EXPLORING THE EXPERIENCES OF THE PRIMARY SCHOOL

EDUCATORS OF TEACHING AIDS ORPHANS AND VULNERABLE

CHILDREN

(OVC)

by

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DEDICATION

I dedicate this to the loving memory of my parents: my father, 'Chief J. O. Ojuri & My Mother, Mrs A. A. Ojuri' for giving me sense of direction from childhood.

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DECLARATION

I hereby declare that the work on *"Exploring the experiences of the primary school educators of teaching AIDS orphans and vulnerable children"* is my own work – both in conception and execution – and, it has not been submitted for any degree or examination in any university, and that all the sources I have used or quoted have been adequately indicated and acknowledged by means of a complete reference.

_____   _____/_____/_____
A.O.O. King   **Date**

ABSTRACT

This study explores the experiences of primary school educators of teaching AIDS orphans and vulnerable children. It further explores how primary school educators can be equipped to be able to respond to the challenge of having AIDS orphans and vulnerable children (OVC) in their classroom. This means, it explores how the primary school educators through continuous and active interaction with other levels of the ecosystem became agents of change to the critical circumstances of OVC. By utilising the resources available within and outside the school, the primary school educators are required/expected to respond to changing the circumstances of AIDS orphans and vulnerable children in their classroom by going the extra-mile in their responsibilities towards OVC by not just assume the position of an educator only but also representing a parental figure to OVC, so that the holistic needs of OVC can be met.

This study is located within the interpretivist paradigm and uses qualitative methods to explore the experiences of primary school educators of teaching AIDS orphans and vulnerable children.
An interview schedule was used to access participants' experiences of teaching AIDS orphans and vulnerable children in their school contexts. The research which was a case study used semi structured interviews to generate data from educators in an active one-on-one interview. The data generated was analysed using Bronfenbrenner's ecosystemic theory (Bronfenbrenner, 1997).

Result indicated that primary school educators relied so much on the school sending them out for training on how to care for OVC, whereas they can do this on their own, on a part time-basis, to enable them care for OVC. This will portrays how serious they are with the issue of caring for OVC on a more holistic and professional level. They also rely heavily on some external assistance, whereas the challenges of AIDS orphans can better be viewed internally through collaboration between the School Management Board (SMG) and other educators, also by encouraging other peers in that school who are from stabled home to freely relate with OVC and see how this relationship can positively influence the life of OVC as some of the OVC find it more suitable

talking to their fellow learners than talking to the educators. It is therefore, pragmatic that primary school educators' involvement should go beyond their participation as recipients of service, and they should endeavour to have an understanding of contextual and social factors related to AIDS orphans and vulnerable children in their school context. The quality of education system in semi-rural areas of Pinetown is still not up to the required level as the initiated educational reform system has not been implemented in all the schools. Therefore, it is expedient that educators should profoundly explore orphanhood especially the AIDS orphans and vulnerable children in these areas and design intervention programmes to ameliorate their negative experiences.

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ABBREVIATIONS & ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

DET: Department of Education and Training

DOE: Department of Education

HIV: Human Immune Virus

LO: Life Orientation

LOP: Life Orientation Programme

NCESS: National Committee on Education and Support Services

NCS: National Curriculum Statement

NCSET: National Commission on Special Needs Education and Training

OVC: Orphans and Vulnerable Children

SABCOHA: South African Business Coalition on HIV/AIDS

SMT: School Management Team

UNAID: United Nations Programme on HIV/AIDS

UNICEF: United Nations Children's Fund

UNESCO: United Nations Educational, Scientific and Cultural Organization

WHO: World Health Organisation

Chapter 1

ORIENTATION AND BACKGROUND

"There can be no keener revelation of a society's soul than the way it threates its children"

-Nelson Mandela

1.1 Introduction

The rainbow nation South Africa commemorated its 10 years of post-apartheid freedom in the year 2004. Unfortunately, this significant landmark was overshadowed by the dramatic rise of orphaned and vulnerable children (OVC) in our nation and this escalation is mainly linked to the pandemic called acquired immune deficiency syndrome (AIDS) which is caused by human immune virus (HIV).

In the context of the HIV and AIDS pandemic, the rising figure of orphaned teenagers and child-headed households is becoming a challenge, with far-reaching implications for many countries. In South Africa, the onslaught of HIV continues to hit hard; a report by SABCOHA (2007) indicates that South Africa is continuously and critically being impacted by HIV and AIDS, currently an estimate of 5.5 million people affected by HIV and AIDS (UNAIDS and WHO, 2006). Also, it is estimated that in 2015, 15% of most teenagers below 15 years of age in South Africa might be orphaned (Skinner and Davids, 2005).

Among the groups most severely affected were women and children. South Africa is home to a large number of orphan and vulnerable children (OVC). The consequences of family breakdown, inequalities, lack of education, women disempowerment, high levels of violence and crime have led to the condition in which South African youth and children currently find themselves. These include the ever-increasing numbers of vulnerable children, and also an increase numbers of child-headed households.

According to Moletsane (2003), the circumstance is predominantly hostile for children and youths. Firstly, with the older generation becoming sick or dying, the younger generation carries the burden of helping their brothers and sisters that are infected with HIV and AIDS. Secondly, a substantial sum of the younger generation are also infected

with the AIDS and become vulnerable; thirdly, the burden bearing by the caregivers which includes the educators, as a result of these infected and affected children is also an issue of discussion. Yet children's experience with the HIV and AIDS pandemic is mainly through adults who act and speak on their behalf (Oakley, 1994).

Without question, AIDS is one of the most urgent problems in the world today. The extent of children not inevitably infected, but also affected by HIV when having lost both parents or caregiver to AIDS, is evident in the number of children orphaned on account of AIDS. In South Africa most of those infected with HIV and AIDS struggle with multiple stressors on a daily basis including extreme poverty, social stigma, violence, poor health care and inadequate social support (Demmer, 2005). Of a colossal concern and profound interest to this study is the plight of OVC, how the educators are experiencing teaching orphans and vulnerable children in their classroom and how the educators can be equipped to be able to deal with challenges facing them as a result of teaching orphans and vulnerable children.

1.2 Background of the study

There are many factors exacerbating children's vulnerability, for examples; substance abuse, divorce, sexual abuse, homelessness, poverty and many more, but the main causes of children's vulnerability especially in South Africa is the HIV/AIDS pandemic. The AIDS pandemic has put teaching and learning excellence in Sub Saharan African schools on a high risk since the percentage of orphaned and vulnerable children (OVC) escalates (Hepburn, 2002), worsening the existing socio-economic problems experienced in the mostly disadvantaged communities (Carr-Hill, Kataboro and Katahoire, 2000). Orphanhood is part of all communities, since the older generation will always pass on every now and then (Barnett and Whiteside, 2002). It is noted that children do not only grieve for the loss of their parent(s), but most appear also to be vulnerable due to poverty and lack of access to shelter and education (Skinner, Tsheko, Mtero-Munyyyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou and Chitiyo 2004). Furthermore, as the illness of a parent reduces his/her ability for caring, children who live in households in which one person or more is sick continue to look after them. Above all, orphanhood and

poverty can hinder educational attainment (Operario, Cluver, Rees, MacPhail, and Pettifor, 2008).

For teachers, therefore, there is no escaping the effect of the pandemic on the lives of their learners, resulting from an increased incidence of social, emotional, physical, economic and human rights problems (Carr-Hill *et al*., 2000; Ebersöhn and Eloff, 2002; Foster, 2005). The consequences of such problems are played out in the classroom. Hepburn, (2002), As teachers struggle to balance the already challenging business of teaching and learning with the additional demands imposed by the increased levels of anxiety, limited concentration spans, severe trauma, heightened discrimination and stigma, and increased poverty experienced by learners living in this age of AIDS (Foster and Williamson, 2000; Wood, 2009).

It has long been internationally recognized that well-motivated and competent teachers are a pre-requisite for the delivery of quality education. However, although many countries have developed multi-sectorial responses to meet the needs of OVC, few Ministries of Education in sub- Saharan Africa seem to have directed attention to, or invested resources in teacher education for this purpose (Clarke, 2008).

1.3 Rationale

This study investigates the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC). The reason why I chose this topic is two fold. Firstly, as a result of my personal experiences as an orphan, I experienced the death of both parents while I was doing standard 5. I became vulnerable as no one was available to support and take care of me, except for my uncle of whose wife saw my ordeal as an opportunity for her to turn me to their houseboy, I was domesticated in various ways to the extent that I was physically and emotionally abused on a daily basis, and that affected my education adversely. I used to be the best student in class when my parents were alive because of the support they accorded me, unfortunately, that very year 1996, that my parent passed on, my results dropped tremendously that I failed a class.

The following year I could not go back to the same school because my uncle did not have enough money to pay for my education and at that point, I thought it was the end of the dream. Fortunately, because I have won some trophies for my school in quizzes and debates in the previous years, it became a thing of concern to my school on why should such an intelligent learner like me drop out of school. Therefore, the school took some steps to locate me and there was a particular teacher in my school, who was also my class teacher, who took a bold step and went the extra-mile to discuss my issue with her husband and that decision changed my entire life positively, otherwise, I would not have been this educated today. She came together with her husband to my house to enquire why I had dropped out of school. After being told it was as a result of finance and food money, she and her husband decided to sponsor my education, I stayed with them in their house, they unofficially adopted me, and they sponsored my education through to matric level. The way and manner that she took it upon herself to go extra-mile as a teacher was amazing and that really aroused my interest to explore the experiences of the primary school educator to know how they are dealing with these types of learners that really need care in their classroom.

Secondly, I chose this topic for my study as a result of the alarming rate of parental mortality in sub-Saharan Africa, especially South Africa, which has led to the escalating number of vulnerable learners in our schools especially AIDS orphans. The number of orphans in sub-Saharan Africa was estimated to be around 11.6 million in 2007. The number of children who have been rendered vulnerable by the pandemic is inestimable (UNAIDS, 2008).

As an educator, I feel challenged by the ordeal of these AIDS orphans as they may lack their basic survival needs as mentioned above and these may tend to be a barrier towards effective learning. According to Donald *et al*., (2007), a barrier is any factor that is a hindrance or obstacle to a learner's ability to learn. They distinguish between three major types of barriers to learning prevalent in a developing nation, namely, those based on contextual disadvantages, those based on social problems, or those based on individual disabilities and difficulties in learning. The harrowing experiences of the AIDS orphans

may be regarded as a social barrier, which involves social and emotional contributing factors. Also being an orphan can be seen as a contextual disadvantage.

Since the educators are perceived as the main role players with regards to their appropriate experiences in the application of inclusion towards these vulnerable learners at schools, on that note, therefore, it arouses my interest to investigate the experiences of these educators of teaching AIDS orphans and vulnerable children (OVC). It is important for the Department of Education (DoE) to see that primary school educators are properly trained on how to respond to the challenges that result from having AIDS orphans and vulnerable children in their classroom. This is due to the fact that their readiness to cope in this regards is of high priority as this would necessarily entail the creation of a physical, social and emotional climate that will enhance quality teaching and learning. Because educators experience challenges and problems in the classroom that greatly emanates from OVC's needs, it is therefore, imperative for the DoE to facilitate development of skills, knowledge and attitudes to address these challenges facing these primary school educators in providing quality education to vulnerable learners.

This study is likely to be of immense benefit to academic institutions, Departments of Education, as well as the nation at large as to what strategies to adopt for dealing with these crucial issues. By investigating the experiences of these educators within the context of inclusive education policy and to also create a platform for educators who are teaching vulnerable AIDS orphans to "speak out" the experiences of their lives and finally to see how these educators can be helped to cope with the challenges of teaching vulnerable AIDS orphans. Furthermore, this research is also likely to contribute to clear understanding of the diversity, contradictions and complexity of being an orphan and the educators' experiences of teaching AIDS orphans and vulnerable children (OVC). A study located in the African continent would also require the policy makers and the government educational officials to consider these 'voices' when designing and implementing policies. The primary purpose of this research, therefore, is to explore the experiences of the primary school educators of teaching orphans and vulnerable children (OVC) and how to find ways of equipping and encouraging them to be competent and ready to offer support and care to vulnerable and orphaned children due to AIDS.

1.4 Objectives/purpose of my study

•   To explore primary school educators' experiences of teaching AIDS orphans and vulnerable children.

•   To investigate how primary school educators can be equipped to deal with challenges that result from teaching AIDS orphans and vulnerable children in the classrooms.

1.5 Research questions

1.   What are experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC)?

2.   How can primary school educators be equipped to deal with the challenges that result from teaching AIDS orphans and vulnerable children in their classroom?

1.6 Theoretical frame work

The theoretical framework chosen for this study of investigating the experiences of the primary school educators in teaching AIDS orphans and vulnerable children (OVC) is Bronfenbrenner's ecosystemic theory (or ecological theory). This theory is relevant to my study because the study is looking at the interaction between two main systems, the school and the home and how they influence each other. Ecological theory is based on the interdependence and relationship between different organism and their physical environment. According to Bronfenbrenner (1979), child development is to be portrayed as happening within four nested systems: microsystem, the mesosystem, the exosystem and the macrosystem. These are seen as a whole.

1.7 Research design and methodology

Strauss and Corbin (2008) regard a case study as a study whereby the researcher investigates a single phenomenon bounded by time. The methodology chosen for this study is a qualitative case study underpinned by the interpretive paradigm. It is set on exploring and understanding primary school educators' experiences of teaching AIDS orphans and vulnerable children. This paradigm provided the foundation of an insight on how humans interpret the world they live in. According to (Henning *et al*., 2004) the

interpretive paradigm is fundamentally concerned with meanings and it seeks to understand social members' definition and understanding of the context.

A case study is explained in different ways by different scholars. For the purpose of this study, Cresswell (2008) provides an appropriate definition. According to him a case study is an examination of a bounded example (bounded by time and place) based on in-depth data collection from various sources of information in a certain context. In this regard, this study is bounded by time in that it is conducted in specific schools in Pinetown district of KwaZulu-Natal Province of South Africa. It is also bounded by time because the study was conducted during the school resumption period and not during the vacation.

Case study will be employed in the course of this research, which according to Yin (2003) "is an experiential enquiry that scrutinizes a modern-day occurrence in its real life situation when the borders that separate occurrence and situation are not evidently obvious and in which numerous resources of evidence are used'' (p. 21). The most vital reason to employ a case study is that it observes effects in real context, taking cognizance of context as a powerful determinant of both causes and effect. The emphasis is on educators' experiences of teaching AIDS orphaned and vulnerable learners. Under this research methodology, interviews will be used as data collection method. As indicated by De Vos (2002) case studies are carried out in natural settings. Therefore, this case study consists of research done in two primary schools in the Pinetown district in Kwazulu-Natal. Finally, the case in my case study is the educators' teaching "experiences" of AIDS orphans and vulnerable children (OVC).

1.7.1 Sampling

In this study of investigating the experiences of the primary school educators of teaching AIDS orphans and vulnerable children (OVC), purposive sampling was used, as participant were chosen because of defining features that constitute the holder of the data required for the study (Nieuwenhuis, 2012). The participants that were selected for this study were educators from the selected two primary schools. Therefore, 2 educators from each of the selected 2 schools making a total of 4 educators were the sample size.

1.7.2 Research instrument

In this study, data was collected using an interview schedule (see appendix A) because apart from ensuring confidentiality, it gives the respondent a chance to say his/her mind freely unlike focus group where others are shy to talk. An open ended question was used and other questions surfaced naturally during the interviews. I used probing questions for elaboration and more elucidation of unclear answers. Data that were collected during the interview were audiotaped to guarantee data safety.

1.7.3 Data analysis

According to Mouton (2002), data analysis encompasses the breaking up of complex data into themes, configurations and relationships. In this way after data generation, I analyzed, interpreted and made presentations of the data. This was carried out in the same view with Mouton (2002) explanation that when working with qualitative data one must try to establish how respondents make meaning of a particular occurrence by analysing their perception, attitudes, knowledge, understanding, feelings, values and experiences in a bid to appropriate their constructions of phenomenon. Furthermore, in line with Mouton (2002) inductive approach was used in analysing this type of data as facts obtained from primary data were categorized into themes and patterns.

1.8 Validity and reliability

Cohen, Manion & Morrison (2011) explain validity as the degree to which we can depend on the ideas, techniques and inferences of the study or tradition of investigation as the foundation of own theorizing and experiential study. They further argue that validity needs to be considered in qualitative research, but it is difficult to address validity concerns than it is in quantitative research. Struwig and Stead (2007) contend that, description, interpretation, concepts or theory are issues that need to be considered between the researcher's and participants' agreement on the findings. According to Neumann (2006, pg., 188) reliability means "the consistency of the research." That is, if the research is re-conducted twice under similar conditions, context and situation, the same results should be derived.

Firstly, in this study, I did established validity and reliability by carrying out the same research in two different primary schools as one was a senior primary public school while

the other was a junior primary school and the respondents were both male and female educators. Secondly, during the semi-structured and unstructured interview schedule, data were generated and transcribed and the transcript were made available to the participants to read and verify that it was a true reflection of the information they have given. To further establish reliability, the researcher used voice recorder which was replayed after the interview for both researcher and the participants to agree on what appeared from the recorder and the transcript during the interview.

1.9 Ethical issues

According to Reardon (2006) ethical standards must be installed into all researchers from the start of their careers. The respondents must be completely schooled about the study and given an assurance of confidentiality of their names and sensitivity were protected during interview (Henning *et al*., 2009). In this research the objectives and focus of the study were clearly elucidated and clarified to the respondents as well as the significance of their participation.

Campbell *et al*., (2004) highlighted on the issue of freedom for participants when they state that there must be some discussion at the beginning of the interview about feeling free to give information, in order to alleviate the pressure that the participant might feel. In this study, each of the participant received consent letter requesting their participation and that they should feel free to pull out at any time they wish to do so. Confidentiality coupled with anonymity of the participants will be assured by the researcher before the interview commenced. Furthermore, the researcher's contact details and those of his supervisors were made available in case of further clarification by the school principal or the participants. Finally, approval was sought from the Department of Education in Pinetown District of KZN as well as from the headmasters to gain access to the schools before interviewing the educators.

1.10 Limitation of the research

Firstly, there is not enough literature from South Africa on this topic, especially the AIDS OVC in semi-rural primary schools in Pinetown, KZN which would have enabled me to explore multiple literature writings by various local authors. Secondly, this research is explicitly positioned in Educational Psychology, which focuses on the learning and

development of the child. Therefore, investigating the experiences of the primary school educators of teaching AIDS orphans and vulnerable children (OVC) was based on the philosophy and view point of this discipline. Thirdly, I worked with small sample size of which result might be different with large numbers. Lastly, this research was only carried out in the Pinetown district of KZN of which the same result might not be obtained in other part of South Africa. Therefore, this prevents generalizability.

1.11 Structure of the dissertation

This dissertation is structured to comprise of six chapters:

Chapter One gives a clear understanding into the background and overview of the major constituents of this research study by exploring what the purpose of the research is, the context of the research and problem under investigation.

 Chapter Two focuses on the review and exploration of literature around the key research questions stated in chapter one. This exploration, drawing on both international and national literature, will address and relate to the outcome of the eco-systemic theory of Bronfenbrenner on the educators and learners in relation to OVC in the school environment. This chapter started with definition of terms around OVC, factors which cause vulnerability, policy formulation on OVC, challenges experienced by OVC, school based system to support OVC and finally the educators' experiences and responses to OVC barriers to learning and schooling in South Africa.

Chapter Three explains and discusses the theoretical framework that was used to conduct this research study. This research was informed by the main concept of ecosystemic theory to interpret my findings.

Chapter Four looks at the research design and methodology employed to conduct this research. A brief discussion is presented on the methodological approach to this study; this includes the sample procedure used, research techniques used to gather the data. This is followed by a synoptic overview of the research site, sampling techniques employed and ethical issues relevant to this study. A brief narrative on the background of each participant is presented in this chapter.

Chapter Five includes the analysis, interpretation and discussion of the findings. The analysis resulted in drawing themes and patterns from the data.

Chapter six concludes the dissertation; it will present the summary and conclusions of this study. Moreover, recommendations will be identified and future research guidelines will be stated.

1.12 Summary

In conclusion, this chapter has provided the background, the orientation and has also introduced and laid a solid foundation for my study. The ever increasing number of AIDS orphans coupled with the inestimable numbers of the vulnerable children is posing great challenges for the educators in South Africa (Hepburn, 2002).

This chapter further gives a vivid insight into the orientation and synopsis of the major constituents of this research study by exploring what the purpose of the research is, the context of the research and the problem under investigation. To this effect, this study is focused on investigating the primary school educators' experiences of teaching AIDS orphans and vulnerable children (OVC). The literature review to contextualize and structure this study will be presented in chapter two.

Chapter 2

LITERATURE REVIEW

"When you know what others have done, you are better prepared to attack the problem you have chosen with deeper insight and more complete knowledge".
Leedy (1993)

2.1 Introduction

According to Christiansen (2010) the researcher has to do a thorough literature review relevant to the study to be conducted because it will provide the researcher with the information from the previous research familiar with the new study. Hughes and Tight (2006) further pointed out that, a vital skill for the researcher is the review of literature, as it enables one to view his/her work in the framework of what has been researched, allowing evaluations to be made and giving a framework for further research. McNeill and Chapman (2005) show that the literature review contributes to the increasing of human knowledge as it builds on or relates to the work done previously. The previous chapter provided a background and orientation to this study.

This chapter concentrates on the literature from both international and national authors that I had explored as relevant to this research. A comprehensive literature search of material from national databases on OVC and educators' experiences coupled with the policy guiding OVC and its impact on the educational system (Coombe, 2000a). This chapter will begin with the definition of terms, factors which cause vulnerability, policy framework on OVC, challenges experienced by OVC, Educators' experiences, effective classroom management with OVC and finally ends with school based a programme to assist OVC.

2.2 Definition of terms: Child, Orphans, AIDS Orphans and Vulnerability

Child

The agreement of United Nations on child's right describes a child as that individual under the age of 18 years. (World Bank 2002). Mills (2000) makes a hypothesis of understanding the youth as follows: young adult as blameless; young adult as learner; young adult as vulnerable; young adult as persons in their own; children as animals and children as members of a separate group. This indicates that a young adult possesses the

ability coupled with the propensities, to grow up as obedient or disobedient fellow of his\her own societies depending on the conditions, situation and opportunities. The society plays a major role towards what they become, but the result of what they have become has enormous effects on the society in which these children live.

Orphan

An orphan is a young adult who is less than 18 years and has lost his or her parent(s) due to death (Sylvester, 2007). UNICEF (2008) concurs with this and adds that there were more than 132 million orphans in sub-Saharan Africa, Latin America, Asia, and the Caribbean in 2005. This huge number spans beyond children who have lost both parents, but also includes those who have lost a mother or father but have a one parent alive. Whiteside and Sunter (2000) mentions that South Africa presently has a high percentage of children whose parents do not constantly care for them and a higher percentage of children who are cared for by aunts and grandmothers.

AIDS orphans

An AIDS orphan is a young adult who is less than 18 years and has lost either one or both of his or her parents due to the AIDS pandemic (Sylvester, 2007). Mvulane (2003) concurs that of the 600,000 AIDS orphans in the country, a third lost their mothers in 2002 alone due to HIV/AIDS. Projections by Sloth-Nielsen (2003) and Whiteside (2000) indicated the rise in the figure of AIDS orphans to 800 000 by the year 2005 and by 2015 the figure of orphans below 15 years of age is expected to rise to a staggering 5 million, the majority are of school-going age and below 18 years of age.

Some young adult may become an orphan more than once, firstly when their parents die, and then again when caregivers or grandparents die (Whiteside and Sunter, 2000). With poverty and orphanhood being linked, AIDS orphans developed as children on the street or in child-headed families with insufficient income or no income and therefore closes all gateways to schooling. Since access to excellent primary education is multi-faceted, Hepburn (2002) found the ordeal and adversity of orphaning on young adult displays both emotionally and economically with consequences on their psychological and physical health. In South Africa those that are raised by grandparents, depend solely on the government's monthly social security payments of a meager sum (Hepburn, 2002;

Moletsane, 2003). As a result of the discrimination and exclusion that these children are experiencing in social environments, including schools, which make schools unappealing and/or impossible for them. This is really a catastrophe of considerable magnitude (Whiteside and Sunter, 2000).

2.3 Vulnerability

It is vital to understand that previous researchers have carried out different researches on the explanation of what OVC is. The term vulnerability is profoundly various; it has various definitions in different nations. It could be as a result of poverty, child abuse, sex abuse, drug abuse, homelessness or by the pandemic HIV/AIDS. Whiteside and Sunter, (2000) define vulnerable children as those who as a result of the death or illness of an adult who contributed to their care and/or financial support, who now find themselves in a compromising situation. The Global Food Programme report clarifies that vulnerability is an intricate concept to explain, in local/ community explanations. Whilst World Food Programme report, (2007, p.12) states that: "the notions of a vulnerable young adult are social hypotheses that vary from one culture to another". Additionally, these terms take on diverse meanings that can be at odds with one another depending on whether they were established for the purpose of gathering and presenting quantitative data or for developing then effecting policies and programmes. It is imperative to make this distinction and establish a 'firewall' between definitions developed for one purpose against the other.

Vulnerability is categorised in the perspective of street children, orphans, children affected by war, AIDS affected children, child labourers and disabled children. (The World Bank 2002). Moreover, Skinner *et al*., (2005) explain that the term 'orphaned and vulnerable children' was introduced as a result of the limited usefulness of the right definition of orphanhood in the scenario of HIV and AIDS. They further go on to explain that the term has its own difficulties, as it has no implicit definition or vivid statements of inclusion and exclusion. They further maintain that the OVC definitions are theoretically constructed which would require explanations and further definitions on the ground (ibid). The working paper of UNESCO (2008, p.20) studied the status of orphans and considered them as "children who are without parental guardianship or care". A maternal orphan is

one who has lost a mother and a paternal orphan is one who has lost a father. A double orphan is one who has lost both parents.

As a result of their emotional and financial vulnerability, these teenagers are more likely to be forced into exploitative situations like prostitution, as a way to survive and are often sexually abused. Therefore, the possibility of these children dropping out of school is very high and they could be recruited into child labour. The eldest child often find themselves taking the role of mother or father or both, doing the household chores, taking care of the other siblings and caring for an ill or surviving parent. Most young adults, who lose their parents, are often in the care of extended families. More often, these families use the children to benefit from the foster care grants (Cheek, 2000).

These young adult end up on the street in a situation where there is no father figure or an adult who can be a role model or care for them. About 1 million young adult are living on the streets in sub-Saharan Africa, of which the real sum of street children in South Africa has not been estimated (Subbarao, Mattimore & Plangemann, 2001). Most of these teenagers are boys, reason been that the girls have more marketable skills at a younger age, particularly, domestic skills. Rather than compete for domestic jobs, boys tend to try and earn money on the street (Subbarao, Mattimore & Plangemann, 2001). Researchers also found that 60 000 to 85 000 families were headed by teenagers, three-quarters of who were girls (Subbarao *et al*., 2001). In ninety five percent of these families the young adults has no access to education or health care, instead they experiencing frequent exploitation and sexual abuses and are often denied inheritance rights to their properties.

The predicament of AIDS orphans is now a global concern and many organizations have established plans to address the issues of OVC. (Ali, 1998). Children recognize material needs as their most vital need, as revealed in a study of South African teenagers needs such as :- food, clothing, bedding, medical care, money, grants, shelter and school requirements like lunch, books and uniforms (Fox *et al*., 2002). Therefore, it is believed that where basic needs are not being met, programmes tend to focus precisely on the provision of money for material needs rather than on counseling or other means of emotional support. While financial aid is critical for the immediate survival of the teenager, initiatives should not stop there (Fox *et al*., 2002).

Parents and other caregivers are the most important and consistent protective factor for children under stress (Bretherton, 1993). Parents who can function adequately under stress and who are consistent and responsive will facilitate successful coping and adaptation in their children. The strength of the attachment of parent and child is the best predictor of whether a child will develop self-reliance and positive self-regard. Children who are insecure in their attachment are vulnerable; they have experienced unavailable or inconsistent support from caregivers and are more likely to develop psychopathology in the face of major stresses. Other family factors that may provide buffers against the harmful effects of parent death include protective parenting styles, family resourcefulness and adaptability. Parents are the most important guides and partners in the construction of a child's personality.

Although the pivotal role of parents and the social support in buffering trauma for children is well documented, there has been little attention to the impact of the loss of parental support. The illness and the death of a parent combine the most traumatic risk factors for children's adjustment with the loss of their most powerful and important resource for coping- their parent's love and support (Bretherton, 1993). Children benefit from having a social support network outside the immediate family. Children with at least one adult mentor are more likely to overcome adversity. When a parent is ill or incapacitated other adults in a child's life; such as neighbours, teachers, ministers or elder mentors who can play caring roles get involved (Bretherton, 1993)

2.4 Factors which cause vulnerability:

According to Whiteside and Sunter, (2000) factors that make vulnerable children to compromise are numerous. The following factors which cause vulnerabilities shall be discussed: Poverty, Unemployment, Homelessness, Drug abuse and HIV/AIDS.

Poverty

Undoubtedly, poverty has remained a primary agent to vulnerability, as 'a hungry man is an angry man'. May (1998) explains that what many South African families are experiencing is absolute poverty or of continuing vulnerability to being poor. Furthermore, the inequalities of income and wealth distribution in South Africa is among the most unequal in the world and many families' access to education, healthcare, energy and clean

water is unsatisfactory. This means that many caregivers and parents have limited financial resources and are not able to provide for the basic needs of the children in their care, which eventually makes these children to be vulnerable to many risky acts.

The issues of vulnerability need to be understood in relation to problems of poverty. Ebersohn & Eloff (2002), Gould and Huber cited in Moletsane (2003), Leach (2002) and Whitesisde (2000) emphasize the impact of poverty on OVC. One issue is the resultant economic variation which is as a result of an adults living with HIV being gradually incapable to work and losing their properties and other assets. Giese (2002) concurs that the financial burden of HIV/AIDS adversely affects the living standards and quality of life of families leading to poor hygiene, food insecurity, loss of opportunity, malnutrition, and other factors related to poverty.

Poverty is a situation where one experiences the lack of necessary basic needs to maintain human health and life. It connotes deficiencies and scarcities. A poverty line is an instrument to measure poverty and for separating the poor from the non-poor. A poverty line is constructed according to the value of income or consumption necessary to maintain a minimum standard of human nutrition and other basic necessities (Feuerstein 1997). Most teenagers who are dropping out of school are under the poverty line and failing to meet their basic needs such as food, clothes, and other necessities to sustain their schooling.

To illustrate the vicious circle of the link between vulnerability and poverty, Dorrington and Johnson (2002), Ebersohn and Eloff (2002) and Whiteside (2000) identify income as one of the most significant factors correlated with HIV prevalence as low income has made many women to engage in unprotected sex with various men so as to earn more money to care for their huge expenses. Statistics from the studies of Ebersohn & Eloff (2002) indicate that half the country's population (about 16, 3 million) are children (under the age of 18) of which an estimated 61% live in poverty. Whiteside and Sunter (2000) argue that through illness and eventual death of the economically active members of the families and communities, productivity will drop, leading to inability and/or willingness to pay for education. They go on further to explain that household structure and behavior will change as the size; composition and productivity of the labour force are affected.

Furthermore, the high rate of sick and dying has led to the diversion of limited resources from animal wealth (cattle) and/or bank savings into to care. This connotes; most of the available money is often spent on nutritional and medical care of the sick and dying.

In addition, access to quality health services and nutritious food is reduced due to the low or non-existent income in the affected household (Giese, 2002; Ebersohn & Eloff, 2002). This can lead to under development in young adults, unsound health and withdrawal from or failure in school (Hepburn, 2002). As a result, the needs of these young adults are assured by our Constitution and the various global human rights agreements that our country has consented to. In trying to access these on their own, some young adult found themselves in situation that put them at the risk of sexual, physical, and emotional abuse, and perhaps HIV infection from adults in their schools and communities which reduced opportunities and limited access to education.

These children are vulnerable to poverty as they have nobody to supply them with essential needs for survival (Kendall & O'Gara, 2007). Among the basic human needs they require, the first and most are food and clothes. They spend a couple of days without anything to eat. They do not play during break time due to lack of energy. They even faint during the assembly. When asked whether they have had something to eat, these learners' reply is "no" and they explain that they have not eaten for several days (Wood & Hillman, 2008). Wood and Hillman further put forward that most of the orphans go to school with a torn uniform or not wearing it at all, but wearing torn clothes.

Vulnerability as a result of poverty can lead to a learner dropping out of school. Robson and Sylvester, (2007) confirm this when they say that there is a high rate of dropout among orphaned learners. Because they lack uniform and learning materials, they do not have motivation for schooling. They also have low attention span due to hunger (Robson & Sylvester, 2007). Additionally, Robson and Sylvester point out that these learners show tiredness in the class due to long hours they spend on household chores. Kamya (2006) reveals that those who are living with their relatives go to bed late and wake up early due to household chores they are expected to perform daily.

Unemployment

With the loss of income from the sick parent/caregiver, who is usually the breadwinner and the substantial increase in household expenditure for medical expenses, school- going children are compelled to withdraw from school and care for the sick. Death results in permanent loss of income. Loss of talents also arises as a result of less or no adults are present to be involved in livelihood activities. In child-headed households, young adult may experience loss of their properties and livelihood through the sale of land and livestock for survival as well as through asset stripping by household members (Schonteich, 1999). Following their parents' death, the OVC are bound to look after themselves, fend for themselves, advise and encourage themselves, especially the eldest child being the head of the family as in most cases their relatives avoid such responsibility (Mturi & Nzimande, 2006). In many communities, many families do not want to look after orphans due to stigma associated with AIDS deaths (Van Dyk, 2008; Kamya, 2006). It is in rare cases where such children denying to live or join other relatives after the loss of their parents (Mturi & Mzimande, 2006). Mturi & Nzimande further point out that sometimes these children may decide to stay together as a family group rather than being split among various relative so as not to change their home, school, friends and neighbours.

In some instances in child-headed households, their farms are taken away; hence they have nowhere to grow food. Children survive by begging and through petty crimes (Fleshman, 2001). The living standards and the quality of life of all family members are negatively affected due to the financial burdens of HIV/AIDS. Malaney (2000), Giese (2002) and Moletsane (2003) state that there are financial consequences from the loss of parents. They point out that orphaned teenagers frequently lose their primary source of financial support. These teenagers are often compelled to find work to support themselves and their younger siblings, thereby making them to drop out of school.

 Moletsane (2003) added that the call for child labour tends to result in tardiness and absenteeism, and this adversely affects the child's ability to learn and/or stay in school. As a result of huge family responsibilities affecting these children, school attendance or doing well in their studies becomes unrealizable. Children and their families are affected the

most (Ebersohn and Eloff, 2002). According to Moletsane, (2003) many of these children grows up under the care of grandmothers who only survive on monthly state social pensions of R 1010-00 (rate as per April 2009).

Homelessness

Loss of home, social isolation and excessive burden may negatively affect both the current and future mental health of OVC (Forehand, Steele, Armistead, Simon and Clarke; 1999). Teenagers who grow up on the street in the absence of care and love from adults are at a greater risk of experiencing psychological problems. The absence of positive emotional care is connected with a subsequent lack of empathy with others and such teenagers develop anti-social behaviours (Wild, 2002). Long-term studies of teenagers living in the street in difficult situations have shown that they cope in various ways with traumatic stress situations (Fox, Oyosi & Parker, 2002).

Instances where family members are absent to give support for the orphaned young adults, they end up as street kids. Meanwhile, the real statistics of these young adults living in the street of South Africa alone has never been counted, in sub-Saharan Africa. It is estimated that there are about one million children living on the streets. The majority of these teenagers are boys, perhaps, that girls have more marketable skills at an earlier age, notably, domestic skills. Rather than compete for domestic jobs, boys tend to try and earn money on the street (Subbarao, Mattimore & Plangemann, 2001). A 1996 study in Rwanda revealed that one-third of teenagers living on the street were orphans. Researchers also found that 60 000 to 85 000 families were headed by teenagers, three-quarters of who were girls (Subbarao *et al*., 2001). In ninety five percent of these families, the young adult had no access to health care or education, was frequently exploited, abused sexually and often denied inheritance rights of land and houses.

Furthermore, these orphan learners may be unwilling to join relatives due to fear of maltreatment, neglect, abuse or exploitation by some of the relative members, therefore, decide to stay on their own (Mturi & Nzimande, 2006). One of the orphaned girls in Zimbabwe who looks after her two siblings, a nine years old brother and a six years old sister who says that she is out of school because her brother has no uniform as a result other teenagers teasing him when trying to attend school in the only set of clothes that he

has. Her sister is frequently ill therefore she looks after her and does not attend school even though her greatest desire is to continue with her studies (Kendall and O'Gara, 2007).

When these children are homeless as a result of the death of their parent they become vulnerable and desperate to do anything to survive, pay for shelter and get some food. Moreover, the homeless learners in child- headed families goes through a lot of hardship and pains for their own survival without being looked after by adults, as a result, they become vulnerable to being further abused while in search for any means which can help in getting basic needs. For example, sometimes girls practice prostitution in order to support their siblings while boys tend to be criminals and drug abusers. While doing this, they do not attend school regularly, as a result their performance is very low (Mturi & Nzimande, 2006; Wood & Daniels, 2008; Kamya, 2006). Sometimes they even drop out of school because of the many problems which they experience (Kalenga, 2010).

2.5 Vulnerability and HIV/AIDS

2.5.1 HIV infection among school children
An alarming number of young adults in South Africa are living with HIV. Statistics reveal that over 89,000 (7, 5%) children born between January and December 2000 were HIV positive either from birth or from breastfeeding (Mvulane, 2003). A joint report by UNICEF and UNAIDS (2006) and studies by Harrison (2008) confirm that young people in Sub-Saharan Africa especially, are susceptible to HIV infection with over 50% of new HIV infections occurring among the 15 to 24 year of age.

Badcock-Walters (2002) and Leach (2002) agree that, for different reasons, schools have emerged as high-risk environments for HIV infection. Main reason for the high rate of infection among school children is the unequal gender relations among young adults, which are frequently defined by violence, assaults and rape by classmates (Coombe, 2002; Leach, 2002). Whereas schools are supposed to be safe places (Kelly, 2002).

Young girls are unreasonably the victims of sexual, emotional and physical abuse at school (Coombe, 2002). Morrell *et al*., (2001) and Leach (2002) found that girls who are compelled by poverty and/or the desire for material gain, enter into the relationships

voluntarily. Arising out of research commissioned by UNICEF, South Africa, a global study was initiated in 2000 comprising nine country case studies, (six in Africa and three in Asia). Conducted by the Health Economics and HIV/AIDS Research Division (HEARD), University of KwaZulu Natal, Durban, the research resolved that one of the paramount and still unanswered encounters of our time is the destruction caused by HIV/AIDS to the wellbeing and better functioning of the affected societies. As highlighted by Gow and Desmond, (2002) due to the richness of the statistical information the research provided, the high quality of its South African analysis and its comprehensiveness is one of the best contributions to the UNICEF overall study.

According to Cornia and Morch, (2002); Ebersohn and Eloff, (2002) the overall problem posed by AIDS has now been recognized, if belatedly, in most countries including South Africa but the specific effect of HIV/AIDS on children remains, with the exception of the orphans problem, poorly documented, analysed and understood. Cornia and Morch (2002) further reveal that recent debate on the effect of HIV/AIDS has focused on adult prevalence and death rates, ways to control the spread of the disease over the short term and its economic impact thus diverting our attention from the recent changes in infant mortality, school enrolment rates and child malnutrition, new ways through which HIV/AIDS affects child's well-being, and the mitigating effects of old and new policy responses that need to be introduced under these circumstances. Even when the analysis has focused on children, it concentrated mainly on children of families directly affected by HIV/AIDS.

However, Gow, Desmond and Ewing (2002) and Schonteich (1999) mention that all children will be affected by the HIV/AIDS pandemic, which is now reaping its toll on South Africa and will continue to do so in the foreseeable future with some children being more adversely affected than others. The death of parents and other caregivers as a result of HIV/AIDS renders the affected young adult vulnerable to social, economic, emotional and developmental impacts (Gow, Desmond and Ewing, 2002; Moletsane, 2003).

In a key message, the former Minister of Education, Kader Asmal, emphasised the need for building an enabling school through which effective learning can take place (DoE, 2000b). He further added that while the scourge of HIV and AIDS increases, schools

should remain 'a home away from home' for learners who might become orphaned or lose close family members or friends. These learners will need help and schools have a major role in providing care and support in the community that it serves. The emphasis was for the schools to develop their own policies in order to support learners orphaned and vulnerable as a result of HIV and AIDS. The HIV/AIDS Guidelines for Educators also acknowledge the involvement of other stakeholders such as religious leaders, traditional leaders, and local health workers to participate in developing the school's policy (DoE, 2001b). However, the question still remains, as to who has to invite these 'other' stakeholders. Whose role is it? What do educators draw on in responding to the issues related to AIDS orphaned and vulnerable children?

2.5.2 HIV/AIDS as a barrier to learning and schooling in South Africa

Education White Paper 6 (Department of Education, 2001) uses the term "barriers to learning and participation" and emphasizes the need to minimize barriers and maximize participation in education. Barriers to learning prevent optimal learning from taking place. In the context of my study, barriers to education would refer to any factor(s) that would impede or serve as an obstacle to schooling. Numerous key factors or obstacles in the South African context make a large number of young adult vulnerable to learning breakdown and sustained exclusion (Department of Education, 2001).

UNESCO (2000b) explains that the child who experiences barriers to education is often the child who constantly suffers from poor health care, inadequate water, poor nutrition, poor sanitation, lack of shelter, who lives in a family with an unstable income, whose community is in chaos and who is affected by HIV/AIDS and other risk factors such as child abuse, substance abuse, violence, etc. Teenagers infected or affected by the HIV/AIDS pandemic are likely to experience interrupted education. The unequally resourced and racially segregated apartheid structure in the South African education system left schools not only to be confronted with the responsibility of re-introducing and reviving a system of teaching and learning in the nation's schools after the anti-apartheid struggles but also to face the challenges that have been further worsened by a variety of social factors, one of which is the HIV/AIDS pandemic currently devastating the country (Moletsane, 2003).

Moletsane (2003) found that disease and its related impacts would cause a nation the loss of another generation of young adults. The situation is particularly hostile for children and youth. Firstly, as adults are sick and dying, young adults are yoked with the responsibilities of caring for brethren and household members living with HIV/AIDS. Secondly, a major number of young adults are themselves living with HIV/AIDS. This means the rights of these young adult to social services and proper education are seriously reduced (Moletsane, 2003).

Social capital, which is an inclusive concept, refers to social services that are required to promote educational growth (Coleman, 1988). The social capital including the interest shown by parents in their child's development and the norms held and enforced by parents to shape and control children's activities and their relationships with adults (Coleman, 1988) are limited or non-existent.

Further to this, schools with weak social capital undermine learner achievement because they lack clear strategies to establish effective partnership with families and communities. In a society wasted by high levels of gender violence, including rape, assault and domestic abuse, this surely makes the girls vulnerable to sexually transmitted diseases, early pregnancies and HIV infection, further slowing down their chances of succeeding and staying in school (Leach, 2002; Moletsane, 2003).

It is assumed that in most societies parents will prepare their children for school, guiding and teaching them to create a pedagogical climate that is conducive to children's learning and good conduct at schools (Epstein and Sanders, 2000: 286). However, when parents are ill or deceased, this function is lost to families. There is ever increasing rate of young adult in South Africa's rural villages and township that are constantly struggling for survival. With caregiver either sick or dead as a result of HIV/AIDS, poor academic performance, absenteeism and finally, dropout are inevitable as teenagers struggle for scarce resources and take on duties that even adults find challenging to fulfill in disadvantaged, disjointed and demoralised communities (Moletsane, 2003). Based on the data collected from nationally representative Demographic and Health Surveys from 26 countries in Sub-Saharan Africa, Lloyd and Hewit (2003) report frightening estimates at the start of the 21st century, of children who will not complete their primary schooling in Sub-Saharan

Africa. Lloyd and Hewit (2003) revealed that 37 million adolescents between the ages of 10 and 14 will not complete their primary schooling. This represents 83% of the youth in Sub-Saharan Africa.

According to the South Africa Constitution, Act 1996, admission to primary education is a basic right and need of every child. Enshrined in the South African Schools Act (1996), which is based on The National Education Policy, Act 1996, (Act 27 of 1996) this right to basic education is guaranteed. South Africa education is viewed as the key to cultural, political and social participation, as well as the empowerment of the community (Badcock-Walters, 2002). An area of concern is the issue of children as caregivers. Moletsane (2003) and Badcock-Walters (2002) point out that as households are affected by HIV/AIDS, the school dropout percentage are ever high, with statistics in South Africa revealing a decline by 12% and 24% in the Grade 1 enrolment in 1999 and 2000.

Opposing to the South African Schools Act of 1997 that assured every learner access to quality education in its own locality notwithstanding the socio-economic status of the child, there are lots of schools in the nation that exclude non-payers from school (Gow, Desmond and Ewing, 2002) or children withdraw themselves. Moletsane (2003), Giese (2002) and Badcock-Walters (2002) agree that compulsory school uniforms, school fees and books, the cost of which seems to be difficult for the household in rural and township schools to afford, is a major obstacle to children living with AIDS to have access to proper education. To support household income, children often have to drop out of school and get involved in activities to care for the sick and dying, as well as the surviving family members (Hepburn, 2002; Moletsane, 2003).

Being orphaned is a reality for many learners in many schools and it is often a family member who takes them in. They are sent to school to learn, and the many difficulties they face have to be addressed by the school in some way (Barnett & Whiteside, 2002). I cannot think of many things worse for a child than losing a parent, except to be told afterwards that their mother or father had died from AIDS. It becomes a double burden for the children: losing the parent and carrying the burden of shame. Thus, the most powerful obstacles to achievement remain those related with poverty and its associated stresses.

2.5.3 HIV/AIDS in Education: Implications for the School as an Organization

The South African Schools Act of November 1996 stresses the principles of education as a basic human right and quality education for all learners. This encapsulates the vision of schools to recognize the wide diversity of needs of learners and to strive to meet these needs by providing support and specialized programmes (Muthukrishna, 2002). Coombe (2002) emphasizes that learning institutions in an AIDS-infected world cannot be the same as those in an AIDS-free world. Challenged by the pandemic, it is necessary to change educational planning and management principles, curriculum development goals and the way we do education if the quality and level of education provision are to be sustained at reasonable levels. The education sector's principle areas of concern include helping prevent the spread of AIDS, providing social support and care for learners including OVC, protecting the capacity of the education department to provide sufficient levels of quality education and management of the sector's response to the crises (Coombe, 2002).

As organizations, Moletsane (2003) suggests that schools need to change the way they operate. They need to look at alternatives to educating children who stop attending school in order to care for their household or who become ill and seek innovative ways of effectively involving children and engaging them in school. Schools need to encourage a health-affirming and safe-school environment through the curriculum. Leach (2002) argues that there is a need for schools to break the silence around school-based abuse thus making the school a happy and safe place for children. Moletsane (2003) urges that strategies need to be developed or implemented to avoid dropout and absenteeism from school due to HIV/AIDS. Schools need to look at other means that would enable learners to perform their household duties and still access educational programmes. These may include adopting strategies in which classes meet late in the afternoon after completing the home chores.

Kelly (2002) suggests that cheaper models of schooling are needed to make education accessible to all learners, irrespective of their HIV and economic status. Not demanding learners to put on school uniforms or pay school fees may be among some of the plans implemented to attract affected learners back to school. This has huge consequences for private and government sponsorships as they have to develop, implement, monitor and

enforce these initiatives. For education to succeed there has to be extensive organizational and professional development for educators and schools respectively, in order to create a conducive environment for learning and teaching.

Davidoff and Lazarus (1997) recommend strategic planning by focusing on the nature of key barriers that result in learning distruption and sustained exclusion in education. Coombe (2002), Kelly (2002) suggest the concern to incorporate HIV/AIDS education content in the school and in teacher education (professional development) curricula and to move from a myopic 'HIV education' curriculum campaign to a broader 'HIV and education' paradigm by mainstreaming HIV/AIDS into every aspect of education. This would mean adopting a more inclusive approach in the curriculum. Preventing further transmission of HIV and mitigating the impact of AIDS must be the principal strategies.

Kelly (2002) suggests that keeping education quality at acceptably high levels with the emphasis on a core set of psychosocial life skills for the promotion of the health and well-being of learners (Kelly, 2002) curricular activities and programmes must continue to include the teaching and underpinning of strategies to prevent infection, necessitate gender awareness and transformative programmes (Coombe and Kelly, 2001; Kelly, 2002). To promote positive social behaviour life skills programmes should be fully implemented and strengthened to include the removal of the AIDS stigma and silence surrounding the pandemic (Hepburn, 2002) and the reduction of HIV transmission (Kelly, 2002).

According to Kelly (2002), programmes and activities should run along a continuum from prevention to care to prepare learners for the caring roles they shoulder in their households and communities. Real professional development programmes for teachers and organizational development programmes are needed to make schools centres of care and support. Such programs may include counseling, nutrition, pastoral care and nursing. As teenagers shoulder more adult roles, they need to be taught skills, knowledge and values they can use in the context they find themselves in. These may include AIDS education, care, vocational skills and counseling and anything else the school identifies as a need (Hepburn, 2002; Kelly, 2002; Moletsane, 2003).

Contradictory to the above, Leach (2002) sees the reliance on schools for initiatives and campaigns to reduce high-risk social behaviour and infection rates as being misplaced. She suggests that schools are high-risk places as there is a high rate of sexual harassment and abuse within schools in Sub-Saharan Africa. However, Badcock-Walters (2002) explains that since schools have been confirmed as high-risk environments, it is the key strategic ground on which the battle to mitigate the impact will be won or lost.

Kelly (2002) identifies education as the only 'social vaccine' available against HIV infection. Baxen (2004); Foster and Williamson (2000) suggest that admittance to excellent formal education may be a fighting strategy against the spread of HIV and may develop resiliency empowering the learners resilience and cope well in the face of intense challenges. Coombe and Kelly (2001) identified education, above all school education, to be related to the reduction of HIV prevalence rates among teenagers. With young people being in their most receptive developmental stage, Kelly (2002) considers school education as among the most potent tools for transmitting HIV prevention and AIDS-related messages and for changing the poverty and gender inequality environment where the rate of HIV/AIDS infection is high. The early identification of psychosocial stress could lead to timely support and care. According to Zeitlin and Williamson (1994) effective coping reinforces a sense of competence and encourages coping responses in future. Thus, the cared for children of today have a better chance of becoming the resilient adults of tomorrow.

2.6 Policy framework on AIDS Orphans and Vulnerable Children

Several policies and laws provide a panorama for addressing issues confronting children who have been orphaned and made vulnerable owing to HIV and AIDS. The policies on the rights of all children help keep the issues on our daily agendas (Smart, 2003).

2.6.1 Children's rights

According to the Bill of Rights, every child has a right to education (Howe & Covell, 2005; Wood and Daniels, 2008; Kalenga, 2010). Howe and Covell (2005) further point out that education is the fundamental key to promote citizenship. However this right is hindered by frequent absence of these learners from school particularly the eldest due to numerous obstacles they experience such as looking after the sick for example of either

one of the parents or the sibling (Sylvester, 2007). In most cases orphaned learners' daily attendance is very bad and in some schools no initiative is taken. The teachers claim that they are overwhelmed with overcrowded classrooms so they cannot cope to track them (Kendall and O'Gara, 2007). Wood and Hillman, (2008, p.31) point out that "vulnerable children often perform poorly at school and their dropout rate in parts of Botswana are reported to be unacceptably high." Robson and Sylvester (2007, p. 266) point out that "their performance was affected because they had to wake early to draw water from communal taps and deliver it around the township to raise money for food or school requisites". The implications is that the future of a nation will be in jeopardy if our children are denied of their right to free basic education, therefore, the government and all stake holder, has to come up with plans to help OVC to concentrate on their studies while their basic needs like: (shelter, food, clothing, medications, writing materials etc) which often distract them from focusing on their studies are being taken care of.

2.6.2 Children's Rights in Jeopardy

The rights of children are planned to present a structure for policy and implementation agreeing to the enhancement of social and human development of children within a protected environment, and improving the circumstances of all children. In the setting of high prevalence of vulnerabilities posed for children, it is expected that the rights of children as outlined nationally and globally would serve as guideline for the development of strategies. The UNAIDS (2006). Global Procedures on HIV and AIDS and Human Rights state that:

One vital thing understood about the HIV and AIDS epidemic is that universally recognized human rights standards should guide policy-makers in formulating the direction and content of HIV-related policy and should be an essential part of all aspects of the national and local response to HIV and AIDS (UNAIDS 2006).

2.6.3 The Convention on the Rights of the Child

The emergence of the Agreement on the Rights of the Child in 1989 has led to an enactment of legislation focusing on children and their protection. The South African government is also a signatory to the Agreement on Children's Rights and the African Charter on the Rights and Welfare of the Child (Smart, 2003). Regarding this exploration,

Barnett and Whiteside (2002) mention that the rights of children may be threatened by the orphan pandemic. The International Agreement on the Rights of the Child in principle provides a protective context for children. For this analysis, an examination of some of the rights of children provides a guiding context in understanding the implications and role of local responses to HIV and AIDS for teenagers. Barnett and Whiteside (2002) mention that the rights of children may be threatened by the orphan pandemic. As noted by Strode and Grant (2001), responses in addressing the HIV/AIDS pandemic have to be rights based if it is to protect our children and youth.

The AIDS pandemic has a negative impact on children's rights, preventing them from being protected and to take part in their society, and on their ability to protect and manage themselves. One of the enduring traumas for affected children is that the discrimination associated with HIV and AIDS can put certain of their rights, such as their rights of access to care and learning in risk of others, like their right to confidentiality (Fox *et al.*, 2002).

2.6.4 National Policy and Initiatives on OVC in Public School

The Declaration of Commitment of the United Nations and General Assembly Special Session on Children held in June 2002 (UNGASS), of which South Africa is a signatory, mandates countries to develop policies and strategies to provide care and support to OVC. By 2003, countries were expected to have developed, and by 2005 to have implemented, the national policies and strategies (Smart, 2003). The emphasis was to build and strengthen families and communities to provide supportive environments for all learners including those orphaned and made vulnerable as a result of HIV and AIDS (Department of Social Development, 2005). Below is a discussion of the plans and initiatives relevant to issues of orphaned and vulnerable learners in South Africa. The policy emphasizes on orphans and vulnerable children and seeks to minimize the unfavourable conditions of young people. The policy therefore emphasizes the need to reduce the social, economic and developmental consequences on the learners as a way to curb the pandemic which causes vulnerability in the education system. It provides procedures for the controlling of the pandemic in schools and refers to support for both learners and educators living with or affected by the pandemic (Department of Social Development, 2003). The Policy Framework for orphans and other children affected by the pandemic and made vulnerable

in South Africa therefore, honors the commitment to the children made in the UNGASS declaration (Smart, 2003).

The aim of the Policy Framework is to provide an empowering setting for more effective delivery on commitments to orphans and other young adults made vulnerable by HIV and AIDS at legislative, policy and programmatic levels. It also encourages flexibility, and effective harmonization and coordination between various legislation, policy and regulation within and between governments and between stakeholders at all levels (Department of Social Development, 2005). In other words, the plan to care for and support OVC is based primarily on the understanding that no single department, ministry or sector can be exclusively responsible for addressing issues of orphanhood and the vulnerability of children.

Therefore, the question that this study wants to pursue is how to explore the experiences of the primary school educators of teaching AIDS orphans and vulnerable children in Pinetown area of KZN and how these educators can be equipped to respond effectively to the needs of these learners orphaned and made vulnerable by HIV and AIDS. The above ideas have provided guidelines for care and support of OVC. The guidelines ultimately depend on being aware and understanding the legislation, policies and initiatives, as well as the mobilization of resources, essentially building on the innovative programmes which already exist.

2.7 The challenges experienced by AIDS orphans and vulnerable children
The experiences differ in their nature of degree from one orphaned learner to another as in most cases they live on their own without any support, care, advice or supervision from the adult. In most families the eldest is the one who takes the responsibility of looking after the young siblings (Kendall and O'Gara, 2007).

2.7.1 Child labour
Child labour is common among orphans' children in many African countries, such as: Liberia, Congo, Sudan and other war affected nations these children are forced to join the military by the rebels. In Nigeria, these orphaned boys are employed to be house boys who will be living in with their employers and as a result no opportunity for them to go to

school. In South Africa some of this orphaned boys or girls are employed in a valet or some young ones especially girls employed in escort agencies. While in Lesotho, orphaned boys work in the farm as herd boys at an early age (Mturi & Nzimande, 2006).

As a result of these experiences of orphaned and vulnerable children, their education is negatively affected, because they exchange days of schooling for other means of survival, as a result their daily attendance is very poor at school. In urban areas most of these children engage in various jobs such as domestic workers, car washers and vendors (Wood & Hillman, 2008). The result is often that the children have to drop out of school to look after the family and seek for employment to care for the family to buy food and clothes (Robson and Sylvester, 2007). Due to lack of support, they end up dropping out of school and living on streets as beggars. Because they often run short of food, they are likely to suffer from malnutrition and many diseases (Robson and Sylvester, 2007).

AIDS orphans are less likely to have proper schooling. The death of a prime-age adult in a household will reduce a child's attendance at school (Barnett and Whiteside, 2002). This household may be less able to pay for schooling. An orphaned child may have to take on household or income-earning work. When a child goes to another household, after his or her parent's death, the obstacles become greater as the child is not their own.

Whiteside and Sunter as cited in (Moletsane, 2003) argue that the greater portion of the available money is being spent on medical and nutritional care of the sick and dying. Therefore, the possibility of successfully educating children becomes remote, and that of keeping them in school almost impossible. The result is high failure rates and eventually high dropout rates from school. As increasing amounts of money is spent on medical care, this means there are less resources for the children and often one or more of the children drops out of school either to care for the sick parent or because there is no money for attending school. More often than not it is the female child who is asked to drop out of school first. Children may have to work to generate income for food, or look after other siblings to free up the mother's time. With the loss of labour and money spent on treatment, the family can quickly slide from a relatively secure position into increasing poverty, vulnerability and ill health (Whiteside and Sunter, 2000).

School fees are another critical factor that excludes children from education and schooling. Whilst the Constitution of the Republic of South Africa Act, 108 of 1996, states that education is free, the reality in South Africa is that education has become a commodity. In order to improve the quality of education, schools are imposing school fees that parents/guardians have to pay. Most schools are struggling financially and depend to a large extent on the payment of school fees. Parents who are unable to pay school fees run the risk of their children being expelled from school, being held back in a grade, having report cards withheld, being threatened by teachers or being embarrassed or ridiculed (Badcock-Walters, 2002). They further argue that the inability to pay school fees may indeed prohibit the entry of the child to school. While there is clear national policy insisting that every child has the right to access, school principals are faced with issues of institutional viability and routinely turn away learners unable to pay fees. Even if a school was to permit entry, the fact is that the child would be hard pressed to pay for stationery and textbooks, as well as transport to school and food at school.

According to Williamson (2004), the additional expenses and loss of income from employment due to illness, force families to re-direct their financial resources. This problem is not peculiar to South Africa. In commenting on education in sub-Saharan Africa in general, Hepburn (2002), in a study conducted amongst teachers in Botswana observed that primary education is not universally free. Households, through locally levied fees, must pay a significant proportion of the costs of operating a school. In addition to school fees, households are often required to pay for teaching materials and supplies, recreational activities, maintenance, uniforms and levies for school development and construction. Smith (2003) argues that children become disaffected from schooling when they see that their teachers are a source of infection, that schools are not geared to counsel them in their grief and that nothing exists to help them through this most difficult period of their lives.

Malaney (2000) also concurs with Giese (2002), by stating that there are financial consequences from the loss of parents. She points out that as children in families affected by HIV/AIDS, the school attendance of children drops because their labor is required for subsistence activities. In the face of reduced income and increased educational

expenditure, the money earmarked for school expenses is utilized for basic necessities, medication and health services. Furthermore, stigmatization may encourage affected children to stay away from school, rather than endure exclusion or ridicule by teachers and peers (Williamson, 2002). Children that are orphaned, lose their main source of financial support. Teenagers are frequently forced to find work to support themselves and their younger siblings, thereby making them to drop out of school. In many cases orphans are taken in by extended families who often cannot afford to keep all these children in school.

Again, they are exposed to abuse and sexual exploitation (van Dyk, 2008). Additionally, these children also experience emotional pain and feeling of insecurity. "The trauma of this situation impacts greatly on the life of the child" (Wood, 2008, p.180). Furthermore, these learners are not encouraged to deal with their feelings positively and express their emotions as there is no one who pays serious attention to them directly. The school teachers do not identify psychological and social problems; as a result, fail to offer either individual or group attention (Bhana, Morrell, Epstein and Moletsane, 2006). Sometimes they tend to abuse, alcohol and drugs in searching for love and comfort that should be provided by their parents (Wood and Daniels, 2008).

In addition, support is sometimes provided to children who are visibly demonstrating such disturbed behaviors requiring urgent attention and overlooked those who internalize their grieving. The evidence is in the school where teachers spent the whole day attending to the boy who tried to commit suicide (Bhana *et al*., 2006). Speaking openly and honestly about the death of parents when appropriate and giving the children the opportunity to speak out their feelings and emotions is an important activity.

2.7.2 Economic Impact

These children are vulnerable to poverty as they have nobody to supply them with essential needs for survival (Kendall and O'Gara, 2007). When a home is struck by pandemic, the stress of illness, death and uncertainty about the future can be unbearable. The HIV/AIDS pandemic assert huge economic strain on families as they care for sick family members, loss or helping the orphans. Families and communities coping with AIDS-related illness and death shoulder a heavy burden, and the epidemic takes its greatest toll at the household and community level (Foster, Levine and Williamson, 2005).

Smart *et al*., (2003) indicate that affected children are vulnerable to malnutrition, due both to scarcity of food and to the weak position they occupy within their guardian's homes in the household resource distribution process. Demmer (2004) quotes research that shows that AIDS affected families have less money to spend on food, clothing and education. To reduce their food costs, affected households may reduce the frequency and quality of their meals. Young adult are trapped into economic crises and insecurity as a result of their parent's death and struggle without support systems or services in disadvantaged communities. Studies reveal that income in orphan households is lower than in non-orphaned families (Foster and Williamson, 2000).

Studies on city household reveal that when a family member is infected with AIDS, the regular income drops by as much as sixty percent. Spending on health care quadruples, savings are depleted and households often enter into debt to care for sick persons. Other studies suggested that food consumption might drop by as much as forty one percent in orphan households. Asset selling to pay for health care, loss of income by breadwinners and funeral costs may deplete all household savings (UNICEF, 1999).

Another challenges and experience of orphaned learners is learners dropping out of school as Robson and Sylvester also confirms that due to poverty, there is a high rate of dropout among orphaned learners. Because they lack uniform and learning materials, they do not have motivation for schooling. They also have low attention span due to hunger (Robson & Sylvester, 2007). Additionally, Robson and Sylvester (2007) point out that these learners show tiredness in the class due to long hours they spend on household chores. Kamya (2006) reveals that those who are living with their relatives go to bed late and wake up early due to household chores they are expected to perform daily.

2.7.3 Social impact

As Moletsane (2003) mentions, one apparent effect of the illness and death of an adult due to AIDS may be the huge numbers of young adults who grow up without adult supervision, love and attention (as AIDS orphans and/or in child-headed households), making them vulnerable to abuse (emotional, sexual and physical) from extended household members and other community member. With South Africa being a patriarchal society (Dorrington and Johnson, 2002), girls especially are vulnerable to sexual abuse.

(Kelly, 2002 and Leach, 2002). Many girls willingly get involved in relationships for economic and other reasons as found in studies by Hepburn (2002), Kelly (2002) and Leach (2002) and/or as a result of illness and/or death of economically active members of the household. The loss of a breadwinner leads to a reduction in the family's earnings and the ability to care for and protect its children, who become prey to neglect and abuse (Ebersohn and Eloff, 2002). With widespread sexual activity in conditions of intimidation, harassment and in some cases rape (Leach, 2002:) and young girls not always being able to negotiate safe sex (Kelly, 2002), they are exposed to possible HIV infection, the risk of falling pregnant or being infected with other sexually transmitted diseases. They may be further deprived by becoming excluded from school or by dropping out as a result of pregnancy (Moletsane, 2003).

Extended family networks of relatives and grandparents are an age-old safety net for such children. But the capacity and resources have been stretched to breaking point and those providing the necessary care are in many cases already needy, often elderly and have often themselves depended physically and financially on the very son or daughter who has died. Many children are left on their own in child-headed families (United Nations Children's Fund, 2003).

The vulnerability of young adult orphaned by AIDS commence before the parent died. The emotional suffering of young adult usually starts with their parent's progressive illness and distress. This is compounded as the disease causes drastic changes in family structure resulting in heavy economic toll, requiring children to become caretakers and breadwinners and fuelling conflict as a result of stigma, blame and rejection (United Nations Children's Fund, 2003).

Finally the children suffer the death of their parent and the emotional trauma that results. Then they have to adjust to a new condition, with little or no support. Children orphaned on account of AIDS are often at a higher risk of abuse, illness and sexual exploitation. They may be denied the health care that they need and sometimes this is because it is presumed that they are infected with HIV and their illness is incurable. They often run a greater risk of being malnourished and underdeveloped. Children grieving for their deceased parents are stigmatized by the community through their association with HIV

and AIDS. The social isolation and distress experienced by these teenagers is strongly worsened by the fear, shame and rejection that borders people affected by HIV and AIDS. Teenagers may be denied access to health care and schooling. They are also denied their property and inheritance (United Nations Children's Fund, 2003).

Children may not only become victims but also perpetrators of crime. Growing levels of poverty, the emotional trauma associated with AIDS-related parental death, reduced levels of parental guidance and control and loss of positive role models may encourage delinquency and criminal behaviour (Schonteich, 1999). In a study conducted in South Africa, Moletsane (2003) found that there are rising numbers of children living on the street and other destitute and abandoned children in care centers and other homes who are vulnerable to abuse (physical, emotional and sexual) from extended family members and other members of their communities.

The abuse and neglect of children in AIDS-affected households is an indicator of the reduced ability of adults to cope (Ewing, 2002). Children will be abused because they lack shelter and protection or because selling sex is their only means of survival. Abused children are more likely to take greater sexual risks or find themselves in abusive relationships in adulthood. The trauma of rape can destroy a person's self-esteem. Orphaned girls are particularly vulnerable to sexual abuse because they assume adult responsibilities, such as caring for dying parents or raising siblings, without the maturity to understand quite what has happened to them (Ewing, 2002).

McKerrow (1999) (cited in Smart, Pleaner & Dennil, 2001) agrees that young girls' abuse within households is on the high rate highlighting three myths or theories apparently linking child sexual abuse and HIV and AIDS. (The prevention theory, the cleansing theory and the retribution theory). As they grow up without parents, and being poorly supervised by relatives and welfare organizations, this growing pool of children orphaned on account of HIV and AIDS would be at above average risk to engage in criminal activity (Schonteich, 1999).

Schonteich (1999) further points out that the absence of a father figure early in the lives of boys is likely to increase later delinquency. Such an absence will directly affect a boy's

ability to develop self-control. An insecure attachment will lead to lower levels of empathy and self-control, and to an increase in violent behaviour. Institutional care may be needed on a temporary basis to offer children a temporary home until a more permanent solution can be found. But as a long-term solution, this intervention should always be seen as being the last resort for vulnerable children. Should the extended family not be available for any reason then the community could provide a better alternative than an institution (McKay, 2002; McKerrow, 1999). This would be discussed in detail later in this chapter.

2.7.4 Health impact

The most startling evidence is the effect that the HIV and AIDS pandemic is expected to have on the health of children where a parent/s or a caregiver is HIV positive and those children who are orphaned on account of HIV and AIDS. Giese (2002) concurs with Piwoz and Preble (2000) that poor health and increased rates of stunted growth among children living in HIV-infected families, is common. Children living in households with HIV-infected persons are more exposed to opportunistic infections, such as pneumonia and tuberculosis and when the caregivers is sporadically sick or absent, there is a possibility that the child is less likely to get the medical attention s/he needs and more likely to have repeat infections.

Giese, (2002); Piwoz and Preble, (2000). As children under eight experience greater developmental and health challenges in the context of HIV and AIDS, the nature of early childhood care is changing. Caregivers, parent and service providers need to understand and know the impact of HIV and AIDS on very young children. They also need relevant support to provide the necessary holistic care (UNESCO, 1993).

Care to all young adult is vital and promotion of positive gender socialization sensitive to early childhood education is necessary to reduce inequalities between boys and girls (World Bank, 2003). This further includes addressing patterns of learned behaviour among boys as well as girls. Girls are more likely to be negatively affected in early childhood due to discrimination and need to receive equal opportunities in terms of intellectual stimulation, nutrition, and opportunity to play (World Bank, 2003).

Female children are also often likely to experience violent and sexual abuse, something that has been documented for older girls in schools in Africa. In Southern Africa the occurrence of gender violence has led some to talk of a "twin epidemic" of HIV and AIDS and violence against women. In this cultural context, the idea that sleeping with a virgin heals AIDS, places girls as young as six at risk (Campbell, 2003). These all are practical challenges faced by families and caregivers which cause extreme distress.

2.7.5 Stigmatization/Psycho-social Impact

The stigma and discrimination associated with orphanhood and vulnerability due to HIV/AIDS have many effects. Shisana and Simbaya (2002) affirm that the pandemic has a major influence on all the bio- psychosocial systems in which children grow with many children directly experiencing HIV/AIDS related deaths and illnesses in their households. Germann and Madorin (2002), Hunter and Williamson (2002) and UNAIDS (2002) concur that the problems most frequently associated with psychosocial risk variables are low self-esteem and despair, anxiety, depression, hopelessness, aggression, behavioral, inadequate communication, cognitive and emotional difficulties and life skills, and poorly developed problem solving, decision- making and conflict resolution skills. Those at risk of infection and some of those affected continue to practice unsafe sex in the belief that behaving differently would raise suspicion about their HIV-positive status (UNAIDS 2001).

Discrimination and stigmatization based on HIV status has been linked to HIV/AIDS since the early stages of the pandemic. There has been little study on the extent and exact nature of stigma and discrimination against young adults infected with or affected by HIV and AIDS in South Africa. Nor has a broad understanding of how this stigma affects children, their families and caregivers' lives and access to such rights as health care been reached. In a study on South African children, Strode and Grant (2001) argue that young adults who are either known to be living with HIV or are thought to have the virus, or who begin to exhibit symptoms of HIV, are stigmatized and isolated by their communities. Young adult living with and affected by HIV and AIDS are very vulnerable and extra support is needed to ensure good early childhood care and development.

The vulnerability of young adults orphaned by AIDS starts well before the death of a parent. The emotional suffering of children usually begins with their parent's distress and progressive illness. This is compounded as the disease causes drastic changes in family structure resulting in heavy economic toll, requiring children to become caretakers and breadwinners and fuelling conflict as a result of stigma, blame and rejection (United Nations Children's Fund, 2003). Eventually young adult suffer the death of their parent and the emotional trauma that results. Then they have to change to a new situation, with little or no support.

Children orphaned on account of AIDS are often at a greater risk of illness, abuse and sexual exploitation. They may not receive the health care that they need and sometimes this is because it is assumed that that they are infected with HIV and their illness is incurable. They often run a greater risk of being malnourished and stunted. Children grieving for their deceased parents are stigmatized by the community through their association with HIV and AIDS. The distress and social isolation experienced by these children is strongly exacerbated by the shame, fear and rejection that surround people affected by HIV and AIDS. Children may be denied access to schooling and health care. They are also denied their inheritance and property (United Nations Children's Fund, 2003).

Furthermore, the humiliation associated with HIV/AIDS brings fear, shame and rejection that worsen the suffering of children. With HIV/AIDS contribution to psychological problems, the emotional well-being of children is threatened. Hepburn (2002) found the death of parents and other caregivers as a result of HIV/AIDS renders affected children vulnerable to emotional impacts. Hepburn (2002: 93) and Dorrington & Johnson (2002: 49) state that as children watch their parents slowly die from debilitating illnesses and subsequently endure loss and grief, they experience anxiety, depression and anger which is further exacerbated by the burden of caring for remaining siblings, as well as discrimination and stigma from family members and the community, and exclusion and teasing by peers (Badcock-Walters, 2002: 97-98). As the need for survival becomes paramount for these children, staying and/or doing well in school fall further down on their priority list. The context of silence and shame that surrounds HIV/AIDS infection in

South Africa, the fear of stigma, discrimination and possibly violence, often leads HIV-infected and affected children to withdraw from school.

Ebersohn and Eloff (2002) concur that illness and death of relatives, their own poor health, fear of shaming and teasing, demand on child labour and unaffordable school fees keep these children away. The trauma and stress on those who persevere with their schooling can impact negatively on their ability to learn and succeed. Even though the psychosocial needs of children are well documented, given these complexities the education system is ill prepared to address the special educational needs of the infected and affected. Teachers and schools are poorly prepared and inadequately resourced to meet their growing needs (Hepburn, 2002) resulting in high failure rate among those who persevere, slow progress and retention and even higher dropout rates among many.

According to Demmer (2004) affected family members are at risk of prolonged grief and psychiatric problems as they mourn an AIDS death. Children become fearful, worrisome, stigmatisation; shattered hope and eventual loss are all experienced by these children. The effects that parental illness and death have on a child's mental health and ability to cope are complex, and depend on the child's developmental stage, resilience and culture (Germann, 2004). The author states that the impact of psychological needs of persons infected and affected by HIV and AIDS are often overshadowed by physical and social needs in a setting with limited resources, and is thus often ignored. Affected and orphaned children are often traumatized and suffer a variety of psychological reactions to parental illness and death. In addition, they endure exhaustion and stress from work and worry, as well as insecurity and stigmatization.

Loss of a home, dropping out of school, increased workload and social isolation may impact on current and future mental health (Forehand, Steele, Armistead, Simon and Clarke; 1999). Children who grow up without love and care of adults are at a higher risk of developing psychological problems. A lack of positive emotional care is associated with a subsequent lack of empathy with others and such children develop anti-social behaviours (Wild, 2002). Long-term studies of children in difficult circumstances have shown that they cope in different ways with traumatic stress situations (Fox, Oyosi and Parker, 2002). One study of South African children identified emerging social problems

with children in distress, namely: petty criminal acts; rape; teenage pregnancy and promiscuity; and lack of discipline (Fox, Oyosi and Parker, 2002). While some children experience severe impairment in their overall development, others seem to emerge strengthened by difficult circumstances. It is said that the context in which the traumatic experience takes place seems to be more important than the experience itself. If favorable conditions can be created both before and after the parent dies, then chances are that a child will be able to successfully overcome the trauma of separation from a loved one.

Whiteside and Sunter (2000) point out those children who lose a parent suffer loss and grief. However, for those who lose a parent to AIDS, their loss is exacerbated by prejudice and social exclusion, and can lead to the loss of education and health care. Moreover, the psychological impact on a child who witnesses his or her parent dying of AIDS can be more intense than for children whose parents die from more sudden causes. There are typically months or years of stress, suffering or depression before a person dies.

Malaney (2000) also makes the same point that the death of a parent can be expected to have deep psychological effects on children. There is increased time spent by children in mourning for loved ones. For a child living with a parent who has AIDS, the disease is especially cruel as HIV is sexually transmitted. Consequently, once one parent is infected, he or she is likely to pass it on to the other parent. Children who lose one parent to AIDS are thus at considerable risk of losing their remaining parent as well. For children, therefore, AIDS will, over time, cause a major diminution in social capital in the form of lack of social skills, knowledge and unclear expectations. It will also lead to detectable and quantifiable declines in levels of formal education (Whiteside and Sunter, 2000).

Further, research suggests that two often-overlooked impacts of AIDS are the increasing number of children who do not wish to attend school because of the stigma they experience coming from AIDS-affected households and the psychological trauma and shock they feel after the death of a family member (Hepburn, 2002). In addition these children are at risk of exploitation. Hepburn (2002) agrees that the psychosocial effects of losing a parent to a debilitating illness are severe and can have long-term effects on a child's behavioural development. As they endure the loss of parental support and nurturing, many orphans experience anxiety, depression and despair. Further complicating

these emotions, siblings are often divided among several households within an extended family to mitigate the economic burden of caring for the children. Relatives or neighbours who have agreed to care for the orphans may contribute to the despair by taking their property or inheritance and leaving them more vulnerable to exploitation.

The provision of psychosocial support is quite new and is often ignored in general early childhood development programming. This space is therefore being highlighted in the context of how best to support HIV and AIDS affected young children. Psychosocial support is one way of increasing the capacities of young children and their caregivers to cope and to improve development.

2.8 Educators' experiences of teaching AIDS Orphans and Vulnerable Children.

The experiences of each educator differ when it comes to teaching OVC as some of these experiences will be discussed below.

2.8.1 The AIDS orphan and vulnerable children's guidelines for Educators

In a key message, the former Minister of Education, Kader Asmal, emphasized the need for building an enabling school through which effective learning can take place (DoE, 2003). He further added that while the scourge of vulnerability increases, schools should remain 'a home away from home' for learners who will become orphaned or lose close family members or friends. These learners will need help and schools have a major role in providing care and support in the community that it serves. The emphasis was for the schools to develop their own policies in order to support learners orphaned and vulnerable due to HIV and AIDS. The OVC Guidelines for Educators (DoE, 2000) also acknowledge the involvement of other stakeholders such as religious leaders, traditional leaders, and local health workers to participate in developing the school's policy (DoE, 2000).

2.8.2 The consequences of OVC-related challenges for educators in the classroom

The various challenges experienced by AIDS orphans and vulnerable children as enumerated earlier are posing enormous problems for educators in the classroom. Orphans are doubly disadvantaged when compared to non-orphans with regard to school

attendance. The OVC do not have anyone who can assist them with their homework and support them with their educational needs like uniform and school learning equipment. In addition, Wood and Hillman (2008) assert that 24% of orphans attend school compared to 60% of children with living parents. They further found that OVC often perform poorly at school and the dropout rates usually increases in areas where there is an increase in the number of OVC. Educators need to be aware of the lack of support of OVC when it comes to homework. In leading and managing their classrooms, they need to be sensitive to this factor and put in place mechanisms to support AIDS orphans and vulnerable children in the completion of their homework.

The growth in the figure of AIDS orphans and vulnerable children in the classroom makes untold demands on teachers, many of whom are not equipped to deal with the special psychosocial and economic needs of AIDS orphans. Theron (2008) and Wood and Hillman (2008) contend that teachers are deeply affected and traumatized by the challenges of OVC. In addition, teachers claim that these children tend to make classrooms difficult to manage as they tend to be aggressive and violent. The educators themselves tend to assume the role of social workers as they deal with OVC's challenges. The problems experienced by some of them are difficult to solve and this consequently creates feelings of helplessness among teachers.

Therefore, it impacts negatively on educators' morale (Coombe 2000b), Wood & Hillman 2008). Furthermore, the teachers' productivity in the classroom is affected by the fact that they spend more time on attending to traumatized and grieving learners with different challenges. According to Bhana, Morrell, Epstein and Moletsane (2004), these additional demands made on teachers mean that some of their pedagogical responsibilities may go unperformed. Bhana, Morrell, Epstein and Moletsane (2006) observe that teachers sometimes lack the skills necessary for addressing learners' problems.

Educators often feel overwhelmed due to their lack of counseling skills when it comes to dealing with AIDS orphans and vulnerable children. Owing to their lack of counseling skills, Kendall and O'Gara (2007) assert that some teachers ignore the grief, tears and withdrawal of Aids orphans and vulnerable children. Another reason furnished by teachers for turning a blind eye to OVC in the classroom is that they do not have skills or strategies

to manage them in the classroom. This shows that teachers themselves are facing untold challenges in their work place in dealing with OVC. As the nature of learners is changing, teachers have to adapt to the changes so as to be able to lead and manage classrooms with AIDS orphans and vulnerable children.

Khanare (2008) notes that some educators are frustrated about their work because they contend that teaching is not only about teaching mathematics or English, but it goes beyond that. She adds that teaching is about touching the souls of learners and therefore needs to value the individuality of children. Teachers report that management of classrooms with large number of OVC needs a lot of effort and time. The negative attitudes from the community and/or the learners towards the AIDS orphans and vulnerable children are main concern that the educators have to deal with. Many school learners do not want to associate with the special needs children, especially the mentally handicapped. The learners claim that they "fear" the handicapped children and this poses a problem to the educator who is trying to integrate them into the class (Kendall and O'Gara 2007)

A study conducted by Kendall and O'Gara (2007) observes that the AIDS orphans and vulnerable children are often neglected in the classroom. They maintain that teachers claim that working with OVC is too much to handle, especially dealing with children's emotional and psychosocial needs. Educators also felt that they lack sufficient training on how to address the behavioural and emotional needs of OVC in the classroom. In addition, Kendall and O'Gara (2007) in another case study, assert that educators felt that they are generally overwhelmed and unable to address the needs of OVC in their classroom. The reason given by these teachers was that they have not been trained to change their classroom management styles, teaching approaches or disciplinary approaches to address the needs of AIDS orphans and vulnerable children.

2.8.3 Educators' attitude and responses towards AIDS orphans and vulnerable children.

There are different attitudes shown by educators towards the inclusion of OVC. Some of these attitudes will be examined below.

2.8.3.1 Educators' attitude towards inclusion of OVC.

Attitudes can be explained as learned philosophies that develop over time (Luseno, 2001). The following definition is an apt description of attitude. Term attitude as a "posture of the mind" and mentions that attitude is what causes a person to act in one way or another. It is said that people learn behaviour over time by being exposed to the object directly (experience) or through receiving information about the object. The learned behaviour serve as general guides to overt/unhidden behavior with respect to the attitude object, giving rise to a constantly unfavourable or favourable pattern of response (Luseno, 2001).

As a result of the escalation in the number of AIDS orphans and vulnerable children in the classroom, it is expedient for the educators to be more committed and ready to go the extra-mile towards managing classroom with OVC. Educators have to be active classroom frontrunners and managers in order to ensure inclusivity of OVC in the classroom. Drawing on Davidoff & Lazarus (1997) who maintain that learning organizations constantly and systematically reflect on their practice by asking how, why and what is needed to be done to improve their organization. Educators' dealing with AIDS orphans and vulnerable children need to be reflective classroom leaders and managers. Educators have to create and sustain an enabling environment in order to assist all learners to work to their full potential.

Leadership is about helping people to manage their problems and even learning to live with the problems Davidoff & Lazarus (1997). This means that, it is important for the educator as the classroom leader to get AIDS orphans and vulnerable children (OVC) to understand the situation that they are in, and to assist them to manage the problems they face. Educators have to lead their classrooms with the intention of making a positive difference in the lives of learners especially the OVC who are facing different life challenges caused by change in their lives. In the first instance, teachers as leaders of change have to assess the current situation in their classrooms. Secondly, they need to

diagnose possible resistance they may encounter. Thirdly, they need to communicate their intentions to the children in the classroom and select possible strategies (Davidoff and Lazarus 1997).

How well educators implement inclusive programmes towards AIDS orphans and vulnerable children depends on their attitude toward OVC. The educators have to believe that all learners can be educated; learners experiencing barriers to learning can be educated in regular classrooms; and that inclusive education is a beneficial program if they are expected to accept working with included learners (Vaughn, Schumm, Jallad, Slusher and Saumell, 1996). Study on educators' attitudes has been carried out in most regions of the world and reflects the political schemas of these countries in focusing attention on the exclusion of children from educational opportunities (UNESCO, 1994b). One of the most important factors affecting educators" attitudes toward OVC is the type and severity of vulnerability or barriers to learning. Research has revealed that, irrespective of teaching experience, severity of disability or barriers to learning shows an inverse relationship with positive attitudes such that as the perception of severity increases, educators' positive attitudes decrease (Dupoux, Hammond, Ingalls and Wolman, 2006).

It has been reported that male educators' attitudes toward integration of OVC are more negative than female educators (Alghazo and Naggar Gaad, 2004). Factors related to administrative support have been linked to educators' attitudes toward inclusive education. Educators consider the presence of organizational support and resources as critical in forming positive attitudes toward inclusive education (Kruger, Struzziero and Vacca, 1995). An additional element of positive attitude is linked to class size. Mainstream educators reported that reducing class size to 20 learners would ease their inclusion effort (Scruggs and Mastropieri, 1996).

The extent to which special and general classroom educators are ready to work in inclusive environment largely determines the crucial success of inclusive programmes (Luseno, 2001). These authors note that teachers are more willing to include students with mild vulnerabilities than students with more severe disabilities and vulnerabilities due to their perceived ability to successfully implement instructional goals for the entire classroom. Luseno (2001) reports that previous research indicates that educators do not

believe the academic and social needs of majority of learners experiencing barriers to learning can be best met in general education classrooms.

Previous research indicates that effective educators in mainstream schools tend to be less tolerant of maladaptive behaviour and learning problems, and have higher standards for acceptable classroom behaviour (Roaf, 2003). These educators believe that learners experiencing barriers to learning are disruptive in the classroom; therefore they tend to be more likely to resist the placement of these learners in their classrooms. These educators also believe that educating these learners requires additional time, work, and attention; and there are significant classroom changes that need to be made to accommodate these learners, in addition to perceiving inclusion as requiring significant changes in classroom and instructional procedures and curricula (Salend and Duhaney, 1999).

Subban and Sharma (2006) report that previous research in the educators' attitudes toward AIDS orphans and vulnerable children (OVC) links demographic and contextual variables to educators' attitudes toward inclusion of the OVC. Variables such as the educators' gender, age, level of qualification in special education, and the severity of the learner's disability have previously been investigated as factors that may shape educators' attitudes toward the inclusion of learners with barriers to learning. It was found that older, more experienced educators appear to foster less positive attitudes than younger educators (Cartledge & Johnson, 1996; Subban and Sharma, 2006). Also, the lack of training in the field of inclusive or special education may lead to less positive attitudes toward the inclusion of vulnerable learners with barriers to learning into mainstream schools, while increased training has been associated with more positive attitudes in this regard (Briggs, Johnson, Shepherd and Sedbrook, 2002).

Avramidis, Bayliss, and Burden (2000) state that another variable makes reference to the perceived confidence of mainstream educators. Teachers who perceive themselves as confident enough to include students with barriers to learning appear to hold more positive attitudes toward inclusive education; and, previous experience educating learners experiencing barriers to learning may allow the mainstream teacher to view inclusive educational practices more positively (Avramidis *et al*., 2000). Another finding was that the educators" attitude toward the inclusion OVC to mainstream schools may also be

influenced by the severity of the vulnerability experienced by such learners (Kuester, 2000). The inclusion of learners with behavioural disorders and emotional difficulties appear to attract the least favourable responses from mainstream educators (Kuester, 2000).

Avramidis *et al*., (2000) report that previous studies support the opinion that educators perceive OVC learners with behavioral and emotional disorder as more challenging in the classroom, and most mainstream educators believe that they lack the knowledge, skill and competence to effectively include these learners. There is also evidence that educators are reluctant to include learners with behavioral and emotional disorders, while preferring to include vulnerable learners with learning disabilities (Briggs *et al*., 2002).

2.8.4 Factors that may contribute to attitude changes in educators towards Aids orphans and vulnerable children.

There are various factors that may contribute to attitude changes in educators towards OVC. The important ones are as follows:

Experience

Despite educators having academic experiences in teaching learners in the classroom, this does not automatically qualify them as experts in the practice of inclusive education especially when it concerns AIDS orphans and vulnerable children. Studies done by Giangreco, Dennis, Cloninger, Edelman and Schattman (1993) indicated that educators who were negative in the beginning were more positive after a year of experience with AIDS orphans and vulnerable learners. The effect of the positive attitude was that these educators ensured greater involvement of learners in classroom activities.

Lack of awareness and confidence

The Draft Conceptual and Operational guidelines for the implementation of inclusive education, (Department of Education, 2002) indicated that fear and a lack of awareness about learners' vulnerability would be a barrier to the learning of the learners. These negative attitudes will spread to others and that could negatively influence the AIDS orphan and vulnerable learner.

Nature of vulnerability

A study done by Ward, Center and Bochner (1994) indicated that integration was strongly influenced by the nature of the vulnerability. Jenkinson (1997) indicated that research done in Australia on professional attitudes towards integration indicated that education has provided a range of information in this area. The outcome of this study indicated that attitudes towards integration were strongly influenced by the nature of the vulnerability of the learner.

Training / education

Study done by Wessels (1996) indicated that attitudes of educators are influenced by the educators' knowledge of learners and their skills in educating them. The study also supported the fact that educators are not adequately trained to meet the needs of learners with special educational needs, especially AIDS orphans and vulnerable children. Implementation of inclusive education has not always been accompanied by positive attitudes. For principals this implementation process is a major reorganization of the school, especially when there are limited resources. The principals' attitudes are crucial in ensuring that OVC encounter a climate of acceptance and warmth within the school. Inclusion was accepted in principle as consistent with community values, but in practice concerns remained, e.g. extra burden placed on the class educators (Jenkinson, 1997).

2.9 Educators' responses towards teaching AIDS orphans and vulnerable children (OVC).

The responses gathered from these educators are either supportive or unsupportive as indicated below:

The following is the unsupportive responses of educators from Zimbabwe towards OVC:
>   OVC are problematic. As many attend school in torn uniform and very dirty and other children are cruel to them. Really, they do not come with proper care, and even the little ones will come without a snack. The other children will leave them; you can see them sitting alone during the school break, just alone. In my class, I do not know what to do with them! They are really a problem, these children…I gave them an assignment in drawing their families. This little one… just cries…Now what am I supposed to do? We have no training and these classes are

too full of children. I do not know what to do with them. (Kendall and O'Gara , 2007).

According to the educators' experiences and responses, it is evident that teachers' training to deal with the emotional and psychosocial needs of these learners is a great deal of their concern (Kendall and O'Gara, 2007). Kendall and O'Gara demonstrate that it is also evident that some of the teachers allow grieving learners to drop out of school because they claim to have no skills and strategies to deal with them in the classroom as well as school yard. (Kendall & O'Gara 2007) further point out that "vulnerable children who did attend, experienced the school as an institution that allowed them to be labeled and stigmatised. These educators regard the school as an institution incapable of addressing their needs.

Furthermore, teachers claim that when attending to these learners who have social problems, a lot of time is wasted. As a result time allocated for teaching is utilized unprofitably. Additionally, some of the teachers punish the orphaned learners for not doing homework without taking any initiative to establish the reason. A number of these learners reported that they were sent away from school if they had no pens as well as books (Robson and Sylvesterk, 2007). Robson and Sylvesterk further explain that some teachers describe orphans as badly dressed, psychologically and emotionally traumatised due to their parents' death. However, on the contrary, some teachers feel that there is a need to attend to the needs of these orphaned learners.

Educators' Supportive responses towards AIDS orphans and vulnerable children (OVC)

Generally, teachers are sympathetic towards OVC. They want to help children. (Werk's report 2004) indicates this:

> "Many of the teachers were found to be sympathetic to the OVC and at times contribute towards their education. Some teachers said that at times they have to use their own money to help some of the poor pupils buy items such as exercise books when they get filled up. Some poor children cannot afford school uniforms and the teachers" source some for them from the pupils who have completed school. Another teacher said that at one time

she had to give out a medical bill for hospital and transport cost to a sick poor girl. However, the teachers said they could only do so much for the needy pupils and thus requested for a more formal arrangement to fund such cases under the FPE" (Werk, 2004, p. 70).

Certain educators especially those who are teaching in disadvantaged communities are concerned about the needs of OVC, therefore go the extra mile in taking care of such learners by providing basic needs such as food and clothes (Theron, 2008). Theron further points out that one of the teachers says "*if affected learners were not feeling well or needed food or something, I tried to assist. It was not easy but I did my best*" (p. 91). Some educators sometimes supply these learners with school shoes when getting money and ask for help from other organizations such as Gift of Givers, while others provide these orphans with food by taking money out of their own pockets as well as buying them clothes. They even raise funds by making small project such as growing cabbages for fulfilling their basic needs (Bhana *et al*., 2006).

Moreover, some teachers in Zambia reported that they have comforted the orphaned learners who seem to have particular distress as well as referring them to the school guidance and counseling teachers (Robson & Sylvester, 2007). Additionally, one of the educators in South Africa explained that she has helped an AIDS orphan learner in Grade 12 to complete her studies by referring her to the social workers (Jairam, 2009).

Additionally, some teachers say that they spend time for counseling the affected learners when needed. They point out that sometimes the learners are in a situation where they attempt suicide therefore attend to that issue as it has an impact on the whole school (Bhana *et al*., 2006). Again the teachers say that when teaching a certain topic especially in Life Skills, the learners come after being taught to ask for help and they offer it and do referral if needed, for example, in the case of sexual abused orphaned (Bhana *et al*. 2006). Jairam (2009, p.125) reveals that "these teachers are able to help learners get involved in the helping process itself...finally it act in a systematic fashion to reach the goals that they have set for themselves".

2.10 Effective classroom management with aids orphans and vulnerable children: educators' role.

The management of classrooms with AIDS orphans and vulnerable children places a need for teachers to create an allowing classroom environment that would address OVC's needs in the classroom. Teachers need to create an environment wherein OVC would feel loved, secure and valued because they do not receive such support at home (Wood, 2009). Educators must assist OVC with psychosocial and physical support and if needs be, assist them in the taking of their medications and also refer the AIDS orphans and vulnerable children to other sectors for professional help if the need arises. Van Dyk (2008) maintains that all children have physical, emotional, social, spiritual and intellectual needs that must be met if children are to enjoy life. The children who do not receive psychosocial support to fulfill all their basic needs may suffer long-term social and emotional impairment (Van Dyk, 2008).

UNICEF (2002) maintains that the education system and the school have a key role to play in ensuring the protection, care and support of OVC. The AIDS orphans and vulnerable children suffer the misfortune of having their basic needs being unfulfilled. Therefore, educators have to play the parental role of caring educators, through creative classroom management strategies, as well as they can play a pivotal role in getting OVC to integrate with other children. In the context of the classroom the educators can employ group work which has the potential of developing team spirit among children. This connotes working as a team can serve as a remedy for problems. Consequently, AIDS orphans and vulnerable children's contact with their peers will reduce their discrimination by other children. The OVC will also create a sense of belonging and the activities will slow down the impact of discrimination and reduce the orphans' stress. (UNICEF, 2002).

The AIDS orphans and vulnerable children need to know that despite the frightening changes in their day to day life experiences, they still belong to a loving and caring group at school. The educators have to encourage orphans to value education as a weapon against poverty. Lemmer and Van Wyk (2007) state that after school lessons are vital in the support of OVC. Some teachers help OVC (who do not have support at home) with their school work. Besides that, teachers assist OVC to become self-reliant so as to

overcome their present and future life challenges. Some OVC are also helped with practical skills which would enhance their ability to overcome economic challenges. The children are taught handicraft skills such as basket weaving; wood carving and beading, during time scheduled for arts and craft or during afternoons where such time is not scheduled (Lemmer and Van Wyk 2007).

Generally, educators are sympathetic towards OVC. They want to help children. Werk's report (2004) indicates that "many of the educators were found to be compassionate to the OVC and at times donate towards their education. Some educators said that at times they have to use their personal savings to support some of the poor learners to buy items such as exercise books when they get filled up. Some poor children cannot afford school uniforms and the teachers' source some for them from the pupils who have completed school. Another teacher said that at one time she had to give out a medical bill for hospital and transport cost to a sick poor girl" (Werk, 2004, p. 70).

Educators should use different techniques to help OVC to express their feelings. The development of a conversation session strategy will help learners to express their feelings. This strategy will also help teachers to detect challenges which individual children are facing in classrooms. Mthiyane (2003) states that, a conversation session will help teachers and learners to understand an individual's feelings through the exchanging of ideas and thereby bring about change in their lives. The international HIV/AIDS Alliance (2003) indicates that children often find it easier to express their feelings by using different forms of writing. For young children, drawing can help them express their feelings of loss and sadness. Wood (2008) maintains that teachers have to encourage learners to get in touch with their feelings and to be open to discuss them.

Wood (2008) contends that the learners must have journals where they can write their feelings. These journals may have drawings which illustrate ones feelings. The drawings will be useful to those learners who are not yet competent in the writing of meaningful letters, namely those learners in the lower grades. For shy children, there should be a post box where learners place their letters to their teacher. This post box will help to keep confidentiality between the teacher and the individual learner. During the time allocated for the reading of the messages the teacher and the learners can discuss the issues or

problems indicated on the scripts without identifying the writer. This will help shy learners to write or make drawings about their experiences. Poems and storytelling are also useful tools for children to express their feelings. To AIDS orphans and vulnerable children, the sharing of experiences will help them to remove feelings of isolation and reduce their anxiety and fear.

Children's basic needs must be met otherwise children would not concentrate in the class (Wood, 2008). The teachers should arrange feeding schemes for OVC who come to school without having eaten any food at home. In some schools a grandmother who cares for orphans is asked to prepare food for children at school (Lemmer and Van Wyk, 2007). The potential role for the teacher is to identify OVC in their classroom who need food support (Van Leer, 2005). The teacher may ask for donations from other stakeholders who are business owners who might feel passionate about helping. The OVC who do not have food at home are to be provided food security on weekends.

According to Bhana, Morrell, Epstein and Moletsane (2006), the multiple demands on teachers in classrooms with OVC mean that the OVC who are hungry, without equipment for learning, like pens and books cause an inconvenience in the classroom. In some cases the teacher ends up improvising or buying them exercise books. Some teachers reported that at times they have to use their own money to help some of the poor learners buy items such as exercise books when they get filled up. Some children who cannot afford school uniforms are assisted by the teachers to get uniforms. These teachers usually ask former learners to donate their uniforms to less fortunate learners (UNICEF, 2006). One of the teachers, who had learn t how to improvise, said that she would get her children's old books, cut out the unused pages and binds them together with a stapler so that they can be used by OVC (Werk, 2004, p.50).

When educators identify OVC that are difficult for them to manage alone in their classrooms, they usually refer such OVC for assistance. The support for OVC children depends on individual educator's ability to empathize with the children who encounter problems. According to Jacques (2006), orphan referrals are more successful and effective when they are made by professional members of the school (educators).

2.11 Interventions to assist AIDS orphans and vulnerable children

The following are some of the interventions to assist AIDS orphans and vulnerable children:

2.11.1 Establish sense of belonging

AIDS orphans and vulnerable children have essential need to feel associated or connected to other children, in a school context. Study reveals that learners who feel connected have a greater notch of academic confidence and intrinsic motivation. According to learners, their sense of belonging is nurtured by an educator that demonstrates openness and warmth, is enthusiastic, encourages student participation, helpful and friendly and is organized and prepared for class (Freeman 2007). If the OVC can connect positively to the school environment then he/she will see the school as home away from home. It will establish his/her sense of belonging and will increase his/her motivation and passion for learning. This can be achieved through the type of classroom environment created for such learner by the educator. Furthermore, if the vision of the school also stipulates that all learners should accept and support one another, then the sense of belonging will be established in the school environment.

2.11.2 Roles modeling (educator's role)

If the AIDS orphans and vulnerable children can identify their educator to be a positive figure and a role model, this will likely lead to resilience and enable the OVC to see relevance in the subject matter and life in general (Margolls and McCabe 2006). For example, Margolls and McCabe (2006) found that girls were more likely to cite a positive influence with an educator as a factor for becoming interested in science. In some cases one may be a role model to some learners but it is likely that you cannot connect on that level with everyone in class due to differences in gender, clothing, age, social circles and so on. However, there can be many sources of role models, such as fellow students, invited guest speakers and other peers. If the OVC can find comfort and trust in their educator as their role model then these children will be able to disclose to them some of the difficulties and challenges that they are going through.

2.11.3 Use of peer modeling/healthy relationship

According to Margolls and McCabe (2006) students can learn by watching a peer succeed in a assignment, in this context. A peer means someone who the students identifies with, not necessarily any other student. Peer may be selected from class groups as defined by gender. In most cases the OVC may have found trust in another learner whom he/she can tell anything of which they might not find such trust in their educator, especially if the educator is an authoritarian person. Educators therefore, need to encourage positive peer modeling among OVC.

Sometime then OVC tend to hang out with peers with whom they have some commonalities so that they can feel accepted and have the same motivation towards learning and school. A a result of this, it is important for educators to keep an eye on OVC at school to select right peers as some relationship may also have negative or devastating effect on the OVC. They should help their learners become involved in groups that share their values, they can also encourage them to do task with others, as working with others may be more fun and interesting compared to working alone. These include forming study groups or participating in educational clubs at school e.g. Maths or Geography clubs (Eccles, J.S., Wigfield, A & Schiefele, U. 1998).

2.11.4 The parents-teachers collaborative support

One of the major problems experienced by the educators in schools is the lack of cooperation from the parent in attending parent-teachers meeting or in the case of emergency when a particular parent is invited to school in connection with their children. The parents-teachers collaboration will undoubtedly affect the scholastic performances of the OVC in a positive and effective manner. The educator has a responsibility of informing OVC's care givers at home for example, the single parent or some immediate or extended family looking after OVC to give support to OVC by helping them with their homework, assignment and encouraging him/her to read widely until she improves on his/her problems. The involvement of parental/teacher support is another key strategy to help OVC (Dornyei and Csizer 1998). If a learner exhibits uncontrollable disruptive behavior, the educator can call parents to a meeting at school. According to Dornyei and Csizer (1998) if the parents honestly intervene in helping the child with her school work

every day before bed time, the child can end up developing a passion for her books and become great success in the long run.

2.11.5 Psycho-social support

Rendering psychosocial support is quite new and is often ignored in general early childhood development programming. This space is therefore being emphasized in the context of how best to support young adults living with AIDS. Psychosocial support is a means of increasing the capacities of young children and their caregivers to cope and to improve development. According to (Fox *et al*., 2002) psychosocial support can be defined as providing the possibility of a personal disclosure of emotions and feelings and expressions of personality combined with influencing the social environment to reintegrate affected children into their usual setting and encourage broader understanding of their specific state. Psychosocial support can build children's resilience within a wider supportive environment. Developing a supportive environment for young children is crucial especially in HIV and AIDS affected communities where children may need time and space to rebuild, restore and re-establish relationships (Fox *et al*., 2002).

Child disclosure is not just a one day thing, there must have been trust and good relationship established between the child and the counselor before disclosure can take place. Furthermore, if there is a counselor who is permanently employed for the school, he/she will be known and accepted by the OVC as a staff member of their school. This will allow the OVC to trust him/her and the counselor will be able to do prompt follow up and possibly do referrals of some of her diagnosis as regards the AIDS orphans and vulnerable children.

2.11.6 Orphanage homes/hostels

Loss of home, social isolation and increased workload may impact on current and future mental health of OVC. Children who grow up on the street without love and care of adults are at a higher risk of developing psychological problem. If the school can have a hostel or home for the OVC this will make them to concentrate in class as many of them sleep in uncompleted buildings or with people who are constantly abusing them physically, emotionally and sexually (Moletsane, 2003).

A lot of young adults that are orphaned due to AIDS grow up as street kids or in child-headed families with less income, and that hinders their possibility of attending school (Moletsane, 2003). Therefore, if the school management board can link with other stakeholders in their community to build a home for the learners right inside the school and coupled with a feeding scheme, then life will be more tolerable for the OVC and this in turn will positively affect their scholastic performances.

2.11.7 Adopt a supportive teaching style in the classroom

A supportive teaching style that allows OVC autonomy to foster increased learners interest, enjoyment, engagement and performance is desirable. Supportive educator's behaviours include organizing extra classes for OVC, listening, giving hints and encouragement, being responsive to OVC questions and disclosure, showing empathy for OVC, for example listening carefully and fully attending to their complains, as evidenced by verbal and nonverbal signals of active contingent and responsive information processing (Moletsane, 2003).

2.12 Summary

This chapter has interrogated literature on AIDS orphans and vulnerable children and has highlighted some of the barriers to schooling experienced by the learners affected by the HIV/AIDS pandemic. It must be noted that these barriers do not act in isolation to one another; they intersect with each other and the various layers of societal factors causing a ripple effect. This chapter also examined factors which cause vulnerability, HIV/AIDS in Education: implication for the school as an organization, the challenges experienced by AIDS orphans and vulnerable children, Educator's experiences, attitudes and responses towards AIDS orphans and vulnerable children and effective classroom management with AIDS orphans and vulnerable children. The main theme that emerged from all these studies was that based on educators' experiences of teaching OVC. Their attitudes would be of significance towards the success of inclusive education especially to AIDS orphans and vulnerable children. These arguments provide a strong indication of the importance of the positive state of the mind of the educators in ensuring the success of including and caring for AIDS orphans and vulnerable children. It concludes with school based intervention to assist AIDS orphans and vulnerable children. Orphanhood and

vulnerability find their cause in the whole ecosystem, and therefore, the solution for addressing issues should be located in the whole ecosystem as one level is inter-dependence on the other. Donald *et al*., (1997). This is well explained in the next chapter.

Chapter 3

THEORETICAL FRAMEWORK

"There is no trust more sacred than the one the world holds with children than ensuring that their rights are respected, their welfare is protected, that their lives are free from want and that they can grow up in peace."

Kofi Annan

3.1 Introduction

The study explores the experiences (both negative and positive) of primary school educators of teaching orphans and vulnerable learners. The theory which stands out amongst a myriad of theories which provided the theoretical framework for this study is Bronfenbrenner's ecosystemic theory. The ecosystemic perspective has evolved from a blend of ecological and systems theory (Donald, *et al*., 2002). The theory's major focus is on the interdependence and relationships between people and their physical environment. It is a theory that reflects social relations, that is, every individual needs each other for survival and social functioning. Donald *et al.* (2002) add that this development involves a continuous process of adjustment and accommodation between people and their environments. It is evident that individual growth and functioning does not simply occur in a vacuum but rather as a continuous interaction between individuals and various environmental considerations. Urie Bronfenbrenner's ecological perspective offered an intuitive lens for assimilating educators' experiences of teaching OVC in relation to HIV/AIDS pandemic.

3.2 Bronfenbrenner's ecosystemic theory

Bronfenbrenner's theory to understanding families was useful because it was inclusive of all of the systems in which families are involved and because it reflected the dynamic nature of actual family relations (Garbarino, 1992). The framework is also based on the idea of empowering educators by having an insight of their strengths and needs. Ecological theory is central to Bronfenbrenner's concern and his work is receiving increased attention in terms of the social context in which children develop. He views a child as embedded in a number of environmental systems and influences. These include schools, educators, parents, siblings, the community and neighbours, peers and friends, the

media, religion and culture. Donald, Lazarus and Lolwana (2002) argue that the social contexts can have powerful influences on a child's development.

To Bronfenbrenner, "environmental systems range from close interpersonal interaction to broad-based influences of culture in other words, his theory has been instrumental in showing how different contexts of children's lives are interconnected. Donald, Lazarus and Lolwana (2002) identified four systems namely: microsystem, mini-ecosystem, meso-ecosystem, and macro-ecosystem and recognized the importance of the connection between these systems in the environment in which the child develops. A schematic plan of the ecosystem for children, a concentric structure, is shown in Figure 1.
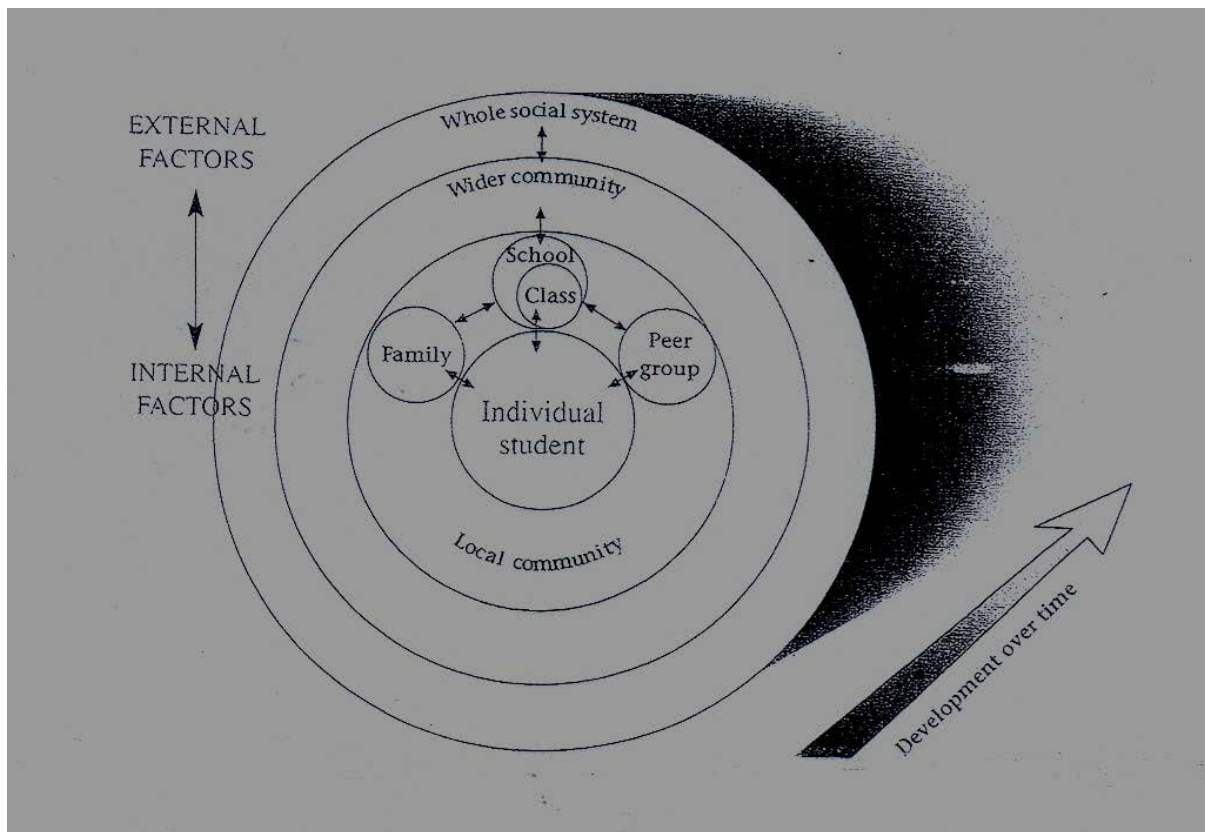

Figure 3.1: Levels of systems related to education (Donald, Lazarus and Lolwana 2002, p.47).

System theory draws attention to the relations between macro and micro levels where "the functioning of the whole is dependent on the interaction between all parts" (Donald *et al*., 2002, p. 47). For the purpose of this study, the most immediate relevance of this theory lies in developing an understanding of the school which is an institution where the educator gathers his/her experiences of teaching AIDS orphans and vulnerable children (OVC) and the relationships within, as well as between its social context to respond to challenges facing AIDS orphans and vulnerable learners. A school, for instance, is a system with different parts, consisting of the management team, the educators, learners and the curriculum. Ebersohn and Eloff (2002) concur that a strong correlation within the inherent capacities, skills and social resources found in each individual can be used to the benefit, survival and social functioning of the whole school.

The development of a child can be influenced from many sources and in many ways. They are as follows:-

Person factors: includes the individual temperamental, biological, intellectual and personality characteristics of the child and significant others (parent or educators) in the child's life, such as parents, caregivers and educators as in this study.

Process factors: includes the means of interaction that take place between individuals such as educators and the AIDS orphans and vulnerable children (OVC) which could be (supportive, destructive, informative, inclusive and power-based).

Contextual factors: includes families, communities, cultures and ideologies Time variables: takes into account changes that occur over time (Dawes and Donald, 1999).

These variables change over time as a child matures and as a result of changes in the environment. The rate of change in the environment differs but the high parental mortality is causing rapid changes. For the purpose of this study, significant others in the child's life would be his/her educators or caregiver. Contextual factors would include institutional support structures and other community support structures. The way in which child development is influenced by these proportions depends on how different people, process and contextual dimensions interact with each other and with external influences. The way in which children and key role players (the educators) understand and think about events

and circumstances is critically important in determining their impact (Dawes and Donald, 1999).

An orphaned child who is living with AIDS and being raised by other non-caring family members is going to experience a different childhood compared to the one raised by some caring family members. Also a child raised in an impoverished community is different to the one raised in a highly materialistic family in which much value is placed on possessions. Therefore, the educator as a significant person and a role model to OVC has to go the extra mile to play both the educator and parental role towards AIDS orphans and vulnerable children (OVC) in his/her classroom, His/her relationship with OVC can either have a positive or negative effect on these learners, for example by helping OVC to do their homework will definitely have a positive effect towards their academic performances and most importantly is the care and emotional support that every child needs, more especially the OVC. A value of this study is to document the distinctive ways in which these scopes intersect to influence the life experiences of the educators of teaching OVC (Bronfenbrenner, 1994).

Contextual factors are essential in defining the type of childhood experienced. A child usually lives in a household. A household lives in a neighborhood within a community. Communities in turn form sub-cultural groups within particular socio-political systems. Political and cultural systems adopt particular ideologies about how to raise and value children. Each of these systems consists of a collection of activities and resources that exist within definable social and physical boundaries. Each has a purpose and regulates social exchanges. Each also has roles, rules and power relations which determine activities and the use of resources (Bronfenbrenner, 1994).

To elaborate, the ecological systems model as conceptualized by Bronfenhrenner (1994) involves the following: (1) the individual level, termed the microsystem., which comprises the roles and characteristics of a developing individual (OVC); (2) the immediate social environment, termed the mesosystem, the social systems with which the developing person (OVC) interacts, such as the family, the school system, educators, the neighborhood, and the church; (3) the social environment which exerts an influence on the individual (OVC) but without the individual's (OVC) direct interaction, termed the

exosystem; and (4) the macro level, the broader social environment, such as the socioeconomic level within which an individual (OVC) is nested and the various cultural influences which might exert an influence.

A social ecological model of child development is similar to environmental models of ecology. In an ecological model, each organism in a river system supports and maintains other organisms. As long as there is balance in the system, it is mutually beneficial to all to live in it. Interfering with one aspect, however, could damage or kill off the entire system. The social ecology of childhood involves many and varied factors, some of which are temporary and will pass, while others are more enduring. Child development can be influenced in many ways and from many sources (Donald, Lazarus and Lolwana, 2002).

Critically important are the contextual factors which consist of five systems. As pointed out by Killian (2004) each has a purpose and regulates social changes. Each also has rules, roles and power relations which determine activities and the use of resources (Fraser, 1997). Every layer of society (health practitioners, policy makers, health, educators and members of civil society) has a role to play in increasing the chances of vulnerable children developing into competent, caring and confident citizens. In all aspects of any child's life there are processes and systems that constitute an understanding of child development in a community; referred to as the social ecology of child development (Killian, 2004). These five systems and the relationships between them are: microsystems, mesosystems, exosystems, macrosystems and chronosystems (Bronfenbrenner, 1979).

 Microsystem. It consists of a pattern of activities, roles and interactions experienced by children in their immediate environment; Paquette and Ryan (2001, p.2) demonstrate that "micro system encompasses the relationships and interactions a child has with her immediate surroundings." For example, the interactions that develops between a child and a parent, sibling or educator. Bronfenbrenner (1994) demonstrated that it is these face-to-face interactions between young adult and other people that are most influential in shaping stable aspects of development, since they are likely to develop into repetitive and predictable patterns. When they are young, there is a possibility that their major

microsystems will be found within their household. As they grow up, peers and school are likely to become significant. But what constitutes a family for OVC? The structure of the family has been re-constituted in the context of orphanhood (Bronfenbrenner, 1986).

Therefore, relationships with significant others for example educators, may either promote or restrict development and adaptation. Bronfenbrenner (1994) emphasized that it is the way a child perceives these relationships that is crucial. Supportive microsystems for example between the child and the educator or care giver can facilitate optimal development. Such microsystems are characterized by a network of enduring and caring relationships. Conversely high risk microsystems are characterized by a lack of mutually rewarding relationships and the presence of destructive interactions. For example, where a family's focus is primarily on caring for someone who is sick, the chances are high that the children will feel neglected or of secondary importance (Garbarino and Ganzel, 2000). This study raises the question of the kinds of relationships that exist between children and caregivers, who may not be family members, for example the educators.

Mesosystem. It consists of the connections that exist between two or more microsystems in which the child plays an active role. The mesosystem consists of sets of micosystems and the interrelationships between them. Here Bronfenbrenner (1994) refers to this as "the relations between home and school, school and workplace… In other words, a mesosystem is a system of micrsoystems." This is how educators and a child's family member communicate for the development of the child. For instance, if the educator, the class teacher in particular, is in good relationship with the parents, the child will therefore feel at ease and his development occurs without being hindered as microsystem and mesosystem work collaboratively. Examples of mesosystems include relationships between families and schools, OVC and educators, and between OVC and their community members.

It is vital for OVC in school to have several positive relationships between their families and others, especially their educators. In the absence of significant generations, namely the parental generation, this research study queries the possibilities for positive connections in this system. A helpful mesosystem has a number of resilient, positive connections that can counterbalance the negative influence of other aspects of children's lives. For example, a

learner's father may be very ill and dying and that makes the learner to become vulnerable but the learner's close relationship with his caring educator together with a shared faith in God and commitment to their church-going community may provide an emotional haven (Garbarino & Ganzel, 2000). Therefore positive connection between the OVC and the educator on this mesosystem level will yield resilience and enable the OVC to experience positive academic performances.

Exosystem. This includes those settings that influence children's development but in which they do not play an active role. This level according to Paquette and Ryan (2001, p.2) is "the larger social system which OVC does not function directly… The child may not be directly involved at this level, but he does feel the positive or the negative force involved with the interaction with his own system." An example of an exosystem could be unpleasant work environment of the caregiver or the educator as role player to OVC or a weak health care system which is unable to provide sufficient medication and increases the hopelessness experienced by the families of the ill patient.

Another example is the service conditions of caregivers at their place of employment that influence the development of the child, for example if the care giver or the educator is over burdened with many cases of OVC or he/she is alcohol dependent which makes him/her to receive warning letters at work for some misconduct, or if these significant others (caregiver or the educators) in OVC's life is also sick and dying, then this significant others will indirectly extend their stress towards OVC. Therefore, exosystems are likely to become particularly important in the context of OVC. (Lachman, Poblete, Ebigbo, Nyandiya- Bundy and Bundy, 2002).

Macrosystem. This is the cultural "blueprint" for any given society; the combinations of ideological and institutional systems that characterize a particular culture or sub-culture. Bronfenbrenner (1994, p.40) explains that macrosystem "consists of the overarching pattern of micro-, meso- and exosystems characteristic of a given culture…or subculture, with particular reference to the belief systems." Paquette and Ryan (2001) point out that in this layer, if the belief of the culture is that parents should take responsibility for raising their children, as a result their ability or inability would affect the child's microsystem. The macrosystem dictates OVC's place in society. Each community has a specific cultural

history that includes various traditional practices, rituals and beliefs pertaining to OVC. The schooling system where the educators' experiences of teaching of OVC also forms part of the macrosystem. A country's economic and welfare policy and legislative framework also forms part of the macrosystem. South Africa, for example is a signatory to the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. These documents prescribe how children are legally defined, prioritized and treated within the South African context (UNICEF, 1989).

Chronosystem. This is the final layer and Paquette and Ryan (2001) demonstrate that "elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the ageing of a child." They further point out that when children get older, they may act differently according to the environmental changes. Paquette and Ryan (2001) show that "changes or conflict in any one of the layers will ripple throughout other layers." It is therefore clear that in order for a child to develop holistically, there must be coherent interaction within the levels.

The chronosystem reflects the cultural and historical changes that change all of the person, process and contextual variables. The historical features may contain both relatively stable elements such as family/school structures and conceptions of childhood as well as disruptions created by loss of parents, educators negative influences, economic depression, political changes etc.. The impact of this changing world in children has been exacerbated by high parental mortality which makes them vulnerable (Bronfenbrenner, 1997).

In terms of this study, the ecological model is suitable because OVC does not exist in isolation but in relationship with a number of other sub-systems within the environment, for example the relationship between OVC and educators, OVC and peers, OVC and family, OVC and community. When a parent or educator (if the educator is now the one playing the father figure) is sick, this will have a negative impact on the child because all the basic needs and support of this child may be inadequate or completely absent. The model is however limited in that it identifies what factors and relationships are necessary for the optimal development of the child but does not question what causes the absence or presence of these factors, nor does it investigate into the dynamics of power that allows certain factors to succeed.

The ecological model takes cognizance of the reciprocity and the mutually reinforcing influences of families and the larger socio-political, economic and cultural systems that surround them. Whilst the draft National Family Policy (2005) pays cursory attention to the impact of environmental factors on family life, it stresses that "the family is a powerful agent for political, economic, cultural and social change". Sewpaul (2005) however argues that families are also subject to the powerful influences of socio-political, cultural and economic factors.

3.3 Summary

Conclusively, from this theory we realised that each layer of Bronfenbrenner's ecological model (micro system, mesosystem, exosystem and macrosystem) interacts with the other. If one layer is negatively affected, the entire system will be affected as a result and hinders the human development of the child (OVC) who is involved in the system. For instance, the loss of parent especially due to HIV/AIDS means that the child's microsystem is affected as a result; this will influence the other four sequential layers. This means it would be very hard for this learner to cope with microsystem as well as other levels. His life is affected emotionally, physically, academically and spiritually as there would be no one at home who comforts the child when there is a need. No one guides and encourages him to see the world in a positive way. It is therefore the school which can act as a supportive family towards such learners, to give them courage out of the 'here and now' situation which seems to be miserable and doomed. It is only the educators who can build hope out of the learners' negative thoughts by providing pastoral care, meaning showing love, empathy and parenting (Jacques, 2006).

Therefore, if the relationship between the educator and the OVC is cordial, as microsystem consists of a pattern of activities, roles and interactions experienced by children in their immediate environment; as Paquette and Ryan (2001, p.2) demonstrate that "micro system encompasses the interactions and relationships a child has with her immediate surroundings." For example the interactions that develop between an AIDS orphan and the educator, if it is constructive it will definitely boost the morale of the OVC to continue his/her studies and to embrace a radiant future. Also the mesosystem consists of sets of micosystems and the interrelationships between them. Here Bronfenbrenner

(1994, p.40) refers to this as "the relations between home and school, in other words, a mesosystem is a system of micrsoystems." This is how educators and the child's family member communicate for the development of the child. For instance, if the educator, the class teacher in particular, is in good relationship with the child's parents/relatives, the child will therefore, feel at ease and his development occurs without being hindered as microsystem and mesosystem work collaboratively, because according to Brenfrenner's exosystem, the child may not be directly involved at this level, but he does feel the positive or the negative force involved with the interaction with his own system. So the positive and constructive inspiration from the educator's work place will definitely affect OVC in a positive way. The chronosystem, according to Paquette and Ryan (2001, p.1) shows that "changes or conflict in any one of the layers will ripple throughout other layers." For example if the educator in the mesosystem is having a negative influence on the child it means the child's microsystem, mesosystem, macrosystem and chronosystem will be negatively affected. It is therefore clear that in order for an educator to help the child to develop holistically, there must be coherent, positive and constructive interaction within all the levels.

Chapter 4

RESEARCH DESIGN AND METHODOLOGY

Though there is menace, yet there is method! We shall not cease from exploration, and at the end of all our exploring will be to arrive where we started and to know the place for the first time.

T.S. Elliot

4.1 Introduction

This chapter will discuss the research design and methodology and consists of four sections, namely: An explanation on the research paradigm engaged in this study is presented, an exposition on the methodological approach of this study, the plans for data collection and data analysis.

The research questions guiding the study are:

1. What are the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC)?

2. How can primary school educators be equipped to deal with challenges of teaching AIDS orphans and vulnerable children in their classroom?

The aims of the research is therefore, to investigate the experiences of the primary school educators of teaching AIDS orphans and vulnerable children (OVC), also to see how these educators can be well equipped to respond to the challenges of teaching AIDS orphans and vulnerable children in their classrooms.

4.2 Research design

4.2.1 Introduction

This research study adopted a qualitative, descriptive and interpretive approach (Mouton, 2002) to investigate the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC).

4.2.2 The qualitative research approach

This research study is a qualitative study designed to produce data relating to the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC). Creswell (2000) suggests that a qualitative study assumes numerous contextual realities, which are, identifying the world as a highly subjective phenomenon and a function of personal interaction and perception. In qualitative research, the researcher tries to understand a particular social situation or event through on-going interaction.

Creswell (2000) further proposes that this entails immersion in the everyday life of the setting. The verdict to employ this particular research design was, amongst other appropriate considerations, based on the following; the data are collected from people immersed in the setting of everyday life in which the study is framed. Events can only be adequately understood if they are seen in context, that is, a qualitative researcher collects words (text) and images (pictures) about the central phenomenon. The qualitative researcher gathers detailed information through multiple, usually interactive methods.

As Creswell (2000) explains, data are mediated through human instrument, rather than through inventories, questionnaires or machines. The whole process of qualitative research is to construct a detailed description of social reality and attends to the experience as a whole, not as separate variables. The unit of analysis is also holistic, concentrating on the relationship between elements and contexts (De Vos, 2002). The aim of the research is therefore, to understand a unified experience. The whole is always more than the sum of its parts.

The qualitative research approach is hereby closely related to and well-matched with the ecosystemic framework employed in conducting the study. Qualitative research adopts a holistic approach whereby the assumption exists that the context is critical and essential for understanding a particular situation. This further allows for evaluating circumstances from the perspective of participants in the situation and conceptualising individuals as active agents in constructing and making sense of realities that they encounter (Ferreira, 1990).

4.3 Nature of study: Phenomenological

The research strategy employed is that of phenomenology. Earlier in this study I should have giving a definition of my understanding of phenomenological research more prudently. The kind of research I am stating is what Schweitzer (2002, p.1) describes as "what's it like for them" type of studies. As De Vos et al. (2005) explain, a phenomenological study attempts to understand people's perceptions, perspectives and understanding of a particular situation. It allows the participants to reconstruct the details of their experiences within the context in which it occurs.

This fundamentally constructivist component has substantial implications, paramount of which is the fact that the research participants' embeddedness in cultural, political and historical contexts is an integral component of the enquiry. Perhaps the most distinguishing feature of the phenomenological approach is the fact that it focuses on describing the essence of the subjective experience. In Tesch's (1990, p. 65) words, phenomenology as a strategy refers to "mapping the qualitatively different ways in which people, conceptualise, understand, perceive and experience various aspects of, and phenomenon in the world around them." In other words, the value of a phenomenological approach is measured by its powers to let us understand ourselves, and understand the lives of those for whom we bear pedagogical responsibility (Tesch, 1990).

 I regard the phenomenological approach as suitable for my study, as I understand the educators especially those working with AIDS orphans and vulnerable children (OVC) as the experts who hold the key to understanding and insight into the ways of responding to issues of OVC. In other words, the phenomenological approach allows the educators' experiences to speak for themselves; which I as researcher try to understand as the essential structure of the lived experiences of the research participants. When trying to distinguish the phenomenological approach from other qualitative approaches such as case study and participatory research, also largely situated in an interpretive orientation, it is expedient to focus on its unique features. Of these, the most significant, according to O'Donoqhue and Punch (2003) are:

Essence: the focus is on the core meaning of an individual experience (what is essential/necessary not secondary). Bracketing/epoche: this is seen to be the essential attitude of the phenomenologist. This refers to the suspension of beliefs so that the phenomenon can be fully focused upon and understood. For the epoche to take place 'natural' attitudes must be bracketed or suspended, taken-for-granted assumptions and presuppositions about the phenomenon temporarily suspended (O'Donoqhue and Punch, 2003). It is however notable that, humanly, it is not possible to be completely unbiased and to bracket one's own natural attitude, but by being more aware of this process, it is possible to try to control it (O'Donoqhue and Punch, 2003).

An acknowledgement that research participants' 'reality' is not directly accessible to the researcher, and that the researcher's focus is on neither the phenomenon nor participants, but rather on the 'dialogue' of individuals with their contexts. The focus is on 'lived experience', the world we experience in everyday living (as the primary task of phenomenology). Related to the lived-world is the concept "horizon" which refers to the context in which one experiences things, people or feelings (Stewart and Mickunas, 1990). The implication is that any research phenomenon needs to be understood within its particular horizon context.

An insistence on description, rather than interpretation; while there is a thin and even contestable line between these (description and interpretation) the drive to stay with description until a holistic picture of the issue emerges is fundamental to a phenomenological approach (Van der Mescht, 2004). It embraces the notion of bracketing and works against the tendency to make early judgment calls based on pre-conceived notions.

With these guidelines in place, I found the phenomenological approach useful, given the aims of this study, because it offers descriptive, reflective and engagement modes of inquiry into the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC).

The qualitative approach used in this study was therefore a defined process of enquiry that draws data from the context in which events occur. Typically, qualitative methods produce

a wealth of comprehensive and multifaceted information. Attempts to describe these occurrences, and determine the process in which events are embedded and the perspectives of those participating in the events, require inductive reasoning. Inductive reasoning helps to derive explanations based on the observed phenomena (Tesch, 1990). Due to the nature of qualitative research whereby experiences of a phenomenon such as responses to OVC in two rural primary schools are explored and recorded by the researcher for further analysis, the critical aspect of trustworthiness was required. This involves dependability, credibility, neutrality and fairness of procedure and process.

4.3.1 Interpretive paradigm

This study was guided by the interpretive paradigm because this paradigm emphasizes experiences and interpretations of people. According to Henning (2009), interpretive research is mainly concerned with meaning and seeks to understand people's definitions and understanding of circumstances. Moreover, the interpretive research is time and context dependent as interpretations depend on when they are made and the context in which they are made (Biggam, 2008). The crucial assumption of this paradigm is that reality is socially constructed as individuals develop subjective meanings of their own personal experiences and give out own interpretation about the phenomena and this gives way to multiple meaning (Biggam, 2008, Bloomberg and Volpe, 2008).

Correspondingly, the accurate description of educators' experiences of teaching AIDS orphans and vulnerable children is in the same view with Scott and Morrison (2006) as they affirm that all educational research needs to be grounded in people's experience. For interpretivists reality is not 'out there' as a combination of external phenomena waiting to be uncovered as a 'fact' but it is a construct in which people construe reality in different ways (Scott and Morrison, 2006). Thus, my role and purpose as a researcher in this study, is to investigate the experiences of the primary school educators of teaching AIDS orphans and vulnerable children (OVC). The compositional structure of the design therefore, is anchored in and guided by the interpretivist paradigm.

4.4 Methodology

This qualitative study ultimately investigates the experiences of the primary school educators of teaching orphans and vulnerable children in two rural schools in KwaZulu-

Natal. It also sought to understand what resources (especially local and immediate) the educators draw on to tackled the issues of AIDS orphans and vulnerable children in their classroom.

According to Scott and Morrison, (2005) methodology refers to the theory of getting knowledge through the use of the best ways, methods or procedures. They also viewed methodology as a set of ideas about the relationship between phenomena of how the researchers gain knowledge in the research context and why (Scott and Morrison, 2005). The "why" question is critical since it is through a methodological understanding that researchers and readers of the research are provided with a rationale to explain the reason for using specific strategies and methods in order to construct, collect and develop particular kinds of knowledge (Scott and Morrison, 2005; Henning, 2004).

This study methodologically employs a qualitative approach. In qualitative research there are multiple realities which can be constructed and interpreted by individuals' interactions within their context (Cohen, Manion and Morrison, 2007, Bloomberg and Volpe, 2008). The qualitative approach therefore assisted the researcher in gathering in-depth information from the teachers on their experiences of teaching AIDS orphans and vulnerable children (OVC).

Additionally, Biggam (2008) contends that qualitative research is linked to in-depth exploratory studies because things are studied in their natural setting, attempting to make sense of, or interpret phenomena in terms of the meaning people bring to them. "The intent of qualitative research is to examine a social situation or interaction by allowing the researcher to enter the world of the other and attempt to achieve a holistic, rather than reductionist understanding" (Bloomberg and Volpe, 2008, p.80).

The researcher will use thematic analysis to analyze data in this study.

4.4.1 Methods of data collection and Analysis

Methods of data collection in research are ways and techniques used during the process of data production and analysis. Cohen, *et al*., (2007) define research methods as specific research procedures that are used to collect and analyse data. It is the responsibility of the researcher to select and choose methods that he or she thinks will provide him or her with

rich and appropriate data. For this study, I chose interviews as the method of data collection and thematic analysis was used as a method to analyse the data obtained, more about thematic analysis will be discussed under data analysis.

Interviews

In this study of exploring the primary school educators' experiences of teaching AIDS and vulnerable children (OVC), interviews were used as the primary data collection strategy. According to Nieuwenhuis (2007), qualitative researchers use methods such as interviews to generate data and that the qualitative interview is a research method considered to be a way of learning about people's thoughts, feelings and experiences. Kumar (2005) contends that interviews are person to person interactions between two or more individuals with a specific purpose in mind. Interviewing is a basic and generally old mode of inquiry which has been used for years by people to narrate and tell stories about their experiences. The aim of this study is to explore the primary school educators' experiences of teaching AIDS orphans and vulnerable children (OVC). Therefore, this method of data collection was utilised as an appropriate method of data collection for this study.

There are different types of interviews namely: structured interviews, unstructured interviews and semi-structured interviews. In this study, semi-structured interviews are used as a method of data collection. According to Kumar (2005) a semi-structured interview is an in-depth interview whereby a researcher enters the interview with a number of pre-planned questions in mind. They further maintain that semi-structured interviews are rather formal and consist of a series of questions designed to elicit specific answers from respondents. In this study, to ensure manageability of the inquiry, six interview questions were posed. Kumar (2005) contend that a dexterous researcher learns to start with non-threatening questions to put a participant at ease, in order for anyone to become a competent qualitative researcher, the researcher must establish an atmosphere of cooperation, trust and mutual respect if she or he has to obtain accurate information.

During interviews I tried to sort out questions in such a way that I started with questions which were not sensitive and that would not be difficult for participants to answer and did

not need much thinking. Open-ended questions are preferable than close-ended questions as they allow the respondent to answer in his or her own words (Cohen, *et al.,* 2007).

Hence I used open-ended questions for my interviews. The voice recorder was used during interview sessions and later the interviews were transcribed in order to change the information into textual data. Hoepft (1997) and Terre Blanche and Durrheim (2002) assert that recording has the advantage of capturing data more faithfully than hurriedly written notes and can make it easier for the researcher to focus on the interview. Before recording the interview the researcher asked permission from the participants to tape record the discussions. After transcription of tape recorded interviews, the researcher read the transcribed interviews with the participants to confirm whether what is transcribed is what they said during interviews.

Sampling

Gay, Mills and Airasian (2011) describe qualitative sampling as the procedure of selecting a small number of individuals for a study in such a way that individuals will be good participants who will contribute to the researcher's understanding of a given phenomenon. He further upholds that a relatively small number of participants selected can provide the researcher with a sufficiently high degree of probability and true reflection of the sampling population. The semi-structured interviews were conducted with a purposive sample. According to Cohen, *et al*., (2007) purposive sampling is a type of sampling whereby the researcher chooses a sample that is easy to reach. To this effect, four educators were chosen from two urban primary schools within the Pinetown District area of KZN. The two schools selected comprise of one senior primary school and the other school is a lower primary school. These educators provided the researcher with rich information on their experiences of teaching AIDS orphans and vulnerable children (OVC) in their classroom.

Educators' profile School A and B

Educators	Profile	School A		
Educators names	*Sex*	*Highest qualification*	*Teaching experience*	*Position*
Educator A	Female	B.Ed. Hons.	21yrs	Deputy Principal
Educator B	Female	B.Ed. Hons.	17yrs	HOD
Educators	**profile**	**School B**		
Educators name	*Sex*	*Highest qualification*	*Teaching experience*	*position*
Educator C	Female	B.Ed. Hons.	11yrs	HOD
Educator D	Female	B.Ed.	4yrs	Educator

4.5. Research sites

A brief narrative on the schools selected in this study as well as their participants is furnished.

School A: (Senior Primary School)

This Primary School is owned by the Roman Catholic Church. It is situated in a semi-rural area of Pinetown District of KZN. The school offers from grade 5 to 7 with children of age 10-16 years. The school roll is 480 learners. There are 15 educators; most of them have a B.Ed. in Education. It is a good performing school scoring between 72-92 % in the Primary School Examination (PSE). There are 10 classrooms to accommodate all learners. Most of the children who attend this school are vulnerable as they stay with parents who are jobless; some parents are alcoholic and others are alcohol dependent. There are also those children who are vulnerable because they are orphans staying in child headed households or shelter.

School B: (Lower Primary School)

This Primary School was established by the Roman Catholic Church, the school is located in the semi-rural area of Pinetown district of KZN. It offers from grade R to grade 4 with learners of ages 5 to 14 years. This school is located close to a level 1 hospital, the Catholic Church seminary and the orphanage home that shelters most of the learners in this school. The school roll this year is 1 013 learners. The context of children attending this school is similar to that of school A. About one quarter of these learners are orphaned children and while 70% are vulnerable children staying with jobless parents, child headed family or drug abused parents. There are 25 educators who are permanently employed; the highest qualification of most of them is B.Ed. (Hons). The teacher pupil ratio is 1:50+. The school building consists of 11 classrooms which are overcrowded because of large numbers of learners who are grouped together (2 groups of learners in 1 classroom).

4.6 Data Analysis

The researcher used thematic analysis to analysee data collection, reason been that the focus of the study is on educators' "experiences", which according to Guest, Mac Queen and Namey (2011) thematic analysis employs a phenomenological approach to data analysis which has a primary aim of describing the experiences of research participants, its content-driven, inductive and search for themes within the textual data.

Furthermore, I used thematic analysis to analyse the raw data collected from the interviews because of the meaning accorded the data collected both from what participant has said and from how researcher interpreted it. This is in the same view with Willig (2013) thematic analysis can focus on different types of meaning; these can be manifest meanings (reflecting the explicit contents of what a research participant has said) or latent meanings (e.g. reflecting the interpretation the researcher has made of what has been said by a participant) and this suggests that thematic analysis can adopt an 'empathic' or a suspicious approach to data collection.

Hence, the clarity about the research questions and its purpose will help the researcher to choose the most appropriate approach to his thematic analysis. Therefore, the analysis of

data for this study: exploring the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC) will be based on thematic analysis.

4.7 Ethical issues

Ethical issues are always important when doing any research. According to Reardon (2006) ethical standards must be maintained by researchers. At the heart of ethics in research is the notion of beneficence and non-maleficence (Cohen, *et al*. 2007). Beneficence refers to the extent to which the researched or participants are going to benefit by participating in the study. The non-maleficence principle states that no harm of any kind should occur to participants, and the researcher must take all necessary steps to prevent or minimize harm that may be caused to participants (Cohen, *et al.* 2007). The other ethical issues that must be observed when doing research include informed consent by the participants, voluntary participation and the right to withdraw from the study at any stage by participants. Anonymity of the participants and confidentiality of the content of the discussion between the researched and the researcher must be observed.

For this study, the researcher applied for ethical clearance from the University of KwaZulu-Natal. Ethical clearance for this study was granted (see Annexure B). Permission to conduct research at schools was also sought from the Department of Education. Firstly, a letter was directed to the District Director, in the Pinetown District, asking for permission to conduct the study in schools under his control. Permission was granted (see Annexure A). Secondly, letters were sent to the two principals of the selected schools, asking for permission to conduct the study at their schools (see Annexure c). Lastly, letters were also sent to the educators asking for their participation in the study. The participants had the right to agree to participate or to refuse permission.

I explained to each participant the purpose of the study. To ensure acceptance of their participation in the study, each participant signed a consent form as evidence of agreement (see Annexure E). All these processes were completed a few days prior to the research interview. Before and throughout the data elicitation process, the researcher ensured the confidentiality of the names of the schools and participants. The use of pseudonyms was employed where there was a need for the mentioning of names.

4.7.1 Trustworthiness

Trustworthiness is viewed by Creswell (1994) as more than just a set of procedures but rather involves a personal belief that shapes the procedures in process. Lincoln & Guba (1989) discuss establishing quality criteria such as 'trustworthiness' and 'authenticity' as viable stances on the question of validity and reliability. Qualitative researchers have no single position or agreement on addressing traditional topics such as validity and reliability in qualitative studies. The epistemological assumption of qualitative research is based on minimizing the distance between the researcher and the informants. With this in mind, Creswell's (1994) strategy to ensure trustworthiness of qualitative research was therefore applied, which ensured rigor of the qualitative investigation. Qualitative researchers establish the trustworthiness of their findings by demonstrating that they are credible, dependable, confirmable and transferable. How these four criteria were applied in this study are outlined below.

4.7.2 Credibility

This part establishes whether the researcher's conclusions stem from the data. Maree (2007) asserts that the researcher strives to produce findings that are believable and convincing. That is, credibility is established if participants agree with the constructions and interpretations of the researcher. Several strategies to enhance credibility in research include these: data-gathering procedures are explained, data are presented transparently, and negative instances are reported (no exaggeration) "presenting negative or inconsistent findings add to the credibility of the study" (Maree, 2007, p. 297). Biases are acknowledged, the relationship between claims and supporting evidence is clearly expressed and procedures are used to check the quality of the research.

In order to establish credibility of the study of exploring primary school educators' experiences of teaching AIDS orphans and vulnerable children, I first visited the 2 schools so that I can familiarize myself with the school environment. Miles and Huberman (1994) also suggest that good qualitative research includes familiarity with the phenomenon and the setting under study. Other key notions I used to ensure credibility included field notes, the use of audio tape recording during data collection, and my supervisor acting as an

independent co-coder. Findings and analysis were also discussed with my supervisor to have a coherent set of findings linked with the theory and the literature reviewed.

Furthermore, in the second phase of data collection, preliminary findings were submitted and discussed with the participants in order to restrain the possibilities of me imposing my own ideas on the data. Asking participants to check how their own comments have been interpreted is also commonly used to advance credibility (Conrad and Serlin, 2006). I have accordingly referenced all the sources used in this study and included the annexures of transcripts and interview guides used during the data collection.

4.7.3 Dependability

This is the alternative to reliability in which the researcher attempts to account for changing conditions in the phenomenon chosen for the study. Dependability refers to whether one can track the process and procedures used to collect and interpret data (Bloomberg and Volpe, 2008). This assumption of an unchanging world is in contrast to the qualitative assumption that the social world is always being constructed (De Vos *et al*., 2005). Similarly, Conrad and Serlin (2006, p. 416) state that "there is no unchanging universe where pure replication is possible and desirable."

For this reason, in order to establish dependability, I confirmed that the study includes clear research questions, an explicit explanation of the research design and analysis based on Tesch's (1990) analytical procedures. Importantly, I took cognizance of the ethical concerns in qualitative research (De Vos *et al*., 2005), obtaining ethical clearance from the university and informed consent from the schools and all the participants. I maintained anonymity and confidentiality throughout the study and the reporting of the findings. I therefore used pseudonyms such as School A and School B when referring to the schools which participated in this study and the names used for the participating educators are also fictitious.

4.7.4 Confirmability

This refers to the degree to which the findings and conclusions depend on the participants more than on the researcher. Lincoln and Guba (1989) note that findings should reflect the participants and inquiry itself and not a 'fabrication' from the biases and prejudices of the

researcher and stress the need to ask if the findings of the research could be established by another. By so doing, they remove evaluation from the researcher's inherent characteristics, biases, motivation and pre-conceived ideas and place the findings "squarely" on the data themselves (De Vos *et al*., 2002, p.347).

Miles and Huberman (1994) conclude that confirmability is relative neutrality – thus the researcher should adopt a stance of neutrality with regard to the phenomenon under scrutiny. Again, drawing on Lincoln and Guba (1989), in essence confirmability depends on: Having a 'devil's advocate' to critically question one's interpretation, developing themes and to search for negative instances and alternative instances, developing a second set of 'judgment-free' notes before developing categories and conducting an audit of data collection and analysis strategies.

In this study I tried to hold a neutral viewpoint and implemented analysis without a tendency to manipulate data. Adapting to orders on the trustworthiness in this study, I ensured that the presentation and the discussion of the findings reveal the participants' description of the phenomenon explored in the study. This was achieved by using the following techniques: spending time reading the transcriptions made from the audio tape recordings and matching patterns by considering conclusion in terms of predictions from the theory and the relevant literature studied (Conrad and Serlin, 2006). Once again, in order to lessen my biasness, I had a discussion about analysis with my supervisor and findings of the research were finalised afterward.

4.7.5 Transferability

Finally, transferability refers to the fit or match between the research context and other similar contexts as judged by the reader (Bloomberg and Volpe, 2008). In addition, Scott and Morrison (2005) view transferability as how well the study has made it possible for the reader to decide whether a similar process will work in their own setting and communities by understanding in-depth how they occur at the researcher's site. To address issues of transferability, I also provided an interview schedule used in the study that other researchers can use, if they choose to repeat as closely as possible, the procedures of this study. Transferability captures the traditional concept of generalisability. As this study involved qualitative research conducted in a natural setting, with a minimal degree of

controlling variables, the capacity to generalize was therefore irrelevant, as each situation is unique in terms of participants, age, context and mood, and was thus less open to generalisation.

According to Bloomberg and Volpe, (2008), the only way in which to establish transferability is to create is, providing sufficiently dense description of the findings such that the reader can assess the transferability of the case and apply it to his/her own circumstance. They also underscore the importance of using a theoretical framework to organize data and demonstrating how data analysis will be guided by concepts or certain models. Accordingly, it is necessary to include a complete description of the methodology including the literature related to the phenomenon being studied.

In the context of this study, the distinguishing characteristics of transferability were addressed through the process of sample selection, whereby the participants were purposely selected. I discussed the literature in relation to OVC, mostly to the educators' response to these children. Specific policies which set guidelines for educators to address issues of AIDS orphans and vulnerable children also formed part of the literature. Subsequently, the theoretical framework, i.e. the ecosystemic was sufficiently described as well as the ways in which data were guided by this theory (Conrad & Serlin, 2006). Additionally, a solid description of the findings has been provided, with exact quotes from the participants. Finally, I have provided a statement as to how the findings could be explored further. Miles and Huberman (1994) add that the extent to which others can apply the conclusions, implications and recommendations of a study is also a measure of its transferability. I hence, intentionally provided detailed information on the methodology, literature review, analysis and findings to help the reader in ascertaining whether the study could be sufficiently related to be relevant to his/her own situation.

4.8 Limitation of the study

The limitations of the study refer to an exposure to the conditions that may weaken the study (Bloomberg and Volpe, 2008). Careful thought has been given to ways of accounting for these limitations and ways of minimizing their impact. Bloomberg and Volpe (2008) assert that it is common with all qualitative studies, that results cannot be generalized since qualitative studies aim at in-depth understanding of the phenomenon

under the study rather than the generalizability of results. This was the case with this study. The researcher's aim was not to generalise but rather to gain an in-depth understanding of the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC).

4.9 Summary

This chapter provided a comprehensive description of this study, research design and methodology. The qualitative approach was employed. Individual semi-structured interviews were used as the method of data generation. The sample was made up of four purposefully selected educators from two schools. An account on ethical issues and trustworthiness of the data was also presented. In the next chapter the data analysis, findings coupled with discussion of the data are presented.

Chapter 5

Data Analysis, Findings and Discussions

"When we fail to provide children with what they need to build a strong foundation for healthy and productive lives, we put our future prosperity and security at risk"
(Harvard University, Department of Child Development).

5.1 Introduction

The previous chapter defined the research design and methodology engaged in this study. This chapter therefore, presents the results of the study. The experiences of the primary school educators are described in specific themes as they developed from my analysis of the transcribed data. The findings are presented with direct quotations from the voices of the participants, and are integrated with literature that was reviewed in Chapter Three of this study and contextualised within Southern Africa.

5.2 Results

Responding to the first research question, What are the experiences of the primary school educators of teaching AIDS orphans and vulnerable children (OVC)? The thematic analysis of the interview with the educators produces three main themes which were appropriate to the study and common to the participants' experiences (Tesch, 1990). (See Figure 5.1)

Responding to the second research question, how can the primary school educators be equipped to deal with the challenges of teaching AIDS orphans and vulnerable children in their classroom? An analysis of the resources they drew upon and intend accessing in the future, emerged and produces one main theme which is also founded on the appropriateness to this study. This analysis is shown in a resources list of support that will help them find their way out. (See Figure 5.2)

- ➢ Educators' views on AIDS OVC

- ➢ Educators' experiences of AIDS OVC

- ➢ Educators' competence to help OVC

- ➢ The role of the school

Figure 5.1 Educators' responses to AIDS (OVC)

5.3 Discussion of results

In this segment of the chapter, firstly, the two main themes which emerged from the inductive data analysis of the educators' interview at their different schools will be discussed. Secondly, I will discuss the list of the resources that emerged when the four educators during their individual interview, responded to the second research question.

5.3.1 Educators' views on AIDS (OVC)

The four educators gave different views on AIDS orphans and vulnerable children (OVC), but the common sentiments being their view on AIDS (OVC) as children who are living with AIDS and have lost their parent(s), living with sick parent(s) or care giver or living with family members or those who are struggling to survive on their own. This is in same view with Whiteside and Sunter, (2000) as they define orphans and vulnerable children as "children who are compromised as a result of the illness or death of an adult who contributed to the care and/or financial support of the child. Most of the definitions that the educators gave revolve around chronology thus:

"They are children living with HIV, from poor social employment background, from deceased parents, not getting good grants from government, some are those whose parents are sick and dying and they are also those who are experiencing negative emotions" (Educator A)

Almost in same view with the above, Educator B stated thus:

"When there is no both parents, they are children coming from home where there is no one working to adequately support the children and they are the needy children" (Educator B)

Nonetheless, some responses were very optimistic and descriptive as they depicted OVC as the physical signs they see on them, thus:

They are those children with strange behaviors... they look so unhappy, tired, sick, yawning and sleepy (Educator C)

Educator A specifies more on their appearance and the stories they tell, as she stated thus:

"OVC are those learners who are untidy in dressing, late coming late to school and are noted for absenteeism due to their ill-health, they are those children who will tell you that, sometimes they don't get food from their relatives that they stay with and if they ask for food they will be beaten up terribly with bruises all over their body" (Educator A)

From the above educators' view on AIDS (OVC), all the participants specified that the easiest way to identify and view OVC is through their appearance, complain for food and some strange behavior that they do manifest. The above words of the participants indicate that these educators employed various ways to view and identifying OVC in the classroom. Van Leer (2005) points out that, the key to support OVC is potential for the teachers to identify OVC in their classroom.

The strategies used by the teachers to identify OVC are supported by Jacques (2006). He indicates that such children may be observed to be poorly dressed, malnourished, anxious, chronically tired. They can be easily identified because of their appearance that makes them different from other children who are not vulnerable. This is further confirmed by Robson and Sylvester (2007, p.266) in their study conducted in Zambia where participant teachers reported that "orphans are often badly dressed, psychologically and emotionally traumatized due to lack of parental love and vulnerable children are physically abused".

Alternative way to view and identify OVC in the classroom is through their non-completion of homework. This is due to the lack of parental support for OVC in their learning. This might have the effect of reducing the OVC's interest in learning. Thus their

academic work would be negatively affected. Khanare (2009) contends that, children who lack homework support may develop a low motivation for learning. Additionally, Van Wyk and Lemmer (2009) affirm that children who are aware that their parents are interested in their school work, experience emotional stability and security, are better able to adjust to school, and better able to overcome obstacles. This is what is not possible for OVC because they do not have any parent to assist them.

In a different view, Werk (2004) in a study carried out in Kenya found that some of the OVC were treated as labour workers by their guardians. They are made to perform family chores before coming to school. Some of OVC are forced because of poverty to engage in work. This causes them to be late or to absent themselves from school. Similarly, Oleke, Blystad, Fylkesnes and Tumwine (2007) in their study found that, on a regular basis, one orphaned school boy used to be late for school or even absent. When teachers questioned the boy as to why he was always late for school or sometimes absent from school, the boy informed the teachers that before coming to school he had to cultivate the neighbours' gardens in exchange for food as he was the eldest in the family. These are the challenges and ordeals of the OVC as they got no parent to support them.

The issues of vulnerability need to be understood in relation to problems of poverty. Ebersohn and Eloff (2002), Gould and Huber cited in Moletsane (2003), Leach (2002) and Whiteside (2000) emphasize the impact of the identified OVC-poverty relationship. According to Jacque (2006), hungry children cannot concentrate in class. Not being able to concentrate is a serious impediment to the learning process.

5.3.2 Educators' experiences of AIDS (OVC)
Based on the data collected from all the educators during their interview, it is established that they all have different experiences of teaching AIDS (OVC) in their classrooms as some of these experiences are negative while others are positive. Therefore, the educators' experiences of teaching AIDS orphans and vulnerable children were grouped into the following sub themes that developed from the data: *Negative experiences and positive experiences.*

5.3.2.1 Negative experiences

Some of the educators that were interviewed in this study find it so challenging to teach AIDS (OVC) as some of them responded thus:

> *"Some OVC in my class always vent their anger on other innocent children in the class as a way to ease themselves of any pressure from home, to this effect I ensure that I make all the learners aware that every child in the classroom has to be respected. No one has the right to bully another. I laid the rules that if anyone breaks that rules, such learner should be reported to me"*. (Educator C)

In same view with the above response, Educator A stated thus:

> *"Whenever the OVC especially the AIDS orphans are bulling another child in the class I don't judge them equally I must confess, because I am always taking sides and feeling sorry for the OVC even when I know they are wrong to hit other learners. I will rather talk to the OVC softly because I understand why the child was behaving the way he did, as I see them as my children and this experience is very bad for me as it puts me in an awkward position because the other innocent child that was been bullied will see me as not being fair to him/her in my decision"*. (Educator D)

Many of the OVC children are psychologically affected as a result of dying and loss of parent, abuses, abandonment etc. therefore, they vent their anger and frustration on other innocent learners. The children thus deserve a safe, nurturing and democratic learning environment where they can learn in an atmosphere of endurance, respect, gentleness and trust (Henchey, 2007).

Some of the educators do established classroom guidelines and rules on how learners should treat each other. Developing rules help the teacher to avoid learners being hostile and destructive (Eaude, 2006). Further, this makes children aware of the expected standard of behaviour in the classroom. Among some teachers there is the focus on mutual respect among children. Wood (2008, p. 186) points out that in order for OVC to feel and accept that they are safe; teachers' encourage learners to show respect and listen to each other".

Some educators' negative experiences is based on how OVC's parent/guardian are abusing these children at home and their refusal to attend parent-teacher meeting to discuss issues that concerns OVC as they stated thus:

> *"In most cases when we realized that OVC has been physically abused by their relatives or caregivers and we send letters from the school to invite the caregiver or parent of the abused child to school so that the ill-treatment of the OVC can be discussed and make them realize the implications of doing that to a child but they don't honour the school invitation"* (Educator A)

5.3.2.2 Positive experiences

Despite many negative experiences of the educators of teaching OVC, there are some educators who stated some positive experiences. As regards the issue of hunger in which many of the OVC attend class on empty stomach without food, some of the participants highlighted on their personal plans to support these children in the area of food supply for them, as they stated thus:

> *"Most of the time I shared my lunch with the few OVC that are hungry in my classroom and I enjoy doing that as I know God will reward me for that. There are times I use my personal money to buy them bread to take home (Especially the few ones in my class). Also we encourage some children from stable homes who got more than enough food for themselves to share with the OVC and surprisingly, they do this cheerfully and willingly"*. (Educator B)

Educator B further expresses how she goes the extra-mile to support OVC as she stated thus:

> *"Because there are some of these children who come to school in turned uniforms, and without learning materials, I therefore, support the AIDS orphans and vulnerable children (OVC) by encouraging some people in the community or my church to donate clothes and money to support these children, sometimes these money that is donated are used to buy uniforms and learning materials for the most needy among the OVC"* (Educator B)

Educator A reveals her professional support for OVC as she stated thus:

> *"Because I was a professional care giver before I became an educator I therefore, find it fulfilling and rewarding to assist the OVC with their basic needs like food especially those who are living with AIDS to encourage and assist them to take their ARVS to boost their immune system as some of them don't have any responsible adult at home to help them with their medication"*. (Educator A)

Educator C explained how she always involves and make sure that the OVC are well served with food during feeding time, as she stated thus:

> *"since our school is involved in a feeding scheme I always ensure that during serving-time these children receive enough food and also package take away for some of them so that they can have something to eat when they get home as some of them don't have anyone to cook for them because they are staying with very sick people, while some are in child headed home"*. (Educator C)

This reveals that some of the educators have accepted these children as their children and treat them specially and softly as one educator said she sees herself has their parent, as she is aware that some of the OVC lack parental love, care and direction in their lives. This exhibits that some educators do go the extra-mile to be both educators and parent to OVC.

Educator A pointed out that:

> *"When these kids start showing some disruptive behaviour firstly, I ensure that I inform my colleague about it to seek their opinion as some of them have dealt with such behavior in the past and in a situation where there is no progress, then I will speak to the principal or vice principal so that the child's parent /guardian can be contacted before referrals"*. (Educator A)

The educators do take some initiative in handling the disruptive behaviors shown by OVC. They chose to work in collegiality with other colleagues in order to help OVC solve their disruptive behavior (Steyn and van Niekerk, 2007). Collaborative discussion is one of the key factors in a democratic school environment. This enables the educators to seek advice from colleagues in other to part find solution to the OVC disruptive behaviour.

Therefore, in any vocation people can get reliable advice from the people of that same vocation because they might have experienced the same problem before and overcame it, in the same vein, the reliable advice from other educators who teach OVC would help the other naïve educators to effectively and efficiently resolve and path find solution to OVC disruptive behaviours. Elbaz-Luwich (2010) confirms the above by stating that professional communities in teaching are an influential source of support that that would produce significant insight and contribution over time to the development of their teaching, the system will be helpful especially to a newly employed educator with little experiences of teaching OVC.

Educators having OVC in their classrooms should know that leading of classrooms are not only concerned with the cognitive development of learners, rather, it should also implement the holistic approach to children's development. Further, according to Maslow's hierarchy of needs theory, if the physiological needs (in this case the nutritive needs of children is not met), the satisfaction of higher order needs such as self-esteem and self-actualization needs will not be met (Steyn & van Niekerk, 2007). In this case the educators are expected to see their vocation more as a calling than just a profession, which will definitely stretch them to go the extra-mile in meeting the needs of OVC.

5.3.4 Educators' competence to help OVC
Talking with these educators shows that while some educators are going the extra-mile to help the AIDS orphans and vulnerable children (OVC) overcome their ordeals, there are some who do not know what to do due to incompetence, as they stay stated thus:

"I assist OVC in their homework because I see it as my responsibility to do so, after the class I spend some extra hours to share my expertise with them as I know they got no one at home to help them".(Educator C)

On a contrary, Educator D reveals her lack of competences in handling OVC's disruptive behaviour as she stated thus:

"I don't know what to do nor how to handle the disruptive behaviours shown by OVC, I get so nervous and confused because I'm so new in this teaching profession and I got no training as counselor". (Educator D)

In a case study conducted in Zimbabwe, Kendall and O'Gara (2007) assert that teachers felt that they are generally overwhelmed and unable to address the needs of OVC in their classrooms. Furthermore, some teachers are of the view that they have not been trained to deal with the problems that OVC encounter and consequently feel "out of their depth" in handling such problems in the classroom.

5.3.5 School supportive role

In response to the second research question, How can primary school educators be equipped to deal with the challenges of teaching AIDS orphans and vulnerable children in their classroom? A list of various supports needed was mentioned to show on which resources they drew and will employ to help them address the issues of OVC in their schools. The participants mentioned and illustrated the nature and extent of the challenges, resources and potential resources in the community.

Below is the resources list envisaged by the educators to put them in a better position to help OVC:

➢ Engaging the services of other professionals

➢ Employment of school resident counselor who has experience on counseling.

➢ We need to be well paid, well trained and supported

➢ Collaboration with other stake holders in the community

➢ Feeding scheme should be continuous and regular

Figure 5.2 support list

Most the educators gave their different views on how the school can play a supportive role as they stated:

Educator B's view is more of professional support as she stated thus:

> "The school needs to support the educators by engaging the services of other professionals such as; psychologist, medical experts and social workers to work in collaboration with the educators so that the educators' burden can be lessened and

the OVC can be effectively and holistically catered for, as there are some of these learners that manifest some emotional disruptive behavior, some are very sick as a result of the infection because their CD4 counts is very low, while others are showing fixed emotions in the classroom, some even manifest behaviors which are beyond our managing capability as educators." (Educator B)

Also in the same view with educator B on professional support for educators, Educator D gave a lengthen statement as she stated thus:

"The school needs to employ more staff to work with OVC, especially, Life Orientation educator to assist the OVC as we believe that such educators has been trained to understand some issues that concerns OVC more than a an ordinary educator who majored in mathematics. Furthermore, the school should also employ a permanent school counselor who got training and experience in counseling. As much as I would have loved to help these children, but unfortunately, as I said earlier, I don't have any counseling experiences and this make it difficult and impossible for me to help these children when they start showing those disruptive behaviors, since these professionals only visit the school once in a while, this will make it difficult for the OVC to disclose to a stranger that he/she sees just for the first time, but if the counselor is permanently employed, it will be easier for us to send those children to them whenever they start showing those disruptive signs and it will also enable the children to trust and disclose their issues to the resident counselor as it is not easy for the children to just trust and disclose to a visiting counselor for they will see him/her as a stranger. Another supportive role of the school to the educators (especially some of us who have OVC in our classroom) will be to send some of us for counseling training course, so that it will be easier to work with AIDS orphans and vulnerable children". (Educator D)

Educator B again added that they need to be well paid for this enormous task of teaching OVC as she stated:

"We need to be well paid, well trained and supported to do this enormous task of teaching OVC, because we go out of our way to care for AIDS orphans and

vulnerable children by spending our own money to care for OVC. Therefore,we need to be well paid and supported because our wellbeing will affect our teaching performances positively and also OVC scholastic performances will improve because when I'm happy doing what I'm doing, definitely, I will bring the best out of that thing vice-versa". (Educator B)

Educator C responses on school support for educators is on a perspective of the school collaborating with some stakeholder in the community to work together with educators so that the OVC in their classroom will be taken care of holistically, as she stated thus:

"It is impossible for us an educator to meet all the basic needs of AIDS (OVC), therefore, in others for the educators to be supported to overcome some challenges that we encountered for having OVC in our classroom then collaboration with other stake holders in the community will be of high recommendation and priority". (Educator C)

When Educator C was asked to mention those stakeholders in the community to collaborate with? She then replied thus:

"The stake holder in the community to collaborate with should include religious leaders i.e. pastors, as they will really help these kids spiritually and prayerfully to know that there is a God who loves them, moreover, the prayers of these priest will continually be reviving the AIDS orphans and vulnerable children's soul and delivering them from all impending dangers and sicknesses, also the police needs to come and instill some fear on the bullies among them and more importantly is the collaboration with the parent/caregivers of OVC because the working together of educator and caregivers will put us both (educators and caregivers) in a better position to understand and render holistic care to the AIDS orphans and vulnerable children". (Educator C)

On a different note Educator D stated thus:

"The principal's initiative of the feeding scheme should be continuous and regular to reduce unnecessary burden on the educators, the school should look for donors and sponsors like Shoprite, Pick n Pay and Gem to donate food for the feeding

scheme and school uniform for OVC as we are in the rural area of Pinetown where most children in the school are from poor homes and also vulnerable". (Educator A)

The teachers should arrange feeding schemes for OVC who come to school without having eaten any food at home. In some schools a grandmother who cares for orphans is asked to prepare food for children at school (Buthelezi, 2008 and Lemmer & Van Wyk, 2007). The potential role for the teacher is to identify OVC in their classroom who need some sort of support (Van Leer, 2005). This support could be emotional, spiritual or supply of food, clothing, writing materials and homework support.

Therefore, the educators should be more transformational in their classroom facilitation. Furthermore, the educators need to create structures and networks that promote character building and create experiences in which the child can succeed (Wood, 2008). Teachers, through creative classroom management strategies, can play a fundamental role in the integration of OVC with other children in order to transform them.

The management of classrooms with OVC places a need for teachers to create an allowing classroom environment that would address OVC's needs. Teachers need to create an environment wherein OVC would feel loved, secure and valued because they do not receive such support at home (Wood, 2008).

Other services could be psycho-social support services as mentioned by the educators. Educators must assist OVC with psychosocial and physical support and if needs be, also refer the OVC to other sectors for professional help. The children who do not receive psychosocial support to fulfill all their basic needs may suffer long-term social and emotional impairment (Van Dyk, 2008).

5.4 Summary

This chapter has carefully and logically presented the data obtained from the semi-structured interviews under themes and sub-themes which were obtained after subjecting the data to thematic analysis. These themes includes; educators experiences, which is divided into sub-theme of negative experiences and positive experiences, Educators' competences to help OVC and School's supportive role, these characterize noticeable

subsystems within an ecosystemic evaluation and explanation of responses to AIDS orphans and vulnerable children OVC within these primary schools in Pinetown district of KZN in South Africa. A further discussion of the data was presented under each sub-theme by using related literature and the theoretical frameworks. In the next chapter, the main conclusions of this study are presented and certain pertinent recommendations are made. Effective connections between various stakeholders would generate a reservoir of workable resources that would enable primary school educators to respond better to the challenges of having AIDS orphans and vulnerable children in their classroom. The value of this study is to document the distinctive ways in which these scopes intersect to influence the life experiences of the educators of teaching OVC (Bronfenbrenner, 1995).

Chapter 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

"In serving the best interests of children, we serve the best interests of all humanity."

Carol Bellamy

6.1 Introduction

This study has shown that the primary school educators have different experiences as regards teaching OVC and despite their academic qualifications to teach these learners, their responses indicated that they are still limited in some capacities and short of what is required by the national policies to address and render excellent care and support to the issues that surround OVC, especially the AIDS orphans in their classroom. Knowing that most of these children have been negatively affected by the HIV/AIDS pandemic, therefore the educators' role to provide quality care for OVC is inevitable as they see these children almost every day. According to Ebersohn & Eloff, (2006a) if we acknowledge that HIV and AIDS affect people and particularly, children in different ways, schools' daily contact with children means that schools have the necessary skills and human resources to make various strategies work (Ebersohn & Eloff, 2006a).

This study aimed at exploring the primary school educators' experiences of teaching AIDS orphans and vulnerable children (OVC). Secondly, since the educators alone cannot be able to provide adequate care for AIDS orphans in their classroom, the study therefore, explored the school supportive role to the educators to enable them overcome the challenges of having OVC in their classroom. The previous Chapter discusses the analysis and findings of the data, while this Chapter concludes the study and proposes recommendations in response to what emerged out of the exploration.

6.2 Summary of findings

This study was guided by two key research questions:

1. What are the experiences of primary school educators of teaching AIDS orphans and vulnerable children (OVC)?

2. How can primary school educators be equipped to deal with the challenges of teaching AIDS orphans and vulnerable children in their classroom?

This study has explored primary school educators' experiences of teaching AIDS orphans and vulnerable children (OVC). The first chapter outlined the background of the study and the problem statement brought by high level of parental death in Sub-Saharan African due to the HIV and AIDS pandemic, which has led to the rising number of AIDS orphaned children in schools and child-headed households and this is becoming a challenge to the educators and putting teaching and learning excellence in Sub Saharan African schools on a high risk as the numbers of orphaned and vulnerable children (OVC) increases in the classroom (Govender, 2004; Hepburn, 2002). The inspiration for the study derives from the literature, where I discovered that research has been conducted on the support for OVC internationally and the educators' experiences of teaching OVC, unfortunately, I discovered that the studies in Africa focus less on primary school educators' experiences of teaching OVC. Furthermore, from reviewed literature there was no indication of any study conducted in Pinetown district of KZN concerning educators' experiences of teaching AIDS orphans and vulnerable children (OVC).

I therefore, found it well-meaning to focus on educators' experiences of teaching orphans and vulnerable children. In Chapter Two, I reviewed literature from both national and international authors which are related to the critical questions of this study. In chapter three the theoretical framework for this study which is bronfrebrener's ecosystemic theory was stated. In chapter four the methodology used in this study was outlined. This study is a qualitative study, underpinned by the interpretive paradigm. A semi-structured interview was the instrument employed to derive the data for this study. Four educators were selected from two primary schools, for the interviews which comprises of two educators from each school. This interview method enabled me to gain profound insight into educators' experiences of teaching AIDS orphans and vulnerable children (OVC). The data instrument further enabled me to probe more profoundly into understanding the educators' experiences of teaching OVC. In Chapter Five I presented the analysis, findings and discussion of the collected data. The data was arranged thematically. Therefore, from the findings, the following conclusions can be established.

The following inferences were reached regarding the themes discussed in the last chapter:

6.3.1 Experiences

In response to the challenges faced by the educators of teaching OVC in these two schools, some educators expressed positive experiences while other educators' experiences were completely negative. Which leads to two sub-themes as follows: *negative experiences and positive experiences* as discussed in the last chapter

6.3.1.1 Positive experience

Few of the participants in this study have mentioned that their experiences of teaching AIDS orphans and vulnerable children has been positive and fulfilling as one of them was a trained care giver before she became an educator. This therefore, made it easier for her to render adequate care and support for OVC. There are others who spend their personal money to support the OVC in their classroom. Certain educators especially those who are teaching in disadvantaged communities are concerned about the needs of OVC, therefore go the extra mile in taking care of such learners by providing basic needs such as food and clothes (Theron, 2008).

Some of these educators are really trying their best as one of them stated how she goes all out to her church and ask people to donate clothe and money to cater for OVC basic needs like school uniforms and learning materials. The inappropriate appearance of learners can make them develop a sense of inferiority complex; this sense of inferiority can contribute to the development of a negative self-concept in the child (Ruto, Chege and Wawire 2009).

Ruto, Chege and Wawire (2009) further contend that when a child does not have a uniform to wear or wears a worn uniform, that child is labeled as a child from a poor family background. This labeling may have a considerable psychological bearing on children. In this study, the teachers seem to be aware of this and consequently they do manage such circumstances in their classrooms by being transformational and innovative in their thinking.

Furthermore, most of these educators improvised and take reasonable initiatives to care and support the orphans and vulnerable children in their classroom whom they have

identified and experienced as showing some needs or disruptive behaviours. Collaboration with other staff members was evident as one of the techniques utilized by some of these educators to help solving OVC disruptive behaviours. The school principal plays a major role in helping some of these educators to respond to the challenges that they are faced with in having OVC in their classroom, especially the new and inexperienced educators as some of these challenges are too difficult for them to handle.

6.3.1.2 Negative experiences

There are some of these difficulties experienced by these educators that could not be resolved easily, for example with the case of abusive or irresponsible parent/guardian who did not respond to the educator's invitation to the school in order to seek their opinion, listen to their views or to resolve a pressing issue that concerns the OVC. This in turn makes the educators to be vulnerable and helpless but with the assistance of the school principal few parents were contacted and necessary referrals were made on behalf of the OVC. It is evident that in their experiences of dealing with AIDS orphans and vulnerable children (OVC), that primary school educators need constant and effective support from various stake holders (the department of education, the communities, both profit and non-profit organization, the parents/guardians, peers of OVC etc.) to effectively teach and provide adequate care for orphans and vulnerable children in their classroom. Therefore, the primary school educators need to be well equipped and constantly supported to deal with the challenges that result from having orphans and vulnerable children in their classroom?

Other issue that contributed to their negative experiences is OVC constantly complain for food as many of them travelled to school on empty stomached as this will affect their concentration span in the classroom, and sometimes lead them to be violent and bully other learners, as *a hungry man is an angry man*. Other educators expressed their negative experiences as their inability to handle disruptive behaviors shown by OVC.

Schools are places where all children should be protected and nurtured, but extreme conditions exist for OVC (Drew, Makufa & Foster; Kelly, 2001) and the complexities of these issues make it difficult for the school to effectively provide sufficient support to the AIDS orphaned learners.

6.3.2 Educators' competence to help OVC

Lack of necessary skills to cater for OVC is a major challenge encountered by the educators; majority of these educators accepted their lack of competence as a barrier in providing holistic care for OVC. Kendall and O'Gara (2007, p.13) affirm that "educators are of the opinion that they had not received the training they needed to address the emotional needs and specialized behavioral of the OVC". The educators teaching AIDS orphans and vulnerable children need not only to be academically qualified as a teacher but also as qualified care giver so as to render holistic support for OVC. Therefore, educators' training on how to care for OVC will not only improve their teaching style but will also improve the OVC scholastic performances and wellbeing.

6.3.3 School supportive role

In this study, the capacity of the educators has led them to re-conceptualise the challenges they are faced with for having OVC in their classroom as a broader development focus. The support list depicts the participants' responses, based on collaboration to use available resources more effectively. Realising the fact that the school alone cannot adequately and effectively care and support AIDS orphans and vulnerable children (OVC) (DoE, 2003). Each educator from these two schools identified available resources in the school, and the wider communities. Furthermore, one of the educators highlighted on the employment of Life Orientation educator to assist the OVC as they believed that such educators have been trained to understand some issues that concern OVC more than an ordinary educator who majored in mathematics. Taking a closer glimpse on the Curriculum 2005, then as a Revised National Curriculum, Life Orientation contributes towards the holistic development of all children (Prinsloo, 2007). Therefore, employment of qualified staff that are trained to handle the challenges of OVC will be an added advantage and a great relief to these educators.

6.4 Recommendations

Based on the findings of the study, I therefore, make the following recommendations:

There must be adequate support from the school community to those educators who teach AIDS orphans and vulnerable children (OVC) in their classroom. The support could be financially, as some of them use their personal money to cater for the needs of some OVC in their classroom, because the educators' wellbeing will positively affect their teaching performances.

Educators training on handling the challenges of AIDS orphans and vulnerable children (OVC) in the classrooms should be included in the educator's training curriculum. Most of the participants were not trained as counselors and that makes them not fit to work with vulnerable learners like AIDS orphans. Adequate training to handle the issues of OVC will be an added advantage on the part of the educators to carry out their vocation effectively.

There must be special seminars organized by the Department of Education (DoE) for the primary school educators, especially the life orientation educators and those who are having AIDS orphans and vulnerable children (OVC) in their classroom where they will be equipped with appropriate skills in counseling and guarding OVC.

The Department of Education in collaboration with school management board should award bursary and grants for AIDS orphans and vulnerable children (OVC) as the majority of them, if not all of them, are coming from poor family set up, as a way of alleviating poverty facing OVC. This will also reduce the financial burden on the educators who goes out of their way to make OVC's life comfortable.

School should work on some strategies to bring parent and teachers together to discuss the issues of OVC either by organising a dinner party for the parents/guardians of AIDS orphans and vulnerable children (OVC) whereby the parent/guardians of the OVC can be encouraged to participate in the affairs of their children in the school.

The government should support the primary school (especially where there are many AIDS OVC with enough finance whereby feeding scheme will be regularly done as some

of them comes to school on an empty stomach which leads to lack of concentration and sickness in the classroom and this makes teaching more difficult for the educators.

The school should encourage collaboration among school staff and with other stakeholder in the larger community such as; religious leaders, nurses, psychologist, staff from other schools in order to reduce the burden experienced by the educators teaching OVC.

Finally, more educators should be employed especially those who have been trained to handle the crisis of AIDS and vulnerable children (OVC) as the number of OVC in the classroom is escalating. If there are more trained staff who can work with OVC not only will life be better for the OVC but also the other educators will be able to focus on other learners and this will definitely reduce their heavy burdens of having OVC in the classroom.

6.5 Recommendations for further study

This research has only investigated the experiences of the primary school educators of teaching AIDS orphans and vulnerable children (OVC) in two primary schools (both in a semi-urban area). I therefore recommend that a larger scale research be carried out using various research methods on the experiences of the educators of teaching AIDS orphans and vulnerable children (OVC). This will enable the obtainment of more profound and in-depth information regarding the various challenges experienced by the educators in teaching AIDS orphans and vulnerable children.

6.6 Conclusions

The success of any responses must be supported by strong commitment to such responses; therefore, effective support for educators to overcome the challenges they are faced with in having AIDS orphans and vulnerable children in their classroom must be seen as a central part of school provisioning, and the school needs to draw on all 'stakeholders' in their effort to equip the educators so as to respond positively to the issues of AIDS orphaned and vulnerable learners. Collaboration is a key factor both in the school community among educators and also in the wider community that involves other stake holders, which has the potential to create a synergistic effort. Mainstreaming the issues of

OVC in the whole school programme should be seen as a necessity as these children are born citizens before they become orphaned and vulnerable by HIV and AIDS.

Educators are aware of the impact of AIDS orphans and vulnerable children (OVC) in the school context. From a theoretical perspective, the educators understand OVC and have gone extra-miles to sort out some of the basic issues that surround AIDS orphans and vulnerable children (OVC) in their classroom, by drawing on their personal resources coupled with collaborating with other stakeholders. However, lack of relevant experience and adequate training to handle the issues of OVC that they are faced with in the classroom has made them to be helpless and that has been a major impediment and concern for most of the educators. De Lange and Stuart (2008) and Bhana, et al. (2004) observe that teachers sometimes lack the skills necessary for addressing learners' problems. This leads to the teachers experiencing stress and a sense of helplessness as they are unable to support OVC who experience problems that might hinder their success in learning. This is summed up by one participant's comment:

"I don't know what to do nor how to handle the disruptive behaviors shown by OVC, I get so nervous and confused because I'm so new in this teaching profession and I got no training as counselor". (Educator D)

Based on the above words of educator D, I am of the opinion that any educator bestowed with the responsibility of teaching OVC must have adequate and proper training to be able to render holistic care and support to AIDS OVC.

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ANNEXTURE A

Application for Permission to Conduct Research in KwaZulu Natal Department of Education Institutions

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1. Applicants Details

Title: Prof / Dr / Rev / Mr / Mrs / Miss / Ms   Surname: __KING_____

Name(s) Of Applicant(s): _Adesoji O.O._____   Email: sojiking2000@yahoo.com_

   Tel No: _0745649171   Fax: _____   Cell: __0745649171__

Postal Address: P.O.BOX 61392 Bishopsgate_4008___

_____

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2. **Proposed Research Title: _Exploring primary school educators experiences of teaching AIDS Orphans and Vulnerable Children (OVC)_____**

   _____

   _____

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3. Have you applied for permission to conduct this research or any other research within the KZN. DoE institutions? | **Yes** |

If "yes", please state reference Number: _____

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4. Is the proposed research part of a tertiary qualification? | **Yes** |

If "yes"
Name of tertiary institution: __UKZN_____

Faculty and or School: _____Education_____

Qualification: _____Masters_____

Name of Supervisor: Henry Muribwathoho   Supervisors Signature_____

 If "no", state purpose of research: _____

_____

Annexure B
Ethical Clearance

Annexure C

INTERVIEW SCHEDULE
EDUCATORS

You are kindly requested to participate in a 15-20 minutes interview as part of a Master study which is looking into Educators experiences in Schools. The title of the study is: "Experiences of the primary school educators of teaching orphans and vulnerable children in Pinetown district of KwaZulu-Natal Province". The purpose of the interview is to gather information relevant to educators' experiences of teaching AIDS orphans and vulnerable children. The assumption is that when the educators are well equipped and exposed to means of relevant intervention services, then they will be able to effectively deal with the challenges that result from having orphans and vulnerable children in their classroom. Therefore the overall objective of this interview is to gather information on the implementation of psychological and other forms of intervention strategies for the educators' total wellbeing to facilitate the holistic development of the OVC.

The information being sought by interview is with regard to primary school educators' experiences of teaching AIDS OVC as outlined above. The information is for research purpose only. Confidentiality of information will be observed and respondents are not asked to identify themselves by names. Please provide as much accurate information as possible in response to the questions below.

With your permission, I would like to audio-record our conversation so that I don't miss any important information you give me. I undertake to keep the interview data confidential. Only myself and my Masters' supervisor will have access to it and when the Master is completed, the data will be stored securely for 5 years, after which it will be destroyed or deleted. (IF THE PERSON AGREES, THEN MAKE SURE TAPE IS ON RECORD)

Part One – Biographical Information
1. School and Biographical information: Before you start the interview, fill in the following information yourself (ask for clarification where necessary)

1.1	**School Name**				
1.2	**Gender/Sex**	Male		Female	
1.3	**Race**	African	Indian	White	Coloured
1.4	**Teaching Experience (Yrs)**				
1.5	**Qualifications (Highest)**	Diploma	B.Ed	B.Ed(hons)	M.Ed /PhD

START INTERVIEW:

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1. Professional Information
   a. How long have you been a teacher?
   b. How long have you been teaching at this school?
   c. What are your qualifications?
   d. What is your position in the school?
   e. How long have you held this position?

Part Two – Experiences of teaching orphans and vulnerable children

2. What is your view or definition of AIDS OVC?

3. What are your experiences of teaching orphans and vulnerable children?

4. For how long have you been teaching such children?

5. Do you think that teaching them is different from any other children?

6. Why is that the case?

7. What are some of the challenges you experienced in teaching such children?

8. Do you think that you are competent to assist these children with emotional support?

9. Provide a reason for your answer.

10. What are some of the AIDS OVC issues that require intervention services in your school?

11. What kinds of services are needed? i.e. social work, psychological, HIV/AIDS counseling, pastoral services, community services.

12. In your view, does your school provide adequate care for OVC?

13. If so, explain. If not, what barriers do you face in the provision of these services?
   a. What do you think is needed to address these barriers?
   b. Who should provide the resources needed?

14. Do you think that OVC' wellbeing influence their academic performance? Give a reason for your answer.

Thank you!

Annexure D

LETTER TO SCHOOL PRINCIPAL
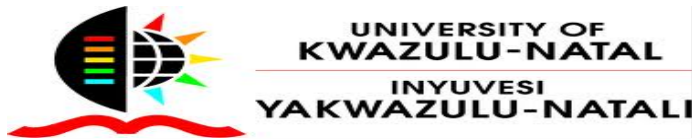
<div align="right">

Department of Education Psychology

University Of Kwazulu- Natal Edgewood

Corner of Richmond/Marian hill Rd.

Pinetown X03 Ashwood 3605.

</div>

The principal

…………………………….

Dear Sir

LETTER OF PERMISSION TO CONDUCT REASERCH IN YOUR SCHOOL

This serves to inform you that Mr. AOO King is a registered student at the University of KwaZulu-Natal pursuing a Master of Education degree in Educational Psychology. He is currently doing a research study focusing on orphans and vulnerable children for which he would interview 4 educators. Mr. King has chosen to work with two schools, one lower primary and the other a senior primary school. He will be interviewing 2 educators from each of the two chosen schools.

I would appreciate it as his supervisor if you can afford him an opportunity to work with some educators in your school. He has sent an application to the provincial education department and he is awaiting their approval. Please do not hesitate to contact me if there is any more information you need. My contacts: Mr Henry Muribwathoho, Tel: (031) 260-7011 or 0826712126. In advance, I would like to thank you for your assistance.

N.B. Please kindly sign below with the school stamp to show that you allow Mr. King to conduct his research on educators' experiences of teaching   AIDS orphans and vulnerable children (OVC) in your school.

Principal's signature……………………….   School stamp

Annexure E

Letter to Educators

Educator A

Department of Education Psychology

University Of Kwazulu- Natal Edgewood

Corner of Richmond/Marian hill Rd.

Pinetown X03 Ashwood 3605.

Letter to Educator A

You are kindly requested to participate in a 15-20 minutes interview as part of a Master study which is looking into Educators experiences in Schools. The title of the study is: "Experiences of the primary school educators of teaching orphans and vulnerable children in Pinetown district are of KwaZulu-Natal Province". The purpose of the interview is to gather information relevant to educators' experiences of teaching AIDS orphans and vulnerable children, the assumption is that when the educators are well equipped and exposed to means of relevant intervention services, then they will be able to effectively deal with the challenges that result from having orphans and vulnerable children in their classroom. Therefore the overall objective of this interview is to gather information on the implementation of psychological and other forms of intervention strategies for the educators' total wellbeing to facilitate the holistic development of the OVC.

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With your permission, I would like to audio-record our conversation so that I don't miss any important information you give me. I undertake to keep the interview data confidential. Only myself and my Masters' supervisor will have access to it and when the Master is completed, the data will be stored securely for 5 years, after which it will be destroyed or deleted. (IF YOU AGREE, PLS. SIGN BELOW)

Educator A Signature……………………

Educator B

Department of Education Psychology

University Of Kwazulu- Natal Edgewood

Corner of Richmond/Marian hill Rd.

Pinetown X03 Ashwood 3605.

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Educator B Signature………………………

Educator C

Department of Education Psychology

University Of Kwazulu- Natal Edgewood

Corner of Richmond/Marian hill Rd.

Pinetown X03 Ashwood 3605.

Letter to Educator

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With your permission, I would like <u>to audio-record our conversation</u> so that I don't miss any important information you give me. I undertake to keep the interview data confidential. Only myself and my Masters' supervisor will have access to it and when the Master is completed, the data will be stored securely for 5 years, after which it will be destroyed or deleted. (<u>IF YOU AGREE, PLS. SIGN BELOW)</u>

Educator C Signature………………………

Educator D

Department of Education Psychology

University Of Kwazulu- Natal Edgewood

Corner of Richmond/Marian hill Rd.

Pinetown X03 Ashwood 3605.

Letter to Educator

You are kindly requested to participate in a 15-20 minutes interview as part of a Master study which is looking into Educators experiences in Schools. The title of the study is: "Experiences of the primary school educators of teaching orphans and vulnerable children in Pinetown district are of KwaZulu-Natal Province". The purpose of the interview is to gather information relevant to educators' experiences of teaching AIDS orphans and vulnerable children, the assumption is that when the educators are well equipped and exposed to means of relevant intervention services, then they will be able to effectively deal with the challenges that result from having orphans and vulnerable children in their classroom. Therefore the overall objective of this interview is to gather information on the implementation of psychological and other forms of intervention strategies for the educators' total wellbeing to facilitate the holistic development of the OVC

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Educator D Signature………………………

Annexure F

TRANSCRIPTION OF DATA

Educators' views on AIDS (OVC)

The four educators gave different views on AIDS orphans and vulnerable children (OVC), but the common sentiments being their view on AIDS (OVC) has children who are living with AIDS and has lost their parent(s), living with sick parent(s) or care giver or living with family members or those who are struggling to survive on their own. This is in same view with Whiteside and most of the definitions that the educators gave revolve around chronology thus:

"They are children living with HIV, from poor social employment background, from deceased parents, not getting good grants from government, some are those whose parents are sick and dying and there are also those who are experiencing negative emotions" **(Educator A).**

Almost in same view with the above, Educator B stated thus:

"When there is no both parents, they are children coming from home where there is no one working to adequately support the children and they are the needy children" **(Educator B).**

Nonetheless, some responses were very optimistic and descriptive as they depicted OVC as the physical signs they see on them, thus:

They are those children with strange behaviours… they look so unhappy, tired, sick, yawning and sleepy **(Educator C).**

Educator A specifies more on their appearance and the stories they tell, as she stated thus:

"OVC are those learners who are untidy in dressing, late coming late to school and are noted for absenteeism due to their ill-health, they are those children who will tell you that, sometimes they don't get food from their relatives that they stay with and if they ask for food they will be beaten up terribly with bruises all over their body" **(Educator A)**

The strategies used by the teachers to identify OVC are supported by Jacques (2006). He indicates that such children may be observed to be poorly dressed, malnourished, anxious, chronically tired. They can be easily identified because of their appearance that makes them different from other children who are not vulnerable

5.3.2 Educators' experiences of AIDS (OVC)

Based on the data collected from all the educators during their interview, it is established that they all have different experiences of teaching AIDS (OVC) in their classrooms as some of these experiences are negative while others are positive. Therefore, the educators' experiences of teaching AIDS orphans and vulnerable children were grouped into the following sub themes that developed from the data: *Negative experiences and positive experiences.*

5.3.3 Negative experiences

Some of the educators that were interviewed in this study find it so challenging to teach AIDS (OVC) as some of them responded thus:

> *"Some OVC in my class always vent their anger on other innocent children in the class as a way to ease themselves of any pressure from home, to this effect I ensure that i make all the learners aware that every child in the classroom has to be respected. No one has the right to bully another. I laid the rules that if anyone breaks that rules such learner should be reported to me".* **(Educator C).**

In same view with the above response, Educator D stated thus:

> *"Whenever the OVC especially the AIDS orphans are bulling another child in the class I don't judge them equally I must confess, because I am always taking side and feeling sorry for the OVC even when I know they are wrong to hit other learners, I will rather talk to the OVC softly because I understand why the child was behaving the way he did, as I see them as my children and this experience is very bad for me as it put me in an awkward position because the other innocent child that was been bullied will see me as not been fair to him/her in my decision".* **(Educator D).**

Some educators' negative experiences is based on how OVC's parent/guardian are abusing these children at home and their refusal to attend parent-teacher's meeting to discuss issues that concerns OVC as they stated thus:

> *"In most cases when we realized that OVC has been physically abused by their relatives or caregivers and we send letter from the school to invite the caregiver or parent of the abused child to school so that the ill-treatment of the OVC can be discussed and make them realize the implications of doing that to a child but they don't honor the school invitation"* **(Educator A).**

5.3.4 Positive experiences

Despite many negative experiences of the educators of teaching OVC, there are some educators who stated some positive experiences. As regards the issue of hunger in which many of the OVC attends class on empty stomach without food, some of the participants highlighted on their personal plans to support these children in the area of food Supply for them, as they stated thus:

> *"Most of the time I shared my lunch with the few OVC that are hungry in my classroom and I enjoy doing that as I know God will reward me for that. There are times I use my personal money to buy them bread to take home (Especially the few ones in my class). Also we encourage some children from stable home who got more than enough food to themselves to share with the OVC and surprisingly, they do this cheerfully and willingly"*. **(Educator B).**

Educator B further expresses how she goes extra-mile to support OVC as she stated thus

> *"Because there are some of these children who come to school in turned uniforms, and without learning materials, I therefore, support the AIDS orphans and vulnerable children (OVC) by encouraging some people in the community or my church to donate cloth and money to support these children, sometimes these money that is donated are used to buy uniforms and learning materials to the most needy among the OVC"* **(Educator B.)**

Educator A reveals her professional support for OVC as she stated thus:

> *"Because I was a professional care giver before I became an educator I therefore, finds it fulfilling and rewarding to assist the OVC with their basic needs like food especially those who are living with AIDS to encourage and assist them to take their ARVS to boost their immune system as some of them don't have any responsible adult at home to help them with their medication"*. **(Educator A).**

Educator C explained how she always involve and make sure that the OVC are well served with food during feeding time, as she stated thus:

> *"since our school is involve in feeding scheme I always ensure that during serving-time these children receive enough food and also package take away for some of them so that they can have something to eat when they get home as some of them don't have anyone to cook for them because they staying with very sick people, while some are in child headed home"*. **(Educator C).**

This reveals that some of the educators has accepted these children as their children and treat them specially and softly as one educator said she sees herself has their parent, as she is aware that some of the OVC lack parental love, care and direction in their lives. This exhibits that some educators do go the extra-mile to be both educators and parent to OVC.

Educator D pointed out that:

> *"When these kids start showing some disruptive behavior firstly, I ensure that I inform my colleague about it to seek their opinion as some of them have dealt with such behavior in the past and in a situation where there is no progress, then I will speak to the principal or vice principal so that the child's parent /guardian can be contacted before referrals"*. **(Educator D).**

The educators do take some initiative in handling the disruptive behaviors shown by OVC. They chose to work in collegiality with other colleagues in other to help OVC solve their disruptive behavior. Collaborative discussion is one the key factors in a democratic school environment, this enables the educators to seek advice from colleagues in other to part find solution to the OVC disruptive behavior.

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5.3.5 Educators' competence to help OVC

Talking with these educators shows that while some educators are going the extra-mile to help the AIDS orphans and vulnerable children (OVC) overcome their ordeals, there are some who do not know what to do due to incompetence, as they stay stated thus:

"I assist OVC in their homework because I see it as my responsibility to do so, after the class I spend some extra hours to share my expertise with them as I know they got no one at home to help them" **(Educator C).**

On a contrary, Educator D reveals her lack of competences in handling OVC's disruptive behaviour as she stated thus:

"I don't know what to do nor how to handle the disruptive behaviors shown by OVC, I get so nervous and confused because I'm so new in this teaching profession and I got no training as counselor". **(Educator D).**

In a case study conducted in Zimbabwe Kendall and O'Gara (2007) assert that teachers felt that they are generally overwhelmed and unable to address the needs of OVC in their classrooms. Furthermore, some teachers are of the view that they have not been trained to deal with the problems that OVC encounter and consequently feel "out of their depth" in handling such problems in the classroom.

5.3.6 School supportive role

In response to the second research question: How can the primary school educators be equipped to deal with the challenges that result from having AIDS orphans and vulnerable children in their classroom? A list of various supports needed was mentioned to show on which resources they drew and will employ to help them address the issues of OVC in their schools. The respondents mentioned and illustrated the nature and extent of the challenges, resources and potential resources in the community.

Below is the resources list envisaged by the educators to put them in a better position to help OVC:

- ➢ Engaging the services of other professionals
- ➢ Employment of school resident counselor who got experience on counseling.

- ➢ We need to be well paid, well trained and supported
- ➢ Collaboration with other stake holders in the community
- ➢ Feeding scheme should be continuous and regular

Figure 5.2 support list

Most the educators gave their different views on how the school can play a supportive role as they stated thus:

Educator B's view is more of professional support as she stated thus:

> *"The school needs to support the educators by engaging the services of other professionals such as; psychologist, medical experts and social workers to work in collaboration with the educators so that the educators' burden can be lessened and the OVC can be effectively and holistically catered for, as there are some of these learners that manifest some emotional disruptive behavior, some are very sick as a result of the infection because their CD4 counts is very low, while others are showing fixed emotions in the classroom, some even manifest behaviors which are beyond our managing capability as educators."* **(Educator B).**

Also in the same view with educator B on professional support for educators, Educator D gave a lengthen statement as she stated thus:

> *"The school needs to employ more staff to work with OVC, especially, Life Orientation educator to assist the OVC as we believed that such educators has been trained to understand some issues that concerns OVC more than a an ordinary educator who major in mathematics. Furthermore, the school should also employ a permanent school counselor who got training and experience on counseling. As much as I would have loved to help these children, but unfortunately, as I said earlier, I don't have any counseling experiences and this make it difficult and impossible for me to help these children when they start showing those disruptive behaviors, since these professionals only visit the school once in a while, this will make it difficult for the OVC to disclose to a stranger that he/she sees just for the first time, but if the counselor is permanently employed, it will be easier for us to send those children to them whenever they start showing those disruptive signs and it will also enable*

the children to trust and disclose their issues to the resident counselor as it is not easy for the children to just trust and disclose to a visiting counselor for they will see him/her as a stranger. Another supportive role of the school to the educators (especially some of us who have OVC in our classroom) will be to send some us for counseling training course, so that it will be easier to work with AIDS orphans and vulnerable children". **(Educator D)**

Educator B again added that they need to be well paid for this enormous task of teaching OVC as she stated thus:

"we need to be well paid, well trained and supported to do this enormous task of teaching OVC, because our emotions affect us sometimes when we dealing with AIDS orphans and vulnerable children also we spend our own money to care for OVC. Therefore, our wellbeing will affect our teaching performances positively and also OVC scholastic performances will improve because when I'm happy doing what I'm doing, definitely, I will bring the best out of that thing vice-a-vice". ***(Educator* B)**

Educator C responses on school support for educators is on a perspective of the school collaborating with some stakeholder in the community to work together with educators so that the OVC in their classroom will be taken care of holistically, as she stated thus:

"It is impossible for us an educator to meet all the basic needs of AIDS (OVC), therefore, in others for the educators to be supported to overcome some challenges that we encountered for having OVC in our classroom then collaboration with other stake holders in the community will be of high recommendation and priority". **(Educator C)**

When Educator C was asked to mention those stake holders in the community to collaborate with? She then replied thus:

"The stake holder in the community to collaborate with should include religious leaders i.e. pastors, as they will really help these kids spiritually and prayerfully to know that there is a God who loves them, moreover, the prayers of these priest will continually be reviving the AIDS orphans and vulnerable children's soul and

delivering them from all impending dangers and sicknesses, also the police needs to come and instill some fear on the bullies among them and more importantly is the collaboration with the parent/caregivers of OVC because the working together of educator and caregivers will put us both (educators and caregivers) in a better position to understand and render holistic care to the AIDS orphans and vulnerable children". **(Educator C)**

On a different note Educator A stated thus:

"The principal's initiative of the feeding scheme should be continuous and regular to reduce unnecessary burden on the educators, the school should look for donors and sponsors like Shoprite, pick n pay and Gem to donate food for the feeding scheme and school uniform for OVC as we are in the rural area of Pinetown where most children in the school are from poor homes and also vulnerable". **(Educator A)**