are helping to care for parents and relatives with AIDS. They exhibited emotions of fear, helplessness and anticipated the worst outcomes. They take care of their relatives through the night and suffer from tiredness and lack of sleep. As a result they neglect their homework and skip extra-mural activities. Consequently the girls drop out of school and therefore have no opportunity for tertiary education. Learners are consequently taking on the roles of heading families or having to work and take care of younger siblings. Learners are also not able to attend school because of lack of finance because the finances they have are used for the care of the sick parents or alternatively there is no source of income in the home.

Large numbers of learners are dropping out of school due to their being infected with or affected by HIV/AIDS. Also the motivation for learners wanting to attend school is very minimal because of the trauma they suffer through the experience of HIV/AIDS in their families. There seems to be no hope for these learners who, overwhelmed by the effects and the destruction that this disease has caused in their families, cannot see the value of education (Kelly, 2000:12).

2.5.5 Adolescent Learners with HIV/AIDS in schools

2.5.5.1 National Education Policy on HIV/AIDS

The National Educational Policy Act 27 of 1996 on HIV/AIDS of the Department of Education (1999:23-27) speaks of the Ministry committing itself to minimizing the social, economic and developmental consequences of HIV/AIDS in the education system, the learners and educators and to providing the infrastructure to implement an HIV/AIDS policy. With such policy in place effective prevention and care within the context of the education system would be promoted. This would be in the best interest of all stakeholders. Due to the increase in infection rates, learners and educators with HIV/AIDS form part of school and tertiary population. Many young people (adolescents) are sexually

active, therefore increasing numbers of learners at primary and secondary schools might be infected. With sexual abuse rampant in South Africa there is a great risk of HIV/AIDS in children (Department of Education, 1999:23-27).

Due to the intrusion of HIV/AIDS in South African schools it is compulsory that each school should have a strategy to cope with the pandemic. Guidelines and safeguards need to be put in place for learners and educators when their HIV status is disclosed. This implies that necessary support be given to the individual and, above all, utmost confidentiality be ensured. The individual within the school system must lead a full life and learners should not be denied education, but must be assisted to reach their full potential and have the same rights and opportunities as others (Department of Education, 1999:24-25).

All members of the school population should be protected from infectious diseases as stated in the National Education Policy (Department of Education, 1999:24-25). This can be achieved through sexuality education, morality and life skills, taught by educators as well as by parents, to prevent the transmission and spreading of HIV/AIDS in particular. The information must be age-appropriate and context-appropriate. The Guidance counsellor or the educator responsible for this education must be specially trained and must be supported by the rest of the staff. The constitutional rights of all the stakeholders within the educational system must be equally protected.

The National Education Policy on HIV/AIDS of the Department of Education (1999:28) states that learners with HIV/AIDS have the right to attend any school or institution. Their rights and needs must be accommodated effectively at the particular institution of their choice. Individuals infected with HIV/AIDS are expected to attend classes until they are no longer able to.

2.5.5.2 Basic Rights of the Learner

All people in South Africa have rights and responsibilities, so too the learner. The researcher deemed it important to highlight these rights and responsibilities which ensure that the learner, also the learner with HIV/AIDS, is not disadvantaged.

The basic rights of the learner, according to the Department of Education (2001:2), South African Constitution, are as follows:

- The learner should receive education so that he/she can develop mentally and physically.
- The learner, on the other hand must listen, learn and be prepared to be educated.
- The learner must be guided and be taken care of by adults.
- The learner should respect and support adults.
- He/she should receive equal treatment and be treated with dignity as a human being.
- They in turn should treat others with dignity, respect and always protect the rights of others.
- Learners should have access to information and be allowed to make a meaningful input in society.
- On the other hand the learner must allow and assist others to communicate and also to learn with and teach others.
- The learner has a right to a safe environment which is conducive to learning and to develop at his/her own pace.
- In turn the learner should help others to sustain a safe environment for all and to respect the different levels of ability and understanding of others.
- The learner must be allowed to aim for the highest possible standards and has the right to be treated as an individual.

- They have the responsibility to work diligently and to treat others as individuals and with respect.
- They have the right to be taught by qualified educators and be educated in and speak the language of their choice.
- They have the responsibility to accept the language choice of others.
- The learner has the right to choose the religious and cultural practices of his/her choices but at the same time be willing to accept, promote and protect the religious and cultural choices of others.

According to the Education Labour Relations Council (1999:20-21), the Bill of Rights in the Constitution of South Africa, Act 108 of 1996 states that the rights of all people and the human dignity, equality and freedom of all people should be cherished and people should not be discriminated against. Every learner has the right to privacy, respect and dignity. They have the freedom of non-violence and the freedom of expression. Learners have the right to a clean and safe environment.

The basic rights paved the way for inclusive education, which will be addressed next.

2.5.5.3 Inclusive Education

The process of addressing and responding to the diversity of needs of all learners and reducing exclusion within and from education in order to afford their basic human right to education, to equal opportunities and to social participation, define Inclusive Education, according to UNESCO (2000:62). The concern of Inclusive Education is providing quality education for all and has a special emphasis on learners experiencing barriers to learning and development. Included are girls, children in poverty, street and working children, children involved in child labour, learners who have learning disabilities and difficulties, learners who have a different first language to the language of tuition,

malnourished children and those of minority religions, learners affected with chronic illnesses and HIV/AIDS, HIV/AIDS orphans, pregnant learners or learners who have young children, abused children, refugees, children affected by war, ethnic and nomadic minorities and children who have inadequate schools and teaching (UNESCO, 2000:60).

Adolescents who are infected with and affected by HIV/AIDS are considered to be Learners with Special Education Needs (LSEN) as they also need to be given the opportunity to discover their potential and achieve their dreams. HIV/AIDS, being a chronic illness, is therefore a barrier to the learning and development of the adolescent. It also restricts the adolescent from attaining his/her full potential (Lazarus, Daniels & Engelbrecht, 1999:53).

According to the NCSNET/NCESS Report (Department of National Education, 1997:10) barriers to learning and development are factors which prevent the system from accommodating diversity, causing learning breakdown or preventing learners from accessing educational provision.

Adolescents have unique characteristics, abilities, interests and learning needs. According to the Salamanca Statement (UNESCO, 1994:viii), an education system should be designed to take into account the diversity and different needs which are unique to adolescents. These scholars must have access to regular schools which should accommodate them and attempt to meet their needs. Every child has the right to education and every school should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions. Schools and educational institutions have to find ways of successfully educating all children, no matter how serious their disadvantage or disability. The educational arrangement made for the majority of children must include children and youths with special educational needs (UNESCO, 1994:6).

Children with special educational needs should receive all the extra support they require so that they could be educated effectively within inclusive schools. Building solidarity among children and their peers could be effectively achieved through inclusive education (UNESCO, 1994:12).

The Salamanca Statement (UNESCO, 1994:17) also stresses that inclusive schools are effectively combating discriminatory attitudes, that welcoming communities are created and that an inclusive society for all is achieved. Discrimination, according to Goss and Adams-Smith (1995:9), against HIV positive persons and persons with AIDS is in direct violation of their human rights and leads to exclusions and ostracism. Strict care must be taken to combat all forms of discrimination at schools. These people should also not be prevented from having accommodation anywhere.

2.5.5.4 Educator Training regarding HIV/AIDS

- The South African Democratic Teacher's Union (SADTU) views HIV/AIDS as a very serious issue facing educators and want to empower educators to handle this pandemic. The union has designed specific programmes to equip educators to handle this disease. The following programmes are offered by SADTU to educators:

  - An INSET life skills pilot project for grade 1 to grade 4 educators with a focus on HIV/AIDS.
  - A project proposing the compulsory inclusion of HIV/AIDS education into educators' education and training curricula.
  - HIV/AIDS Awareness and Living with HIV/AIDS Workshops conducted by the Gender Desk (Orr, 2002:13).

- The Department of Health has also developed a programme for educators about sexuality and HIV/AIDS in conjunction with the Department of

Education and different Non Governmental Organizations like Life Line and Planned Parents Association. This programme is to train educators to equip learners with the relevant skills and knowledge about HIV/AIDS and sexuality. The educators give the learners a pre-test before the programme is implemented and then a post test after the programme has been completed. This is to monitor the effectiveness of the programme in empowering learners as well as educators with the necessary skills and knowledge to make informed decisions (Department of Health, 1999:1).

- There are also many programmes about HIV/AIDS offered to educators by the National Union for Educators (NUE) and these are presented throughout the year. The only condition is that educators must make themselves available and be prepared to be educated about HIV/AIDS.

- Universities already offer qualifications and modules on HIV/AIDS. An example is the postgraduate qualification offered by Vista University, such as BA Honours, Social Behaviour Studies in HIV/AIDS and modules such as Sexuality Education & HIV/AIDS (Vista Calender, 2002:69).

According to Pretorius (2002:12) research has proven that higher education levels are correlated with lower infection rates of HIV/AIDS among the youth. Educators are ideally able to reach children in the 'window of hope' age group of 5 to 14 years, which shows the lowest infection rate. The country's strongest weapon to fight HIV/AIDS is education.

2.6 SYNTHESIS

The South African government has done everything in its power to create a democratic society, free from discrimination, allowing all learners to be educated without restrictions, by creating and designing National Policies to protect them

and by equipping educators to be able to empower all learners with the relevant skills and knowledge.

In this chapter explanations were offered which aimed to clarify the educational psychology perspective and inclusive education, the theoretical framework for the holistic development of the adolescent learner (cf. 2.3) and HIV/AIDS and the national education policy. This provides the framework for understanding Learners with Special Education Needs (LSEN) including learners with HIV/AIDS, and the provision made for them in mainstream education.

CHAPTER THREE

RESEARCH DESIGN AND RESEARCH METHODOLOGY

3.1 INTRODUCTION

National policies have been designed by the government for the protection of the individual, in this instance the school child, from unfair discrimination and to ensure their right to basic education, to guarantee equal access to public education and to prevent injustices to learners affected by and infected with HIV/AIDS (South African Law Commission, 1997:x). Such policies have to be implemented by educators and therefore their perceptions are vital for this research.

This chapter deals with the research design and method including the problem statement, the primary and secondary objectives, the research procedure, data analysis as well as the ethical considerations of this qualitative research.

3.2 PROBLEM STATEMENT

Schools are affected by the increase in HIV/AIDS transmissions and infections therefore the researcher finds it imperative to try to understand senior phase educators' perceptions of HIV/AIDS and its impact on the holistic development of adolescent learners.

3.2.1 The primary research question

The primary research question could be formulated as follows:

What perceptions do senior phase educators have of HIV/AIDS and of its impact on the holistic development of adolescent learners?

3.2.2 The secondary research question

The secondary research question can be formulated as follows:

How can the information gained be used to describe guidelines and recommendations to supplement their existing knowledge so that the learner can benefit?

3.3 OBJECTIVES OF THE INVESTIGATION

The following primary and secondary objectives emanate from the above research questions:

3.3.1 Primary Research Objective

The primary objective of this research is to explore and describe senior phase educators' perceptions of HIV/AIDS and its impact on the holistic development of adolescent learners.

3.3.2 Secondary Research Objective

The secondary objective of this research is to use the information obtained to describe guidelines and recommendations to supplement educators' existing knowledge so that the learner can benefit.

3.4 RESEARCH DESIGN

3.4.1 Qualitative research

A qualitative, explorative and descriptive research design (Mouton & Marais, 1990:4) was used to explore and describe the perceptions senior phase educators

have of HIV/AIDS and its impact on the holistic development of adolescent learners.

Schurink (1998:240-241) states that qualitative research concentrates on qualities of human behaviour. According to Creswell (1998:15) qualitative research is an interpretive and naturalistic approach that explains social and human problems. The researcher interprets a phenomenon in terms of meaning created by the participants. The qualitative research is conducted in a natural setting, analyses text and reports data in a detailed and descriptive manner. A holistic picture is built of what is being studied. The perceptions of senior phase educators of HIV/AIDS and its impact on the holistic development of the adolescent learner is the phenomenon being scrutinized. The impact of HIV/AIDS on adolescent learners becomes apparent within the family, at school, within peer groups, in the community as well as in society as a whole.

Qualitative research enables the participants to divulge their accounts of meaning, experience or perceptions. It also produces descriptive data in the participants' own words, written or spoken. Participants' beliefs and values about the phenomenon are thus identified (Taylor & Bogdan, 1984:5). Senior phase educators divulge their own perceptions of HIV/AIDS and its impact on the holistic development of the adolescent learner obtained through their observations and according to their own experiences.

Various qualities of qualitative research are identified by Eisner (1998:32) such as being field-focused and that the researcher is instrumental in creating meaning of what is being investigated, therefore making it interpretative in character. Empathy is expressed through scientific writing and through interaction with individuals.

Qualitative research, as defined by McMillan and Schumacher (1993:372), is a naturalistic inquiry in which the use of non-interfering data collection strategies

are used to discover the natural flow of events and processes and how participants interpret them. This qualitative research was conducted to enable the researcher to explore and describe the perceptions of the participants regarding HIV/AIDS and its impact on the holistic development of adolescent learners. Eisner (1998:35) and Cresswell (1998:16) agree that the research design is determined by the research problem which, in this case, is exploring and describing the perceptions of senior phase educators.

3.4.2 Trustworthiness

Trustworthiness is when reliability is ensured in qualitative research, as stated in Guba's model (Lincoln & Guba, 1985:331). Guba's model of ensuring trustworthiness of qualitative data (Poggenpoel, 1998:348-351) suggests criteria such as truth value, applicability, consistency and neutrality.

- ***Truth value*** means that the researcher can be confident that the findings from the participants and the context of the research are truthful. To ensure the truthfulness of the information gathered from the participants, the researcher tried to establish a correlation between the verbatim accounts of the participants and the analysis of the study (Poggenpoel, 1998:348).

Participants are quoted verbatim to contribute to the credibility of the study and to confirm the researcher's analysis (Adler & Adler, 1998:88). An understanding of the responses of participants in totality is acquired through their verbatim accounts (Bogdan & Bilken, 1992: 391-392).

- ***Applicability*** according to Poggenpoel (1998:349), refers to the transferability of findings to other settings and contexts. Descriptive data presented by the researcher to allow for comparison would ensure applicability. The participants in this study are unique

individuals with their own views and therefore the researcher explored and described senior phase educators' perceptions of HIV/AIDS and its impact on the holistic development of adolescent learners. Generalization is not intended.

- ***Consistency*** implies the consistency of findings if the research is replicated using the same participants in a similar context. According to Poggenpoel (1998:350), the findings would not alter if the participants are consistent in their responses and views. In some instances the researcher clarified the responses of the participants to establish the meaning of unclear responses.

- ***Neutrality*** as Poggenpoel (1998:350) describes, refers to the freedom of bias in the research procedure and results. The participants were unknown to the researcher to avoid the possibility of familiarity having an influence on the study. The questions posed were semi-structured to allow the participants the opportunity to reflect their own points of view and perceptions. The researcher allowed the participants to complete the questionnaire (appendix 1) on their own, in the comfort of their homes in the absence of the researcher, where they could not be influenced by the researcher in any way. The researcher remained objective while the data was analysed and in presenting the findings. There was no way the researcher could determine who was responsible for certain responses as the participants were unknown to her. Data was verified, where necessary, when questionnaires were collected.

3.5 RESEARCH METHODOLOGY

3.5.1 Literature review

The researcher is able to plan the research in a meaningful and scientific manner if a thorough study of relevant literature is made (Smit, 1995:22). The literature review defines and redefines the research question (De Vos & Fouche, 1998:104). The literature review revealed some gaps and shortcomings in previous research regarding HIV/AIDS and its impact on the holistic development of the adolescent learner.

The literature review allowed the researcher to identify misconceptions in the perceptions of the educators and to provide guidelines and recommendations to supplement educators' existing knowledge so that the learner can benefit. The literature also assisted with the recontextualisation of the findings (Poggenpoel, 1998:342).

3.5.2 Sample

The sample population of this study consisted of twelve senior phase educators from four government schools. Two primary schools and two high schools were chosen from the Western District in Port Elizabeth.

In **Table 3.1** the biographic details of the Senior Phase educators who participated in the research are reflected. The participants are indicated as A, B, C and D because they were assured of anonymity and confidentiality. The schools are referred to as 1, 2, 3 and 4.

Purposive sampling was used to select information rich individuals and to increase the utility of information obtained from the small sample. Strydom and

De Vos (1998:198) state that this type of sampling is entirely based on the judgement of the researcher. The advantage of purposive sampling is that a few participants can yield many insights about the topic or phenomenon, according to McMillan and Schumacher (1993: 378-379).

TABLE 3.1: DETAILS OF SENIOR PHASE EDUCATORS

SCHOOL 1				
Participants	**A**	**B**	**C**	**D**
Grade teaching	7	7	7	7
Age	46-55	21-35	46-55	46-55
Years experience	29yrs	10yrs	18yrs	27yrs
Male/Female	F	F	M	F
HIV/AIDS Inservice Training	No	No	Yes	Yes
SCHOOL 2				
Participants	**A**	**B**		
Grade teaching	7	7		
Age	36-45	36-45		
Years experience	22yrs	17yrs		
Male/Female	M	M		
HIV/AIDS Inservice Training	No	No		
SCHOOL 3				
Participants	**A**	**B**	**C**	
Grade teaching	8	8	8	
Age	21-35	36-45	21-35	
Years experience	11yrs	20yrs	6mnths	
Male/Female	F	F	F	
HIV/AIDS Inservice Training	No	No	Yes	
SCHOOL 4				
Participants	**A**	**B**	**C**	
Grade teaching	9	9	9	
Age	36-45	21-35	36-45	
Years experience	13yrs	12yrs	17yrs	
Male/Female	F	M	F	
HIV/AIDS Inservice Training	No	Yes	No	

Eight of the twelve participants were females and four were males. The ages of the participants range from 21 years to 55 years. The years of teaching experience of the participants range from 6 months to 29 years. Four of the twelve participants have had HIV/AIDS in-service training and eight of the

participants have had no HIV/AIDS training at all. Six of the participating educators are responsible for teaching grade 7, three participants teach grade 8 and three participants teach grade 9.

3.5.3 Research Procedure

Permission was sought from the Education Development Officer of the Western District in Port Elizabeth and from the principals of schools involved. After permission had been granted the researcher requested permission from the identified educators. The researcher explained to them what the study was all about. Not all the educators who were identified wanted to participate due to work commitments. Most of the educators showed a willingness to participate and communicated a deep concern about HIV/AIDS and its effects on the learners.

All the participants wanted time to fill out the questionnaire so that they could be in a relaxed atmosphere and have enough time to ponder about the questions and be allowed to write everything that they could think of.

3.5.4 Questionnaire

The researcher used a questionnaire to gather the data for this research (Fouchè, 1998:152). A questionnaire according to Harber and Payton (1985:885) is a set of questions printed on a form which the participants complete, designed to obtain a person's opinion or gather information for a survey, statistics or a research project. (See Appendix A).

The questionnaire was delivered by hand to the participants by the researcher. Besides the biographical data only two open-ended questions were asked. (See Appendix A).

3.5.5 Data Analysis

An analysis strategy was used where the complex whole was taken and broken into parts (Mouton & Marais, 1990:102-103). Tesch's descriptive analysis technique (Cresswell, 1994:153) was used. This technique is to carefully read through all the responses to form a sense of the whole, and then to write down ideas which come to mind about what the participants said. Thoughts are written in the margin and units of meaning are identified. These units of meaning are then arranged into major themes with accompanying categories. Relationships between major themes and categories are identified.

After the researcher's coding and analysis, an independent coder coded the data. A consensus discussion was held to reach consensus on the themes and categories (Cresswell, 1994:153).

3.5.6 Recontextualising / Literature Control

According to Poggenpoel (1998:342), recontextualising the emerging theory through the published work of other researchers and established theory is important. Results were placed in the context of established knowledge. The results must be either supported or refuted by the literature.

3.6 ETHICAL CONSIDERATIONS

Strydom (1998:24) describes ethics as a set of widely accepted moral principles, about correct conduct and behavioural expectations towards those being researched and towards other researchers. These principles are guidelines for the researcher to evaluate her/his own conduct.

The following ethical considerations were made by the researcher to protect the participants in this research. The participants were assured of the strictest confidentiality, which, as Strydom (1998:27-28) indicates, is that the information is to be handled in a confidential manner.

Anonymity was assured for the participants and the schools involved. Anonymity according to Babbie (1990:342) means that it should not be possible for any participant to be identified afterwards by anyone, including the researcher.

Informed consent was given by the participants, which according to Strydom (1998:25-26), implies that correct and adequate information about the research, the procedure to be followed and all other relevant information be given to the participants. The participants were fully and completely informed.

3.7 CONCLUSION

The research design and the research methodology were discussed in this chapter. Qualitative research was discussed and explained. Detailed information of the sample being researched was included. The research procedure, data collection and analysis, ethical considerations and ways to ensure trustworthiness were also discussed. The interpretation and discussion of the findings will be dealt with in the next chapter.

CHAPTER FOUR

RESULTS AND INTERPRETATION OF FINDINGS

4.1 INTRODUCTION

The physical, cognitive, emotional, social and moral decline of the adolescent often accompany HIV/AIDS and it was therefore necessary to view the perceptions the educators have of the impact of HIV/AIDS on the holistic development of the adolescent. It is unpacked in terms of the ecosystemic perspective which has been explained in chapter two.

Major themes and related categories (see table 4.1) which emerged from the data are presented in this chapter. Direct quotes of the participants are used and the findings are recontextualised by using literature to support or refute the themes and categories.

This chapter therefore contains the results of this study and the discussion thereof.

TABLE 4.1: THEMES AND CATEGORIES

THEME 1: SENIOR PHASE EDUCATORS' PERCEPTIONS OF HIV/AIDS
Category 1: Awareness of the prevalence of HIV/AIDS
Category 2: Understanding of HIV/AIDS from a medical viewpoint
Category 3: Viewpoints on what causes the spread of HIV/AIDS
Category 4: Feelings expressed by educators about HIV/AIDS
Category 5: Views on what is needed for preventing HIV/AIDS
THEME 2: SENIOR PHASE EDUCATORS' PERCEPTIONS OF HOW HIV/AIDS IMPACTS ON THE LEARNER'S ECOSYSTEM
Category 1: Impact on the holistic development of the learner
• Physically
• Cognitively
• Emotionally
• Socially

• Morally
Category 2: Impact on the family
Category 3: Impact on the peer group
Category 4: Impact on the school
Category 5: Impact on the community

4.2 THEME 1: SENIOR PHASE EDUCATORS' PERCEPTIONS OF HIV/AIDS

This theme focuses on senior phase educators' perceptions of HIV/AIDS and includes five categories which elucidate the theme: awareness of the prevalence of HIV/AIDS, understanding of HIV/AIDS from a medical viewpoint, viewpoints on what causes the spread of HIV/AIDS, feelings expressed about HIV/AIDS and views on what is needed for preventing HIV/AIDS.

4.1.1 Awareness of the prevalence of HIV/AIDS

The responses from the participants indicate that some of them have an awareness of the prevalence of HIV/AIDS while others are unaware and unperturbed by the existence of this disease because they are still unaffected by it. There is also a feeling that some of the participants are in a comfort zone and this is blinding them to the plight of HIV/AIDS all around them.

The realization that it is a killer disease is expressed as *the virus is one of the biggest killers of human life* and that it *will affect old and young. Generally it is a deadly disease.*

The expression of it being a disease on the increase is indicated in that it is *a growing disease despite all awareness programmes and intervention attempts.* This is apparent by the high statistics as *the number of people dying of HIV/AIDS, infections has reached alarming proportion.* There is also an awareness that *more people are being infected on a daily basis.* It is believed that

infections occur sexually when it is stated that *90% of infected adults have contracted HIV/AIDS through sexual contact.* That it is a destructive disease, not only for the individual, is revealed in that *it can destroy whole families, whole communities and the nation at large.*

A lack of knowledge of the prevalence is displayed in a participant's response that she does *not know of any learner with HIV/AIDS, thus cannot comment.* Some participants believe that certain people prefer to remain in their comfort zones concerning the disease, as *statistics are frightening whilst we remain sheltered in our cozy corners. Youth only see HIV/AIDS as a disease that strikes others. There are still people who are ignorant enough to think that HIV/AIDS is not prevalent.*

Crime, HIV/AIDS and child abuse are the greatest concerns for young people today. According to the Medical Research Council (1998:6) the South African Demographic Health Survey found that one in five children experiments with drugs and 64% of rape survivors are between 14 and 19 years old. One in every two 16 year olds have had sex and one in every three South African women has given birth by the time she is 18 years old. Added to this the highest rate of HIV/AIDS transmission in South Africa are amongst youth aged 15-24 years, and this is the age group which does not comply with the preventative behaviour of condom use (Mukoma, 2001:55).

According to the Kaiser Family Foundation Report (2001:6) it is estimated that about 4 million South Africans are currently infected with HIV/AIDS with an expectation of a continued increase over the next ten years. A further estimation that between 5.3 to 6.1 million infections are expected by 2005 and 6 to 7.5 million by 2010 increases the notion that the problem is getting bigger. It is estimated that 200 000 South Africans are currently living with HIV/AIDS and that 15% of South African adults aged 20 to 64 are infected and that it could rise

to between 20% to 23% by 2005. It is also estimated that over 50% of young people will die of AIDS before their 35th birthday.

While some educators are perceived to be aware of the prevalence of HIV/AIDS, others are not and the fact that they appear to sit tight in their comfort zone is a danger signal. Therefore understanding HIV/AIDS from a medical viewpoint could increase their concern about the disease and for those infected with it and affected by it.

4.2.2 Understanding of HIV/AIDS from a medical viewpoint

A deep understanding of the medical meaning of HIV/AIDS appears to be lacking when comparing the following definitions of HIV and AIDS to the participants' understanding of and insight into the disease.

HIV means Human Immunodeficiency virus where a human being is infected by the virus. **Immunodeficiency** means the defence system of the body is weak, and the **virus,** a microscopic agent that causes the disease, breaks down the body's immune system when infected with HIV (Tonks, 1996:37-38).

AIDS stands for Acquired Immune Deficiency Syndrome. Tonks (1996:36-37) describes each word (concept) as follows: **Acquired** implies that a person obtains something from outside himself, as the person is not born with it neither is it hereditary. **Immune** means invulnerable and protected, as the immune system of the body fights off diseases such as flu, colds and other illnesses. **Deficiency** means a shortage of or not enough of something. The body therefore has insufficient immunity to fight off diseases and germs effectively. **Syndrome** refers to a group of symptoms combined to demonstrate a particular disease or condition and the diagnosis of AIDS is made when enough of these symptoms occur together.

The responses of the participants indicate that a basic, yet limited knowledge of HIV/AIDS exist when compared to the above explanations. Most participants knew that HIV is *a virus in the blood.* They are also aware that it is a disease which *attacks the immune system of the body* and that consequently the *body cannot fight minor/opportunistic diseases. This virus attacks the immune system of victims, making him/her very susceptible to all kinds of viruses,* thus *resulting in the weakening of the body.* They are also aware that initially no symptoms are detected even though the person can be an AIDS carrier in that *Aids cannot be seen with the naked eye.* That it is an incurable disease for which no vaccine has yet been found is a fact for these participants, *it is a disease that has no cure. No one can be cured.*

Having a deep understanding and knowledge is empowering to people and could eradicate discrimination and unfounded myths concerning the disease and the transmission thereof. It could also be of great assistance when dealing with persons infected with the disease.

4.2.3 Viewpoints on what causes the spread of HIV/AIDS

Various viewpoints concerning what causes the spread of HIV/AIDS were expressed by the participants.

Some participants revealed that the attitudes of people, such as an *unwillingness to realize that HIV/AIDS is nondiscriminatory or that it can't happen to me,* contribute to the spread of HIV/AIDS. Some participants mentioned that *the self-concept of males and females contribute to the spread of HIV/AIDS because the idea that females are inferior to males and should succumb to every need of the male encourages stereotyping and allows males to treat females with disrespect. Males, on the other hand, think that they are superior beings and that the world revolves around them.*

Another viewpoint given is that the intensity of the disease is trivialized by 15-35 year olds as they are *ill- informed.* The unchanged sexual habits of adolescents prove the fact that *pregnancy rate has not reduced to indicate any change in sexual habits.* Added to this it appears that *sexual promiscuity seems to be highly acceptable amongst the young* and *these are not aware of the dangers* of this kind of behaviour in that they don't behave as if they know that *sexually transmitted disease can be contracted between sexual partners.* A participant stressed the point that for her the disease is *a serious pandemic that is not taken seriously enough by all role players (government departments, education departments, churches, youth groups etc.).*

The above finding is in line with the Kaiser Family Foundation Report (2001:4) that the continuing escalation of infection of HIV/AIDS will occur until society appreciates the extent of the epidemic and people alter their behaviour.

The Kaiser Family Foundation Report (2001:4) sums up the causal factors contributing to the spread of HIV/AIDS: poverty, migrant labour and apartheid lead to disrupted families; resisting the use of condoms; the low status of women in society and within relationships; the encouragement of high numbers of sexual partners, especially amongst men, by social norms and the inability to discuss sexual matters with children and teenagers.

4.2.4 Feelings expressed by educators about HIV/AIDS

The participating educators expressed the idea that HIV/AIDS causes deep rooted feelings within the individual who is infected with and affected by the disease. These feelings have to be dealt with professionally, in a counselling situation, to enable the individual to live effectively.

The participants' mention of a feeling of hopelessness which is overwhelming is apparent from the response: *I feel like running away from it. It is difficult to face. It is a hard and unbearable situation.* It is also a traumatic experience

because *HIV/AIDS has come as a shock and trauma to the entire society.* The feeling of fear is experienced by the thought of *the rapid pace at which HIV/AIDS is spreading.* There is a feeling of frustration which emanates from the idea that not enough is being done to combat this disease among adolescents. Mukoma (2001:55) states that because adolescents are relatively healthy and their physical fitness is at its peak, many countries, including South Africa, neglect the health of adolescents.

Effective functioning and well-being in all areas of family life, relationships and school performance are compromised by stress and depression. This often results in social rejection and alienation. Children are highly traumatized by watching their parents die (The Kaiser Family Foundation Report, 2001:9).

4.2.5 Views on what is needed for preventing HIV/AIDS

The educators expressed many ideas needed for the prevention of HIV/AIDS, focusing both on the role of the individual and on that of the government.

According to the Medical Research Council (1998:7) findings the South African Demographic Health Survey proved that half of South Africa's 15 year olds and younger children could die of HIV/AIDS indicating the current rate of infection. Young people who lack clear information about sex are more likely to contract sexually transmitted diseases including HIV/AIDS or get pregnant, than one who is able to make informed choices.

4.2.5.1 Government intervention

The participants mentioned that education is the strongest weapon needed to combat HIV/AIDS and that *people need to be taught about HIV/AIDS so that kids are equipped at an early age.* They felt that men and women should be *equipped with intervention skills and are provided with attitude reconstruction before being saturated with the facts about HIV/AIDS.* Added to this more

school nurses should be deployed to and placed at *every school.* They felt that legislation should force parents to take the responsibility to assist in the *education about the disease in every household. Parents must teach their children about issues of sex and its repercussions.*
Government should also play its role in educating people about *healthy living which can strengthen the immune system.*

Skinner (2002:10) concurs with the above findings that structural intervention in the form of legislation and formal policies could make an important difference in intervention against HIV/AIDS.

Van Dyk (2001:82 & 92) states that the public health authorities could persuade groups and individuals to alter their behaviour by providing them with relevant information about HIV/AIDS. The success of HIV/AIDS prevention programmes depends on whether they are backed by political leadership and receive the support, commitment and the advocacy of the country's leaders.

4.2.5.2 Self-discipline is a vital requirement in the prevention of HIV/AIDS.
The participants felt that commitment to religious life in which good morals and values are taught could encourage the *practising and endorsing of abstinence,* as *HIV/AIDS can be stopped by living moral lives.* Related to self-discipline, is having only one partner as a safeguard against contracting HIV/AIDS. Biblical principles enhance good moral behaviour and it promulgates that *sex is for marriage only, one partner in marriage only, honour God with your body, sex is a covenant made between husband and wife.*

Government policy and legislation is powerful and necessary in order to achieve success in any campaign, especially in combating the spread of HIV/AIDS.

4.3 THEME 2: SENIOR PHASE EDUCATORS' PERCEPTIONS OF HOW HIV/AIDS IMPACTS ON THE LEARNER'S ECOSYSTEM

The learning and development of every learner, according to Donald *et al.* (2002:55), take place within the surroundings of a specific social environment. These surroundings are referred to as the learner's social context or ecosystem (cf. 2.3). The social context consists of the family, school, peers, community and the broader society. The different levels of this social context are continuously developing and interacting with one another, influencing and being influenced by each other within the total ecological system.

The adolescent, as a unique individual, actively takes part in his/her own learning process and influences and is influenced by the social context into which he/she is born (Donald *et al.*, 2002:47). The diagram (cf. 2.3) also holistically represents the physical, cognitive, emotional, social and moral development of the individual.

The immediate social environment of the individual is his/her family circle, which usually consists of a mother, father, siblings and an extended family and are the subsystems in the social context. Some families are made up of single parents and no siblings. The individual and his family directly influence each other. This is a two-way interactive process between the family and the individual. If tension arises in one part of the family, the whole family is affected (Donald *et al.*, 2002:47).

The adolescent is influenced by and influences the school environment as he grows up. The school is a system with different sub-systems, which consist of the staff, students, curriculum and administration. There is also an interactive process that takes place between the learner and his/her peer group to which he/she is exposed. The learner, his/her family and school form part of the

community, which in turn is part of the broader society. Whatever happens in one part of the system affects all the other parts (Donald *et al.*, 2002:47).

HIV/AIDS is a barrier to learning and development and has an impact on the ecosystem and on the different developmental areas of the learner. According to Donald *et al.* (2002:31), HIV/AIDS is a social and interpersonal problem. This problem can be effectively explained when looked at within the ecosystemic context, in relation to the family, peers, school, community and within the social context.

4.3.1 Impact on the holistic development of the learner

4.3.1.1 Physically

HIV/AIDS has a severe impact on the physical development of the adolescent and the physical deterioration of the learner would probably be the first indication that all is not well. With the challenges which the adolescent has to contend with, whether or not he is infected with the disease, he is already physically disadvantaged.

The participants focused on adolescents who are infected with HIV/AIDS and mentioned that *HIV/AIDS have a draining and depleting impact on everybody involved.* It leaves the adolescent weak as *he/she experiences many ailments like his/her lungs are affected (pneumonia), he/she experiences weakness and body pains and is unable to walk, at a later stage and has sores* on the body. The physical development deteriorates because *HIV/AIDS becomes a major inhibiting factor in the development of the child. The child will be deprived from activities which stimulate physical growth like participation in sport.* The *physical growth* of the adolescent will be *stunted* by HIV/AIDS. The participants stated that *HIV/AIDS has a gross impact on physical development of*

the learner and that there is *an ever increasing deterioration of the immune system.*

According to Whiteside (1998:23) children are physically disadvantaged if their parents die and they grow up without the care and role models that they would normally have had.

Adolescents find it ironical that they, as young people, die or are involved in caring for ill parents, when they still need to be taken care of themselves. They find themselves either being infected with or affected by HIV/AIDS (Bor, Miller & Goldman, 1993:125). Although the participants did not refer to adolescents affected when parents have HIV/AIDS, it is worthwhile to take note of how this, too, impacts on their physical well-being.

Teenagers are struggling with the normal developmental stages of adolescence and they are not mature enough to head households where they have to make decisions, feed, clothe and take care of younger siblings. They also do not have the know-how to take care of their parents who are infected with HIV/AIDS. According to Gouws and Kruger (1994:41) these adolescents are being burdened prematurely with inappropriate responsibilities and their physical development is mistaken for emotional development. They are not emotionally mature enough to handle the kind of responsibilities they are faced with when their parents become ill with AIDS.

The physical impact on development and learning is felt when children are orphaned by AIDS. Their needs such as food clothing, blankets, housing and education are often not met (Hubley, 1990:76).
The physical deterioration of the adolescent has a definite, strong link with their cognitive development.

4.3.1.2 Cognitively

The participants expressed that HIV/AIDS has a definite impact on the cognitive ability of the infected individual. They responded that the *mental capacity, so necessary for academic learning to take place, will be affected.*

Cognitive deterioration affects the social development of the adolescent and prevents them from forming relationships or socializing with people because of what they think about themselves and what they think others think of them. This also happens because they want to protect themselves from being vulnerable to the world (Gouws *et al.*,2000:68).

4.3.1.3 Emotionally

The emotional state of the person with HIV/AIDS is also volatile. The participants expressed an understanding of this, which is apparent from the following responses:

Some participants indicated that HIV/AIDS is very *destructive and demoralizing* and *even if the learner wishes to hide it, with time AIDS reveals itself through illness or death.* To rid themselves of the frustration and feelings of helplessness the adolescent tends *to act out.*

The participants were aware that the adolescent with HIV/AIDS could experience a state of depression and be traumatized by the stigma of HIV/AIDS and remarked that *he/she will be depressed by the mere fact of being HIV positive* and *the stigma attached to the victims of HIV/AIDS impacts negatively on their emotional development.*

The emotional impact of living with a family whose members have HIV/AIDS is also referred to. *Learners living with a family member who has AIDS are*

traumatized by the stigma, the family wholeness is affected and they fear the loss of a loved one. HIV/AIDS causes *them to become withdrawn and rebellious.*

According to the participants, the adolescent has *to grow up quickly* and *rapid maturity* has to occur, because the adolescent must care for the family. The educators also talked about fear, which engulfs the adolescent affected with HIV/AIDS. *New fears are now confronted, which are the HIV infection, death and loss of loved ones and parents, being orphaned, being rejected.*

According to Tonks (1996:7), the adolescent is faced with an overwhelming fear at the idea of being infected with HIV/AIDS or that someone in his/her immediate family is infected. This could lead to a regression to depression and a state of dependence.

Regarding their own fears, the participants also mentioned that they *fear the pace at which the disease is spreading, I fear that people are aware, but not fully conscious of its fatality and how it is being spread and I fear that my learners are not fully aware of the speed at which HIV/AIDS is travelling through Africa and South Africa.*

Individuals infected with HIV/AIDS experience morbid, negative thinking by themselves and others around them. This can lead to depression because they feel that the situation is not improving in any way. They believe that everything they are doing is futile. This kind of thinking leads to the deterioration of physical health and emotional well-being (Seligson & Peterson, 1990:19).

The above findings are supported by the Kaiser Family Foundation Report (2001:9). It is found that the stigma which affected and infected people experience lead to feelings of isolation, powerlessness, confusion as well as feelings of self blame. Due to these feelings, coping with the illness then becomes more difficult. The diagnosis and the disclosure of a person's

HIV/AIDS status result in major stress for the individual. This and the idea of death are very traumatic for all the members of that particular household. All areas of family life and relationships can be strained and compromised by the stress and depression which is experienced. Bor and Elford (1994:33) agree that the impact of HIV/AIDS on families is very stressful. People affected by and infected with the disease experience emotions of shock, denial, anger and guilt. According to Bor and Elford (1994:33) they sometimes have suicidal tendencies, paranoid beliefs, go through personality changes and psychosis. They feel depressed, have mood swings and hostile feelings.

The emotional and psychological needs, according to Hubley (1990:76), are provided for by counselling and love, to ensure a sense of security and to assist in dealing with trauma and grief for the loss of parents, relatives, friends and siblings. Caring for parents, relatives, friends and siblings with HIV/AIDS is demanding and stressful and it is advisable for the person, usually the adolescent, to receive counselling from, as Hubley (1990:77) states, an understanding, patient person and someone who is able to empathize. It is also advisable for adolescents to receive counselling from someone who understands and is able to work with adolescents.

The adolescent who can admit to and deal with his/her feelings is much closer to emotional stability and emotional recovery. This is also a step closer to the adolescent accepting the disease as part of his/her life, being prepared to live with it and doing everything possible to prolong his/her life or assisting a loved one to do the same.

4.3.1.4 Socially

HIV/AIDS impacts on the individual socially and is directly related to the cognitive capacity of the individual. The participants responded that *socially the person feels he/she is an outcast because of the stigma attached to this disease,* and that he/she may be *shunned by society* and *thinks to commit suicide.* The result would be that the individual *isolates him/herself from the public.*

This is in line with Siamwiza (1999:24) who states that children who have lost a parent or who are infected with HIV/AIDS report of being taunted and mocked by peers and also of being excluded from peer groups. This leads to isolation. Kelly (2000:16) feels that because of being isolated these children are excluded from experiencing the joys and gaiety of normal childhood and development.

The above highlights the influence of society on the individual and Gouws and Kruger (1994:10) concur that society has a phenomenal influence on the individual. According to Van Dyk (2001:183) the interaction with peer groups, too, is very important in the psychosocial development of the adolescent because they have an intense desire to belong. This satisfies the emotional needs of the adolescent. In this regard the isolated HIV/AIDS adolescent's needs are thus not met.

The isolation and discrimination lead to unlimited emotional feelings, which in turn become major problems. If not dealt with these factors could have a destructive impact on the life of an adolescent, who in normal development is extremely sensitive and emotional.

4.3.1.5 Morally

Mwamwenda (1995:149) describes moral development as the ability of children to determine right from wrong. In the mind of a child nothing is right or wrong, good or bad but that which is determined and taught to them by their parents as being right or wrong or good and bad.

The responses of the participants did not refer to how HIV/AIDS affects the adolescents' moral development. They however, reflected on what according to them would enable the adolescent to live a moral life. Biblical principles could ensure a healthy lifestyle and *without applying God's principles in one's life one will not have a healthy outlook or perspective of life.* They felt that every action has consequences and is linked to responsibilities and that *learners grow up in this era believing that he/she can live as he/she pleases without having to face up to the consequences or his/her responsibilities or actions. This leads to loose living or care-free living. Stability can only be found if healthy morals/ values are being practised.* They felt that abstinence from sexual activities should be promoted and that *morally adults should rather preach 'no sex' to our teenagers.*

The above findings are in line with Van Dyk (2001:183), who reminds us that a very important developmental task, for adolescents, is to develop a personal value system. In order to do this they have to question their existing values, decide which values are acceptable to them and then incorporate them into their personal value system. An ability to approach moral issues in a more mature way is thus developed by the adolescent.

4.3.2 Impact on the family

South Africa, being a 'rainbow nation', has different kinds of families who each have their own values, beliefs and experiences. However parents of adolescents have much in common: they are trying to raise children in an environment

where violence is rampant, HIV infections are increasing, drugs are easily available and high-risk sexual activity is the norm. Their adolescent children are faced with many difficult choices and it is important that they understand the consequences of their actions and decisions (Medical Research Council, 1998:6).

An adolescent, according to Bor, Miller and Goldman (1993:132), may be affected by HIV/AIDS when a parent, a sibling, a friend or a family member is infected. The natural closeness between parent and child and siblings can become pressured by HIV/AIDS, the adolescent could experience emotional tension and emotional distance could develop in the family.

The stigma and discrimination faced by those adolescents having to cope in an HIV/AIDS environment is very traumatic and is evident in the following responses of the participants. *Learners living with a family member who has HIV/AIDS are traumatized by the stigma.* They cannot concentrate at school because their minds are wandering as a result of their *constantly thinking about the situation they left behind, either illness of the parent or the death, which hinders their development holistically. They are only affected if somebody in the family has it. The family wholeness is affected and they fear the loss of a loved one.*

According to Hubley (1990:75) when one or both parents are infected with HIV/AIDS the whole family, including the children, are affected. When the parents become ill with AIDS the older children have to leave school and work at home or seek paid employment to support the family.

Often high medical expenses result in the inability to pay for children's education, food, housing, the basic needs or the maintenance of the home. Surviving family members are forced into very low paid jobs or into a life of crime or prostitution which further exasperates the HIV/AIDS epidemic (Kaiser Family Foundation Report, 2001:10).

According to Bor and Elford (1994:25, 36), the family unit is changing radically. Due to economic stress, families are not able to adopt children of their brothers or sisters who die of AIDS. Many children are left without the care of one or both parents. Severe psychological trauma is experienced by children in affected families before the death of their parents. The continued maternal deprivation is also experienced by the orphans who lose their mothers. The loss of one or both parents has a devastating impact on the family structure in terms of income lost, lack of food supply, the quality of the care given to the children after the death of parents and the responsibilities placed on minors.

Families face undue strain when they are forced to support and care for those children orphaned by AIDS. Therefore, often orphans are left to their own devices. Very often apart from the hardships these surviving children experience in their families they also have to face the rejection and discrimination from their peers and others. When they receive love, support and care from their friends these children can rise above the experiences they have been exposed to due to HIV/AIDS.

4.3.3 Impact on peer group

Bor and Elford (1994:64) explain that the cause of rejection by friends and others is due to the fear of the condition being contagious. With HIV/AIDS people fear casual contagion brought about by using the same eating utensils and being in close contact with the person.

Therefore here, once again education and getting to know the disease is of vital importance. Friends need to love, care for, support, accept and be there for one another irrespective of the disease. The participants feel that the contrary often happens in that learners are isolated because of the lack of understanding of the disease and they have *few or no friends.* The disease causes the learners to become suspicious of friends and they feel that they *must always be alert of*

whom they become friends with and that they cannot mix freely. Support of friends and family is very necessary because *the infected person suffers unless people and friends around him/her support and nurture him/her.*

When peers educate and support each other behaviour change is most likely to occur. Adolescents are empowered and educated by peer education programmes (Van Dyk, 2001:93).

4.3.4 Impact on the school

The adolescent who is infected with or affected by HIV/AIDS becomes distracted and he/she loses concentration and interest in the school. He/she is unable to perform according to expectation and is compelled to stay absent from school due to other commitments, whether it be to attend the clinic or hospital themselves or to take care of parents who are infected. They eventually fall behind with their schoolwork and the backlog is too great for them to make up again.

The following responses of the participants provide evidence of the disadvantages the learner experiences at school. Learners who are affected with or infected by HIV/AIDS do not cope well at school or they do not cope at all and *sometimes while you teach you find out that the learner does not cope with the situation.* Absenteeism is a problem at school and the learner has good reasons for being absent as *he/she does not attend school* because he/she has bigger and more serious affairs to take care of at home. These learners are also listless at school and do not participate in any co-curricular or extramural activities. One finds that *he/she does not take part in anything given at school, they are inactive.* This has a negative impact on their studies. They are *confronted with new fears such as HIV infection, AIDS, death, loss of loved ones, parents and being orphaned. These impact negatively on their studies.* The *mental capacity* of the learner who is infected with HIV/AIDS, which is *so*

necessary for academic learning, will be affected. The participants felt that the educator's assistance to traumatized learners must be a priority and *educators should help learners who are already in this trauma.* An important task of the educator/facilitator/teacher is to be a role model in dealing with the adolescent who has HIV/AIDS and to *encourage the other learners to love them.*

The reason for the absenteeism of the adolescent, according to Kelly (2000:13), could be because of school fees and the cost of school requirements and confirms that it is also because of the trauma of the HIV/AIDS experience and the suffering they endure in their families. Funds have to be generated for the family and younger siblings need to be taken care of, which forces the adolescent to work. The adolescent then cannot see the value of education and is overwhelmed by all the problems and responsibilities.

The South African Law Commission (1997:iv) concurs that learners affected by HIV/AIDS are faced with the illness of their parents and have to carry out household chores and take care of their sick parents and look after their younger siblings. This disrupts the learning process and it is emotionally draining.

4.3.5 Impact on the community

Sufferers of HIV/AIDS are rejected and victimized by the communities in which they live. They are beaten, slandered and even stoned to death by their communities who feel that they have brought disgrace upon their families and the community. As people become more educated about the disease they learn to understand and accept it more. The plight of these sufferers are revealed in the responses of the participants.

An HIV/AIDS sufferer *feels that he/she is an outcast and shunned by his/her own communities. He/she becomes isolated and may even commit suicide because of the stigma attached to this disease.* This disease causes havoc *can*

destroy whole communities. If there was support in the form of a support group *in his/her community* the adolescent *would not experience loneliness.*

Bor and Elford (1994:67) concur that the stigma attached to HIV/AIDS stems from its association with promiscuity and immoral sexual behaviour. Skinner (2002:6) found that Aids orphans face verbal and physical discrimination at schools and in the community. According to Webb (1997:181), people are forced to move due to their being ostracized and because of lack of support from their communities.

Discrimination and stigma cause those infected with and affected by HIV/AIDS to be alone and distanced from the rest of their communities, their colleagues and even their families. Disclosure then becomes a problem because of fear of rejection (Skinner, 2002:8). This discrimination and stigma is also brought on by churches that make moral judgements against those who are infected with HIV/AIDS. The HIV/AIDS epidemic is labelled by religious organizations as God's punishment for sinners.

Very importantly, Van Dyk (2001:326) states that communities and families have to become involved in care programmes due to the magnitude of the HIV/AIDS crisis. Care given in the patient's own home is community home-based care by a multidisciplinary team consisting of volunteers, religious leaders, social workers, health workers and educators.

4.4 SYNTHESIS

The perceptions of senior phase educators on HIV/AIDS and their perceptions on how HIV/AIDS impacts on the learner's ecosystem was explored in the related themes and categories. The learner's holistic development was explained in the context of the learner's ecosystem.

CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter focuses on the conclusions, recommendations, limitations and guidelines which could assist educators to deal holistically with learners who are affected by HIV/AIDS.

The purpose of this research was to explore and describe senior phase educators' perceptions of HIV/AIDS and its impact on the holistic development of adolescent learners.

5.2 CONCLUSIONS: THEME 1 SENIOR PHASE EDUCATORS' PERCEPTIONS OF HIV/AIDS

5.2.1 Awareness of the prevalence of HIV/AIDS

It was evident that ninety percent of the participants have an awareness of the prevalence of HIV/AIDS and are concerned about the statistics available of the high infection rate, especially among the 15-24 age group. Concern was expressed about the lack of preventative sexual behaviour which exist in this age group. Yet ten percent of the participants showed their ignorance and indifference towards the disease and towards those infected with and affected by it. Complacency towards the virus could cause immeasurable damage and destruction.

5.2.2 Understanding of HIV/AIDS from a medical viewpoint

Participants exhibited a basic yet limited knowledge of HIV/AIDS. They were aware that HIV/AIDS is an incurable disease for which no vaccine exists.

Accurate medical knowledge could be a safeguard against infection and could eradicate discrimination and myths.

5.2.3 Viewpoints on what causes the spread of HIV/AIDS

The attitudes of adolescents were seen by some participants as the main underlying cause of the spread of HIV/AIDS, which, according to them is evident in the apparent unchanged sexual behaviour of the youth and the increased pregnancy rate within the senior phase. The self-concept of males and females and how they are stereotyped by the opposite gender is also a contributory factor towards the spread of the disease. This often leads to sexual abuse which in turn spreads the disease in a rapid manner. Other causal factors are poverty, migrant labour and apartheid which lead to disrupted families, resisting the use of condoms, low status of women in society and within relationships, sexual promiscuity and the inability of parents to discuss sexual matters with children and teenagers (Kaiser Family Foundation Report, 2001:4).

5.2.4 Feelings noted by educators about HIV/AIDS

According to the participants, deep-rooted feelings are experienced by the adolescents who are infected with and affected by HIV/AIDS and that it is advisable that these feelings be dealt with in a professional manner through counselling. The feelings indicated by the participating educators were feelings of hopelessness, being overwhelmed, frustration, shock, trauma, fear and depression.

5.2.5 Views on what is needed for preventing HIV/AIDS

The views expressed by participants on what is needed for preventing HIV/AIDS focused on the role of the individual as well as that of government. Self-discipline, having good morals and values and a strong religious foundation are

needed by the individual as reinforcements for the prevention of this disease. The correct sexual behaviour and being faithful to one partner within a relationship would then be endorsed. The responsibility of the individual to be educated in this regard would then be a prerequisite. The purpose of education would be to equip the individual with intervention skills and assist with attitude reconstruction.

On the other hand intervention is also dependent on the legislation and formal policies instituted by government to achieve ultimate success at preventing and combating HIV/AIDS.

5.3 CONCLUSIONS: THEME 2: SENIOR PHASE EDUCATORS' PERCEPTIONS OF HOW HIV/AIDS IMPACTS ON THE LEARNER'S ECOSYSTEM

The social environment, which is the learner's social context or ecosystem in which learning and development occur, is explained as consisting of the family, the school, the peers, the community and the broader society. The family consists of his/her mother, father, siblings and whoever else belongs to the immediate family. The school environment has sub-systems which are the staff, students, (peers), curriculum and administration. As the adolescent grows up he/she is influenced by and influences his/her social context. For the purpose of this research HIV/AIDS is a phenomenon of the South African social context and is a barrier to the learning and development of the adolescent. This development is described in terms of the physical, cognitive, emotional, social and moral development.

5.3.1 Impact on the holistic development of the learner

5.3.1.1 Physically

The physical development, according to the participants, is inhibited and stifled by HIV/AIDS as the breakdown of the body occurs because of the increasing deterioration of the immune system. Even the physical growth of the adolescent is stunted. This was confirmed and verified by Sister Johnson, from the AIDS Training, Information and Counselling Centre (ATICC).

5.3.1.2 Cognitively

Participants responded about the deterioration of the mental capacity of the adolescent with HIV/AIDS and that the memory and ability to think become affected. It is because of this cognitive deterioration that these adolescents do not always cope at school, socialize and form relationships.

5.3.1.3 Emotionally

The participants displayed an understanding of the emotional trauma which the adolescent experiences, not only because of the stigma but also because of the bouts of depression. There was also an awareness of the emotional trauma of the adolescent who has a family member infected with HIV/AIDS.

5.3.1.4 Socially

The participants expressed their awareness of how socially the adolescent regards him/herself as an outcast and experiences isolation due to the stigma attached to HIV/AIDS. They are shunned by society, by the communities in which they live and sometimes also by their own families. The adolescent

sometimes contemplates suicide as an escape from the social rejection and deprivation which they have to constantly endure.

5.3.1.5 Morally

No reference was made to the moral development of the adolescent in the responses of the participants but they commented, however, on what would enable the adolescent to live a moral life. According to them religious principles would ensure a healthy, balanced and moral lifestyle.

5.3.2 Impact on the family

It was felt that because of the infection of the adolescent's family members, they are traumatized, labelled, discriminated against and have to contend with the stigma involved with HIV/AIDS infection. The participating educators expressed the view that adolescents who have family members infected with HIV/AIDS cannot concentrate at school because their minds are occupied with the situation at home. The loss of loved ones is a constant fear to these adolescents and the family cohesion is disturbed because of this disease.

5.3.3 Impact on the peer group

The participants indicated that adolescents experience rejection from their peer group because of a lack of understanding of the disease. This causes learners to feel isolated and unhappy. Every teenager has a need to be accepted by his/her friends and has a strong need to belong. HIV/AIDS does not make this possible and destroys the sense of belonging. Support of friends and family is of the utmost importance when the adolescent is infected or affected by the disease.

5.3.4 Impact on the school

Learners are greatly disadvantaged at school because they cannot cope due to their absenteeism and missing out on the work covered in class. The listlessness of the learner caused by the illness causes him/her to be inactive and not interested in any activities presented at school. Participants believe that educators should render their assistance to traumatized learners and love and encourage them at all times. Educators should also be role-models to other educators and learners when dealing with the learners infected with and affected by HIV/AIDS.

5.3.5 Impact on the community

Participants feel that adolescents who are infected with and affected by HIV/AIDS are often victimized within their communities. They also experience isolation and are shunned by their communities. Support groups within communities enable the adolescent to receive the support and love needed to handle this disease. These groups prevent the adolescent from feeling lonely and isolated and aware that he/she is not alone in the battle against HIV/AIDS.

5.4 RECOMMENDATIONS AND GUIDELINES

The following recommendations and guidelines for the whole ecosystem, based on the findings, can be offered:

- **For South Africa at large:**

  South Africans should be more accepting of people living with and affected by HIV/AIDS and find ways of including them in society, for example, more jobs should be created to accommodate them. They should feel part of the normal society. South Africans should educate

themselves about HIV/AIDS to enable their attitudes to change towards those affected who might otherwise feel rejected, isolated and discriminated against.

According to Kamnqa (2002:90), we as a nation are contributing to lives that are lost every year because of our attitude towards HIV/AIDS. Many people who have been diagnosed HIV positive have committed suicide because they are laughed at and gossiped about.

- **For the Department of Education:**
  Empowering educators through in-service training

  - Adequate **training** for **all educators** should be provided regarding HIV/AIDS on a regular basis by the DoE and assistance with the implementation of the HIV/AIDS programmes should be offered. Resources to assist educators with the implementation of these HIV/AIDS programmes are also very necessary.

  - Educators must have a thorough knowledge of HIV/AIDS and therefore should make themselves available for workshops and for in-service training.

  - Compulsory measures must be put in place for all educational institutions to have a fully functional HIV/AIDS policy in operation and all educators at these institutions to be familiar with this policy so that effective implementation is possible.

  - These policy documents should be freely available to and at the disposal of all educators at all times and not locked away

in cabinets where no-one has access to them and no-one understands or knows their contents.

- All educators should be competent and comfortable when dealing with learners who are infected with HIV/AIDS and handle these learners and those affected by HIV/AIDS with the utmost empathy. Therefore regular workshops and seminars are to be held to equip educators with the relevant skills. Follow up workshops and feedback meetings are to be held. First Aid courses should also be a priority for educators to be able to handle medical emergencies concerning HIV/AIDS.

- Educators should not see the learner in isolation, only as an individual, but should take into consideration the ecosystem of the learner which comprises of him/herself, the family, peers, the school, the community and the society, so that they can be aware of how this social context influences and is influenced by the learner. With the result special considerations are needed for those learners dealing with the effects of HIV/AIDS.

- **For the School:**

  - It should also be compulsory for **all educational institutions** to have a fully functional **HIV/AIDS policy** in operation and all educators should familiarize themselves with this policy, so that it can be effectively implemented.

  - Educators should have access to these policy documents and it should be at their disposal to peruse at any time when needed.

- Every school should set up an HIV/AIDS **support committee** consisting of educators who would be involved in setting up school policy and dealing with matters relating to HIV/AIDS. They could also be responsible for educating other staff members and learners about HIV/AIDS.

- Educators should not wait for government intervention and funding or for government to institute action concerning HIV/AIDS, but they should have a **proactive attitude** regarding the combating of HIV/AIDS in their schools and in doing so also in their communities.

- **Measures to curb discrimination** and victimization of learners infected and affected by HIV/AIDS are to be encouraged and implemented by all educators.

- **Awareness programmes** and life skills training for learners must be compulsory where abstinence is highly promoted and stereotyping eradicated and discouraged.

- **Awareness** is more likely to take place through confrontation with AIDS sufferers. When learners come into contact with someone who is actually infected with and affected by HIV/AIDS, hear their testimonies and see that they are ordinary people with feelings, it would make a much greater impact. Educators should arrange for people infected by and affected with HIV/AIDS to visit their schools, have talks and interact with learners and staff members. Unfounded fears and ignorance would be eliminated in this manner.
- The **attitudes** of educators and parents towards HIV/AIDS ought to reflect understanding, compassion and empathy so

that the learners could adopt similar attitudes. Programmes regarding these skills should be organized for educators and parents at schools as staff development initiatives.

- Schools and educational institutions should **render assistance** to learners infected with and affected by HIV/AIDS in the form of feeding schemes and delivering food parcels to homes. Funds could be generated by means of fundraisers and appeals to other learners, parents and to the private sector could be made for grocery items or monetary donations. This could be done to educate other learners and the public to the plight of the affected and infected and to foster a sense of giving and caring amongst them towards these people.

- School media centres and libraries should contain books, videos, poster and other **resource materials** about HIV/AIDS so that learners and educators could do independent research to increase and gain knowledge about the disease.

- **Educating** adolescents about their sexuality, assertiveness, peer-pressure, decision-making and problem solving would equip them to make informed choices. With the result they could be safeguarded from the horrors of contracting HIV/AIDS or any other STD.

- Religious instruction should not be considered to be a free period at schools but should be utilized to inculcate good, strong **religious principles** which should equip learners with good moral values.

- **For the Family:**

  - The family is the partner of the school therefore the parents and educators should display **positive attitudes** towards HIV/AIDS and should reflect understanding, compassion and empathy so that the learners could adopt similar attitudes. These skills should be inculcated into the mindsets of the learners.

- **For the Individual:**

  - HIV/AIDS **peer support groups** are vital in schools to assist infected and affected learners with emotional problems. These support groups should be available at all hours when needed. They should also focus on building the learners self-esteem and helping them to believe that they are worthwhile human beings. These support groups should be overseen by educators.

  - Through **counselling**, the individual could see that contracting HIV/AIDS is not a death sentence and that a person can live a long, productive and enriching life when all the initial bad feelings have been dealt with correctly. A choice then has to be made to bury these feelings and lead a fulfilling life. Educators should encourage, promote and educate parents, colleagues and learners on the effectiveness of counselling. Many people do not have knowledge of counselling and do not know that it could be at their disposal. Therefore information about institutions which offer these services must be made available to whoever needs it.

Education according to Kelly (2000:7), can work on three levels and in so doing bring hope to a seemingly hopeless situation.

- At the first level, to provide knowledge to inform and enable self-protection when infection has not yet taken place, to instil positive values and behaviour to lower the risk of infection and to help others to protect themselves from being infected.

- At the second level, when infection has taken place, education can strengthen the ability to cope with personal and family infection, and enable young people (adolescents) to stand up for their human rights which could be threatened by their personal and family HIV/AIDS status. Reducing discrimination, stigma, shame and breaking the silence, can be achieved through education.

- At the third level, when death has occurred through AIDS, to help cope with grief and loss, and to enable family members to reorganize their lives after the death of a family member.

Education also has a very important role to play in setting up conditions throughout the whole ecosystem so that the transmission of HIV/AIDS is less likely to occur. These conditions are the reduction of poverty, personal empowerment and gender equality which in turn can reduce streetism, prostitution and the dependence of women on men, thereby reducing the breeding ground for HIV/AIDS infection (Kelly, 2000:7).

Increased prevention efforts are required for adolescents and youth. The emphasis on the promotion of health and healthy lifestyle choices has to be a priority (Mukoma, 2001:55).

5.5 LIMITATIONS OF THE STUDY

- A limitation of the study was that the number of schools as well as the number of participants were limited, but being a qualitative research design, which does not aim to generalize, this is sufficient.

- Educators were not very eager to participate in the study due to negative attitudes towards and personal qualms about HIV/AIDS as well as the time involved in completing the questionnaire.

This research is carried out with a small number of participants from only four urban schools, but the intention is to explore and describe these educators' perceptions and not to make generalizations.

5.6 RECOMMENDATIONS FOR FURTHER RESEARCH

Further research is suggested in the following areas:

- A comparative study of how HIV/AIDS affects the development of adolescents from all the different cultures in South Africa.

- The impact of discrimination and stigma of HIV/AIDS on the holistic development of the adolescent.

5.7 CONCLUSION

This chapter concentrated on the conclusions, recommendations and guidelines, suggestions for further research as well as the limitations of the study.

The adolescent group is in danger of being infected with HIV/AIDS, therefore precautionary measures to guard them from and educate them about this disease

should be implemented. This could lead to a greater understanding of and effective dealing with HIV/AIDS. How effective the HIV/AIDS pandemic is dealt with also depends on the attitudes of educators, how comfortable they are with and how accepting they are towards these adolescents and learners infected with and affected by HIV/AIDS.

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APPENDIX A

QUESTIONNAIRE

SENIOR PHASE EDUCATORS' PERCEPTIONS OF HIV/AIDS AND ITS IMPACT ON THE HOLISTIC DEVELOPMENT OF ADOLESCENT LEARNERS

You are kindly requested to answer each question as honestly as possible to give a true reflection of your perceptions.

Grade..... Male/Female.....

Teaching experience:..... OBE Training (Yes/No).....

HIV/AIDS Training/In-service training/HIV/AIDS counseling (Y/N).....

Name of school:.....

Circle the appropriate age group

Age group: 21-35 36-45 46-45 56-60

1. What is your perception of HIV/AIDS?

2. What is your perception of how HIV/AIDS impacts on the holistic (physically, cognitively, emotionally, socially, morally) development of the learner?

APPENDIX B

EXAMPLE OF A QUESTIONNAIRE TRANSCRIPT

School 2, Participant B

Teaching experience	:	17 years
Grade	:	7
Male/Female	:	Male
OBE Training	:	Yes
HIV/AIDS Training/In-service training/HIV/AIDS counselling:		No
Age group	:	36-45 years

Question 1:

Q: What is your perception of HIV/AIDS?

A: It is a killer disease which affects a large number of people. Media reports have it that more people are being infected on a daily basis. The number of people dying of HIV/AIDS infection has reached alarming proportions. I do not think the ordinary man in the street (inclusive of myself) fully realize the impact of this disease. I do not think that enough effort, money and energy goes into (i) prevention of HIV/AIDS and (ii) treating HIV/AIDS sufferers.

Question 2:

Q: What is your perception of how HIV/AIDS impacts on the holistic (physically, cognitively, emotionally, socially, morally) development of the learner?

A: The world becomes a very unfriendly and insensitive place as soon as it becomes known that the child is HIV positive or that his/her parents are AIDS sufferers. This immediately becomes a major inhibiting factor in

the development of the child. Physically the child's growth becomes stunted. The child will in many instances be deprived from activities which stimulates physical growth, which is participation in sport. Socially and emotionally these learners are progressively isolated – few or no friends. The stigma attached to HIV/AIDS impacts the emotional development of the sufferers negatively.

APPENDIX C

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TO WHOM IT MAY CONCERN

Re: Permission

Permission was granted by Ms J. Sauer, the Education Development Officer of the Western District in Port Elizabeth, to Ms G.B. Leslie to conduct the research in the Western District Schools.