LEARNERS' RESPONSES TO AN AIDS - RELATED DEATH IN THE FAMILY OF A CLASSMATE

by

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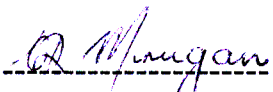
The principal, staff and learners of the school in which I teach.

DECLARATION OF ORIGINALITY

I, OOSHA DARSHANI MURUGAN, declare that this is my own work and all the sources I have used or quoted have been indicated and acknowledged by means of complete references.



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ABSTRACT

The death of a parent has implications for learners at school in terms of interrupting schooling and having long-term educational, emotional and social consequences. HIV and AIDS is a reality in South Africa and has orphaned more than 12,5 million children in sub-Saharan Africa (UNICEF, 2001). Orphans tend to move house due to their circumstances and therefore their schooling may be disrupted. Young children are often forced to take on adult responsibilities, which they have not been prepared for which then interferes with their schooling. The classmates too, are affected by the experience of death of the family member of a classmate. This research attempts to explore how learners respond to the death of a family member of a classmate. To achieve these aims, a qualitative, descriptive and contextual research design was chosen. The first theme regarding learners responding to rumours revealed various categories i.e. speculating whether the affected learner has AIDS, origin of the information regarding the death, showing concern to the affected learner and perceptions of HIV and AIDS. The second theme regarding responding to the affected learner revealed the following categories, positive gestures, fear of being ostracized and misconceptions leading to stigmatization. The third theme regarding taking action showed the following categories, being helpful, being mean and acquired knowledge. The information is used to generate guidelines to help educators facilitate suitable responses to a death in the family of a classmate.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

More than 13 million children under the age of 15 have lost their mothers or both parents to AIDS (UNICEF, 2001). It is estimated that a vast number of these orphans live in sub-Saharan Africa. The Department of Health has estimated that by 2005 nearly 13 million South African children will have lost their mothers to AIDS before reaching the age of 15. This arouses the fear that the AIDS pandemic will result in a 'lost generation' of dysfunctional and delinquent young children who have been inadequately cared for, educated or socialized. The AIDS epidemic has serious implications for educators and learners. Education, however, has to transmit information about HIV and AIDS and play a central role in the prevention thereof, yet the disease undermines the structure and function of education itself (Malaney, 2000, p. 3) The HIV and AIDS pandemic therefore poses serious threats to reaching the Education for All Goals for 2015 (Allenmano, 2002, p. 8). According to Coombe (2000, p. 1) it is necessary, while working to limit the spread of the disease, to recognize and manage the pandemic's impact on the educational system, especially on the learners. Learners in the South African educational system have not been sufficiently prepared to handle the pandemic. They are insufficiently prepared within the educational context, as well as the social context, yet infected and affected learners are expected to develop in all areas of their lives. Educators too are also not sufficiently prepared to cope with HIV and AIDS within the educational context, i.e. to teach, facilitate the development of and provide support for these learners. Although some educators have knowledge of HIV and AIDS, many may feel uncertain as to how to deal with it within the classroom context. Education can bring hope to a seemingly hopeless situation (Kelly, 2000). There are many studies on HIV and AIDS in general, but no research has been done on grade 4 learners' responses to an HIV and AIDS affected learner. It is therefore necessary to explore learners' responses to the death of a family member of their classmate.

1.2 THEORETICAL LOCATION OF THE STUDY

The focus of the study is to examine learners' responses to a death in the family of a classmate. This is explained from an Educational Psychology perspective but mindful of how learners respond to a death in the family of a classmate. From the aim of this study it is evident that there could be many layers of influence on children from the macro, structural, political and ideological through to the community, individual and class contexts (Bronfenbrenner, 1989). A favoured model for understanding the impact of the environment on the person is, therefore Bronfenbrenner's (1989) ecological system theory, which will be used to understand how learners are affected by HIV and AIDS. These layers fuse and interact to result in the individual and class contexts that comprise everyday learning. It is therefore possible that, for example, misconceptions, behaviours and opinions of role models and peers can influence the responses to learners affected by HIV and AIDS, considering the influence of the school, the immediate cultural context as well as the influence of the wider society. According to the ecosystemic approach a person is seen as a subsystem and the central point of concentrically larger systems. These may include the family, school, peers, religious groups, community etc. Each of these systems influences the person's behaviour, attitudes, personality, values and other subsystems, which comprise the person. The interactive and interdependent relationship between and amongst the learner and the subsystems also impacts significantly on the person (Donald, Lazarus & Lolwana, 2002).

The ecosystemic approach is a model framed by Bronfenbrenner (1979). It is useful in Educational Psychology, as there are many layers of influence on children's development and learning from the macro, structural, political and ideological through to the community, individual and class contexts that comprise everyday learning. HIV and AIDS impacting on the whole system can be viewed as a barrier to both the teaching and learning process.

In the context of this research, the grade 4 learners are the central point of the various interactive influences of the respective subsystems. The learner gives meaning and interpretation to his/her experiences in an attempt to internalize and accept these

experiences as part of his/her reality. The reality that the learner constructs is informed by the various impacting subsystems. It is hypothesized that the learners' perceptions or responses to a death in the family of a classmate will be a consequence of the influence of the afore-mentioned subsystems.

1.3 STATEMENT OF THE PROBLEM

According to the United Nations Children's Fund (UNICEF, 2001), 13 million children under the age of 15 have lost their mothers or both parents to AIDS. It can be expected that these learners would experience trauma and require support in the educational context. Learners are the most important constituents of schooling, and being in the classroom among other learners is a vital aspect of development. Therefore, it is necessary to explore how learners may respond to the death of a family member of a classmate, considering that the death might be HIV and AIDS related. The research question can be formulated as follows:

What are grade 4 learners' responses to an AIDS - related death in the family of a classmate?

A secondary question that arises from the primary question is:

How can the information gained be used to generate guidelines for educators to facilitate suitable responses to an AIDS - related death in the family of a classmate?

1.4 AIMS OF INVESTIGATION

The aims of the study can be formulated as follows:

- To explore Grade 4 learners' responses to an AIDS - related death in the family of a classmate.
- To generate guidelines for educators to facilitate suitable responses to an AIDS - related death in the family of a classmate.

1.5 CLARIFICATION OF CONCEPTS

1.5.1 Learners

Learners are children who acquire knowledge or skill in something through study or experience or by being taught. For the purpose of this research learners refer to grade four learners, at the beginning of the intermediate phase of school.

1.5.2 Responses

Responses refer to the manner in which persons respond, answer or react to a certain action or experience. In this case it refers to learners' responses to the death of a classmate's father.

1.5.3 Death

For the purpose of this study, death refers to the loss of life or end of life due to HIV and AIDS. The Department of Health (1998) states that half of South Africa's children aged around 15 years and younger could die due to HIV and AIDS. Deaths of parents and siblings are common in many households. Young learners are not prepared to handle death in the primary school.

1.5.4 Family

Family refers to a group of people related by blood or marriage or the children of a person or a couple. In the study family refers to parents and their children living together as a unit.

1.6 RESEARCH DESIGN AND METHODOLOGY

1.6.1 Research Design

A qualitative, explorative and descriptive research design (Mouton & Marais, 1990) that is suitable for the exploration of young learners' responses to death will be used. This approach will enable me to gather information to gain understanding of how grade 4 learners in a particular class respond to a death in the family of a classmate. Their responses will enable me to address the research questions and to understand the deeper meaning of their responses to affected learners. Qualitative research allows for a rich description of the phenomenon under investigation (Voster, 1995).

1.6.2 Methodology

The interview will be used in an informal manner to gain information on how grade 4 learners respond to another learner affected by AIDS. A vignette will be used to prompt the participants to respond. Participants will engage with the story because of the personal experience with HIV and AIDS. The questions will aim to find out how they would respond to people affected by AIDS.

1.6.2.1 Sample

The research will be conducted in a grade 4 class at a school in the Overport area situated in the Umlazi District within the Ethekwini Region in KwaZulu Natal. The school is a primary school with 620 learners. The learners follow the NCS curriculum (National Curriculum Statement). The class has 42 learners, 22 girls and 20 boys. Many of the learners have lost friends, family or community members due to HIV and AIDS. The participants are within the age group of 8-10 years. A purposive sampling technique will be employed. The research will include as many learners as are willing to participate, and participants will be sought until the data is saturated.

1.6.2.2 Data Collection and Analysis

As it is difficult to collect data from young learners, a vignette, sketching a scenario, will be used as prompt. Learners will be asked to respond to one question. 'What would you do if you were in Mary's class?' The vignette (see attachment A) will be used, because it allows learners to define the situation in their own terms. Hughes (1998, p. 38) states that vignettes are "Stories about individual situations and structures that can make references to important points in the study of responses, beliefs and attitudes". Further probing and clarifying questions will be asked.

The data produced will be recorded and transcribed. The transcribed data will be analyzed and coded according to Tesch's method (Cresswell, 1994) and the units of meaning will be identified and arranged into themes, along with suitable categories. Measures of trustworthiness will be applied i.e. credibility (truth value), transferability

(applicability), dependability (consistency) and conformity (neutrality) (Krefting, 1991; Lincoln and Guba, 1985). The results obtained from this research will be used as the basis for generating guidelines in the form of recommendations for educators.

1.7 ETHICAL CONSIDERATIONS

Permission to do research will be sought from the Department of Education (DoE), principal of the school and parents of the learners. Informed consent will be acquired from the participants and ethical measures such as voluntary participation; confidentiality and anonymity will be adhered to (Cresswell, 1994).

1.8 ORGANISATION OF THE STUDY

This chapter has described the problem and the context of the research as well as the intended research design and methodology to be followed. Chapter two reviews literature around HIV and AIDS and education from an ecosystemic perspective. It also focuses on the impact of the death on all layers of the ecosystem, including the individual child. Chapter three describes the research design and methodology used in this investigation. Chapter four presents the findings and the discussion of the data. Chapter five draws conclusions and recommendations emanating from the study.

1.9 CONCLUSION

The vulnerability of children in the primary school is evident due to the fact that these learners often are in the care of terminally ill parents, have lost their parents to HIV and AIDS related illnesses, or may be HIV positive themselves (Department of Health, 1998). These learners may have also witnessed the illness of parents as well as siblings. Learners are placed in real, trying conditions, and it is necessary to conduct this study in order to explore how learners respond to a death in the family of a classmate.

CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The main purpose of this study is to explore how learners respond to the death of a family member of a classmate, and therefore this chapter tries to provide some theoretical framework to understand their responses, but also to explain different ways of dealing with death in the classroom, as well as dealing with children who are either in the care of terminally ill parents or who have lost their parents to AIDS-related illnesses. The HIV and AIDS pandemic is rendering an unprecedented number of children extremely vulnerable. Many children themselves are HIV positive, have family affected by HIV and AIDS and often live in conditions of poverty (Department of Health, 1998). Malaney (2000, p. 5) also states that the death of a parent can be expected to have deep psychological effects on children. The effects of such an incident on the interaction between members of the class are highlighted in this study.

2.2 THE ECOSYSTEMIC APPROACH

The study is be framed by Bronfenbrenner's (1979) ecological systems theory often used in Educational Psychology, as there are many layers of influence on children's understanding of and experience of death, from the macro, structural, political and ideological through to the community, individual and class context (Bronfenbrenner, 1989). These layers fuse and interact to impact on the individual, and everyday learning.

This research looks at classmates' responses to learners being affected by AIDS considering the influence of the school, the immediate cultural environment as well as the influence of the wider society. A favoured model for understanding the reciprocal impact of the environment on the person and *vice versa*, is Bronfenbrenner's (1979) ecological systems theory. The learner spends the major part of the day in the classroom with his peers and educators and the classroom therefore can become the environment that either undermines or supports the learner. The linkage between learner and the educational

system and the AIDS pandemic can be seen as a dual one. On the one hand, the school system provides a mechanism for the transmission of information about HIV prevention and care and can therefore fulfil a prevention role. The care role needs to be fulfilled as well, and one wonders how this can be achieved in the class and at school level. On the other hand, the disease undermines the structure and function of education itself (Malaney, 2000, p. 3).

When one looks more closely at the ecosystemic approach one sees that it is an integration of certain fields of study, such as the system theory, ecology and cybernetics. These fields of study have a number of overlapping assumptions and their epistemologies are compatible. More importantly, they all emphasize epistemological principles. An epistemology refers to a particular way of thinking which determines how we know and understand the world around us (Bateson, 1979). The ecosystemic approach emphasizes a particular "way of thinking" or "way of knowing" and this "way of thinking and knowing" rests on certain underlying assumptions and principles, and certain ecosystemic concepts which describe these assumptions and principles. These concepts then serve as mechanisms for describing human functions (Boer & Moore, 1994; Fourie, 1994).

An ecosystemic epistemology in psychology assumes in the same way that the emphasis is on discussing the communication networks in systems and subsystems, and on the transactions that take place in a particular context. With humans, the communication networks occur in the form of language because language, both verbal and nonverbal, is the most important means of communicating meaning and ideas among people (Anderson & Goolishiam, 1990; Fourie, 1994). As Bateson (1979) puts it then, the ecosystemic approach has to do with an ecology of ideas in systems.

DIAGRAM 1

The following diagram reflects an ecosystemic approach. Levels of system related to the educational process (Donald et al, 2002, p. 49)

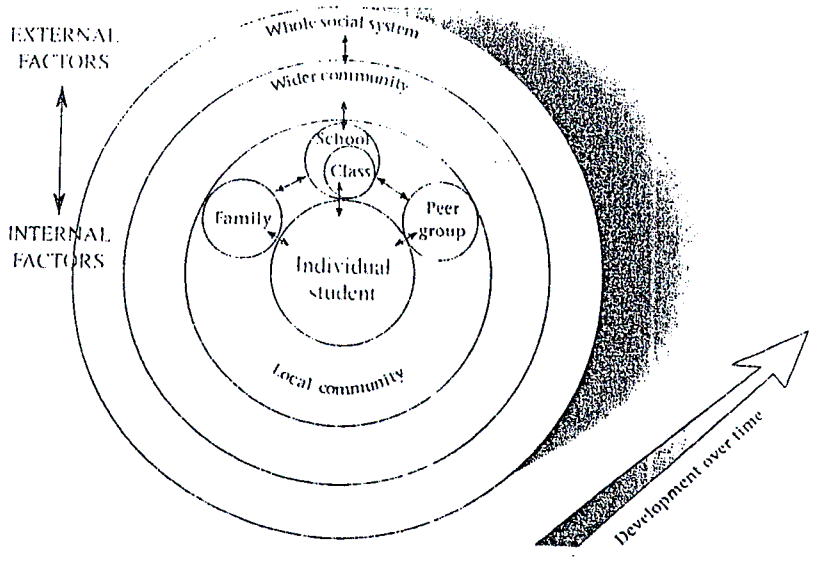

Figure 3.5 Levels of system related to the education process

In an ecosystemic approach an individual is seen as a subsystem within a hierarchy of a larger system such as the family and the community. The individual does, however, occupy the central position within the system yet s/he is made up of certain subsystems. Some of the subsystems that have been identified include physiological, interpersonal, verbal and non-verbal (Jasnoski, 1984).

The ecosystemic approach also recognizes the important role played by the language a person uses when assigning meaning. In fact meaning exists solely in verbal or non-verbal language which the person reveals to himself/herself through internal dialogue or to others through external dialogue (Erfan & Lukens, 1985; Fourie, 1994). The ecosystemic approach has a constructivist epistemology which emphasizes the idea that

the meaning a person attaches to a topic or the experience is determined by the person and not by the topic or experience (Mills & Sprenkle, 1995).

According to the ecosystemic approach the network of meaning is the manner in which an individual looks at the world. It reflects his/her needs, wishes, goals, values, ideas and beliefs of the larger system of which the person is part, and the interactional patterns between these systems. Human growth and development are therefore also seen in terms of the changes that take place in the patterns of meaning of systems (Lindquist, Molnar, & Brauchman, 1987).

Learners are in a central position as a subsystem within larger systems and as a system with certain subsystems of its own. These learners' families are part of the ecosystem. Each family has their own diverse sets of values, beliefs and experiences. The family lives amongst a community that has the following in common - raising children in an environment where violence is rampant, HIV infections are increasing, drugs are easily available and high risk sexual activity is the norm. The child is faced with many difficult choices and it is important that the learner is taught to understand the consequences of their actions and decisions (Department of Health, 1998). The values that the community upholds influence the choices the child makes.

A learner, according to Overberg (1994), may be affected by HIV and AIDS when a parent, a sibling, friend or family member is infected. This is so because the ecosystem interacts at all levels, allowing information to flow across making it possible for systems to influence one another (Jasnoski, 1984). Learners are invariably affected at school, thinking of the situation they left back at home thus hindering their functioning and interaction at school.

The loss of one or both parents has an effect on the arrangement of the family in terms of income loss, lack of food supply, the quality of the care given to children after the death of parents and the duties placed on young children. Death can be extremely stressful on all members of the family, and all areas of family life and relationships can be strained (Fourie, 1994).

With reference to the ecosystemic approach and the focus of the research, one needs to keep in mind that no one lives in a vacuum. An individual's sero-positive status has a tremendous effect on the systems in which s/he exists and the infected person is simultaneously affected by these systems. Likewise, the affected learner, as part of the system, experiences the effect thereof.

With regard to the ecosystemic approach and the research, one realizes that the approach can be used to improve observations, communications and the relationships within the system (e.g. the school). The approach can be used by the school to identify the problems, anxieties and issues related to HIV and AIDS, to verbalize what is wanted or needed within the confines of the school, and to improve communication amongst the various subsystems in the school, thereby supporting the vulnerable learner (Donald et al., 2002).

2.3 HIV AND AIDS AND POLICY

2.3.1 The South African constitution

The Constitution, (Act 108 of 1996) (RSA, 1996) is the supreme law of the country and all other laws must comply with its provisions. The Bill of Rights (which is part of the constitution) enunciates a number of basic human rights which apply to all citizens and which therefore also protect all people living with HIV and AIDS.

2.3.2 DoE guidelines for educators

Furthermore, the *South African Law Commission Consultative Paper and Children Infected and Affected by HIV / AIDS* (1998) specifies that:

- No learner, student or educator with HIV and AIDS may be unfairly discriminated against, directly or indirectly. Educators should be alert to unfair accusations against any person suspected to be HIV positive or who has AIDS.

- No learner or student may be denied admission to or continued attendance at a school or at an institution on account of his/her HIV/AIDS status.

- Learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV and AIDS with regard to their right to basic education should as far as is reasonably practicable be accommodated in the school or higher education institution.

- Compulsory disclosure of the learner's, student's or educator's HIV and AIDS status to school or institution authorities is not advocated as this would serve no meaningful purpose.

- Learners and students with HIV and AIDS should lead as full a life as possible and should not be denied the opportunity to receive an education to the maximum of their ability.

In spite of the above guidelines, the affected learner experiences more or less the same psychosocial feelings as do their HIV infected family members (Johnson, 2000, p. 12). The affected learner may experience fear and anxiety about his/her own risk of infection, as s/he watches the parent die, because the learner might be too young to understand how this disease was contracted. Affected learners may also feel unable to cope with the new demands that the infection places on them, and may feel powerless in their interaction with their HIV positive family member. This could result in them wanting to distance themselves from the disease process as well as the person. "Denial of the illness becomes a negation of the person, accounting for much of isolation experienced by the HIV–positive person" (Johnson, 2000, p 84). Therefore, learners could suffer when their parents are infected as the needs of the children with infected parents are often disregarded. They need acceptance, respect, certainty, affiliation, substance, love and protection. These are seldom directly addressed because caregivers do not know how to talk to the children (Van Dyk, 2001).

The school can assist with not only prevention, but also care and support. Morrell, Hepburn and Williamson (2000), however believe that schools are overloaded and that

things that should be fundamental to every learning environment are lacking. The learning environment should be able to provide and support learners affected by HIV and AIDS. Such learners may experience loss of control, loss of independence, loss of determination, status and respect in the community. The most common loss is that of confidence and self-worth occasioned by the rejection of the people who are important to them. Most affected learners go through a phase of abandon. This is common because it temporarily reduces emotional stress. Children should be allowed to cling to their loss because it allows them to gather their strength and accept their loss. The self-esteem of the learner should not be intimidated. Being snubbed by peers or educators causes the learner to lose his social identity (Hepburn, 2001).

Socioeconomic and environmental problems such as stigma and discrimination may cause psychosocial problems. Children take on the responsibility to earn an income, produce food and care for family members because they can't handle the discrimination and stigmatization, and so drop out of school to do all of the above. HIV and AIDS affected children become so preoccupied with their health or the health of their parents, that the smallest physical changes or sensations can cause obsessive behaviour or hypochondria. This may be short term and limited to the time immediately after diagnosis, or it may persist in people who find it difficult to adjust to or accept the disease (Van Dyk, 2001).

HIV and AIDS affected children are not the only ones who are vulnerable. There are many other disadvantaged and challenged children, and the education system needs to create acceptable health promoting, secure and compassionate learning environments where the needs of such learners can be addressed.

2.3.3 School policy on sexual health

In terms of policy and the ecosystem, the learner is part of a community, and school plays an important role as far as the community is concerned. Schools can be viewed as places that uphold the ethics and values that the community upholds. Policies are important in any school as they set boundaries in so far as school life is concerned. It is important to formulate and put into practice these policies. When one considers policies important for

learners, good health policies can help to maintain a healthy lifestyle, good nutrition and exercise. It helps learners have a better understanding of their bodies and how viruses affect it (Webb, 2001). Policies on care and treatment needs of those infected or affected with HIV and AIDS also help learners to understand other affected learners in terms of their response to and interaction with these learners. They can help to learn to empathise, to show compassion and not to stigmatize and discriminate.

Good quality sexual health and HIV and AIDS education is needed in order to provide the affected child with the facts which they rarely get from their parents or senior family members. This education should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values. It is not new for schools to seek to influence behaviour and instill values that parents, family and community leaders seldom do. The school seeks to influence the student through the curriculum and through the values that it embodies. We need to have a clearer perception of "education as being the process of identifying the valuable, opening it to others and inculcating it in them" (Collins & Rau, 2000, p. 84). This view is strengthened by the modern approach to the school as an organization. Through the sexual health and HIV and AIDS programmes, the school should also seek to help learners to develop personally held choices while at school and throughout life. These choices should also include how to interact with others infected and affected by HIV and AIDS (Collins & Rau, 2000).

HIV infection hampers the possibility of full development of the affected learner. The right to education includes the right to knowledge and skills needed for HIV prevention. Such a right can only be employed if the *school curriculum* deals effectively with sexual health and prevention and care. Sexual health and HIV and AIDS education are a prerequisite for individual and community survival (Car-Hill, Kathabora, & Kathabora, 2000).

Beside the HIV and AIDS programmes, it is the school's responsibility to help the affected learner develop practical, psychological and social skills which equip him/her for positive social behaviour and for coping with negative pressures. These learners need to know how to investigate a situation, how to assess the element of risk that it contains, and how to extricate themselves before they give in to the risk. Education sees a core set of

these life-skills as including "decision-making, problem-solving, creative thinking, effective communication, interpersonal relationships, self-awareness, stress and anxiety management, coping with pressures, self-esteem and confidence"(Minister of Education, 1996, p. 43). Promoting these skills is the responsibility of all who are responsible for the education of the learners.

Human Rights and HIV and AIDS are intimately connected. "An environment in which the human rights are respected ensures that the danger to HIV and AIDS is reduced, those infected with and affected by HIV and AIDS live a life of dignity without discrimination, and the personal and societal impact of HIV infection is alleviated" (UNAIDS, 2000, p. 5). "A crucial need is for schools' human rights programmes to bring HIV and AIDS out into the open to contribute to break the silence, the secrecy, the stigma, the shame that are associated with AIDS" (Carr-Hill et al., 2000). It is crucial for the HIV and AIDS policy to emphasize that hope lies in education, education that responds imaginatively to the crisis, and not necessarily education as it has traditionally been known. In this regard I turn to the new Inclusive Education Policy (DoE, 2001) highlighting how learners infected or affected should be included.

2.3.4 Education White Paper 6

2.3.4.1 Introduction

Inclusive education is defined by White Paper 6 on Special Needs Education: Building an inclusive education and training system (Department of Education, 2001) as an ongoing process of increasing learner participation and reducing the exclusion from cultures, curricula and involvement in communities; acknowledging that all children can learn and are in need of support; creating enabling education structures, systems and learning methodologies to meet the needs of all learners; acknowledging and respecting differences in learners, whether due to age, gender, ethnicity, language, class, disabilities, HIV or other infectious diseases; acknowledging that learning also occurs at home and in the community, within formal and informal settings; and changing attitudes, behaviour, teaching methods, curricula and environments to meet the needs of the learner.

It is vital that children affected by HIV and AIDS are not discriminated against, are protected from harm and are given the opportunity to develop and learn like all other children (Van Dyk, 2001). The Department of Education (2001) outlines how education must transform itself to contribute to establishing a caring and humane society, how it must change to accommodate the full range of learning needs and the mechanisms that should be put in place.

In accepting this inclusive approach, we acknowledge learners who are most vulnerable to barriers that could impede their learning and development. Exclusion in South Africa refers not only to those who have historically been termed 'learners with special education needs' i.e. learners with disabilities and impairments (Beyers & Hay, 2006), but also learners who are infected or affected by HIV and AIDS and orphans (Department of Education, 2002).

Education is supposed to be the fundamental right of all learners. This does not seem so with learners affected or infected by HIV and AIDS. This is because these learners are not given support or any specialized programmes. For the system to promote equal opportunities for effective learning to take place, it is imperative that policy aimed at the creation of education and development for all learners recognizes a range of different needs among learners. All learners should feel a part of the system, and no one should feel excluded by educators who have not been sufficiently trained to handle learners infected or affected by HIV and AIDS.

The development of an inclusive education and training system takes into account the incidence and the impact of the spread of the HIV and AIDS pandemic and other infectious diseases. An inclusive programme would allow for these children to be taught at their own pace so that there will not be lags in their work (Foster, 1997).

2.3.4.2 Barriers to learning

Inclusive education is viewed in a broader sense where the notion of special needs learners has been extended to include contextually disadvantaged, interpersonally

challenged, as well as individually disabled learners (and systems), (Donald, et al., 2002) as can also be seen in the White Paper 6 definition (Department of Education, 2002). This has specific relevance for Southern African developing countries. Interpersonal challenges and contextual disadvantages affect large sections of the community. Some contextual and interpersonal barriers which impact on the delivery of inclusive education and dramatically broaden the connotation of inclusivity in a school context are discussed below.

AIDS affects the access and quality of learning for all children, particularly orphans (UNAIDS, 2000). The impact of orphaning on children and their access to quality primary education is multi-faceted and begins with a parent being sick. The World Bank (1999) suggests that orphans have lower primary school enrollment rates than non-orphans. Poverty is the primary barrier to caring for orphans locally and nationally. Basic needs go unmet due to lack of resources to feed, clothe and counsel affected children (The World Bank, 1999). There is also a lack in management capacity of providers, both in and out of government to address orphans and vulnerable children's issues effectively. Stigma associated with AIDS discriminates against these children, thus further decreasing their access to quality health care and education. Vandemooretele and Delamonica (2000, p. 3) point out that the four allies that make the virus so prevalent in many developing countries start with "S", namely Silence, Shame, Stigma and Superstition. These thrive in South Africa because of ignorance and illiteracy, another barrier to learning.

2.3.4.3 Unsafe schools

Schools are not as safe as they seem to be. A South African study notes that 23% of HIV infection is acquired between the ages of 10 and 19 years and suggests that schools are major sites for HIV transmission (Shell & Zeitlin, 2001).

2.3.4.4 Rape, assault and sexual harassment

Another study documented that rape, assault and sexual harassment committed by both male teachers and learners suggests that violence and abuse are an inevitable part of the schooling environment of many South African girls (Badcock-Walters, 2002).

2.3.4.5 Stigma and trauma

The psychosocial effects of losing a parent to a debilitating illness are severe and can have long-term effects on a child's development. As they endure the trauma of loss of parental support and nurturing, many orphans experience anxiety, depression and despair. Siblings are often divided among several households within an extended family to mitigate the economic burden of caring for children. Relatives may take their property or inheritance and leave them more vulnerable to exploitation (Williamson, 2000).

Despite the prevalence of HIV and AIDS infection in sub-Saharan Africa, the stigma associated with AIDS is still very real and tangible. Community members who believe that orphans are HIV positive and believe that their families have brought shame to their community, often discriminate against the children and deny them social, emotional and educational support. Orphaned children may also be treated poorly or abused in their new homes, furthering their emotional distress and contributing to poor mental and physical health (Williamson, 2000).

While the psychosocial needs of children are well documented, they regularly go unmet in the school setting. Gilborn and Nyonyintono (2000) concur that there are two main reasons children do not wish to attend school: the stigma and scorn they experience because they come from AIDS–affected households, and secondly, the psychological trauma and shock they feel after the death of a family member. They see themselves as being different to other people. This may lead to depression, lack of self-worth and despair. It may also undermine prevention by making them afraid to find out whether or not they are infected. Some of those infected continue their lives in the same way as

previously, in the belief that behaving differently would raise suspicion about their HIV status.

Learners coming from AIDS affected households may feel stigma and scorn. They may be denied access to services on the grounds of their parent's serostatus and in the belief that they may be HIV positive. Children at school and people in the community may lack the education to understand that HIV and AIDS cannot be transmitted through everyday contact (Bors & Elford, 1994). They may also not know that infection can be avoided by the adoption of relatively simple procedures.

With regards to the study, one needs to examine stigma in the eco-system and how it affects the learner at school level. Children living with HIV and AIDS continue to be marginalized. HIV and AIDS stigma is universal, and is triggered by many forces, mainly by lack of understanding of the disease. The shame associated with the disease has silenced many parents and prevents free discussion in the home situation. Parents may not see the need to educate their children in simple ways that AIDS cannot be transmitted through everyday contact, and that the infection can be avoided by the adoption of relatively simple precautions. If children are taught this from home, it would increase their understanding of HIV and AIDS and change their perceptions at school level. When the child encounters learners infected or affected at school, he would know how to respond through difficult periods that the child may be experiencing. Allowing the affected learner to feel a part of the classroom community can help them to come to terms with the trauma he is facing at home and at school. One way of doing this is to replace shame with solidarity and fear with hope (Post, 1988). Being aware of the effects of stigma and discrimination at school level is not sufficient. With regards to the eco-system, the child encounters many people at home and outside the home, and therefore a change in the attitudes of all people that the child encounters is important. Community attitudes need to change for acceptance of affected learners to take place. This is important to offer care and support.

2.3.4.6 Lack of affordable schooling

Primary education is not universally free in sub-Saharan Africa, and families must pay for the running of a school. In addition to paying school fees, families are required to pay for teaching materials and supplies, uniforms, recreational activities and levies for school development, maintenance and construction (Coombe, 2000). Paying these expenses is difficult for many families.

To supplement these household incomes, children may drop out of school and engage in income generating activities, which enhances the opportunities to contract HIV. As household incomes fall, families are often forced to consume less nutritious foods and frequently lack basic health services. All of this contributes to the neglect of children's basic needs resulting in stunted growth and an overall decline in health contributing to lower school enrollment rates (The World Bank, 1999).

2.3.4.7 Fear of infection

The Medical Research Council (1998) reported that most females who are raped between the ages of 10 years and 14 years are raped by schoolteachers. This is an important aspect in the study because school is not a safe place for children anymore. Schools are the major sites for HIV transmission (Shell & Zeitlin, 2001). Learners will not respond well to this particular kind of behaviour from male teachers who are supposed to be "father figures" that children are supposed to look up to. African parents may be afraid to keep their daughters at school. Forced sex forms one third of all primary school girls' first sexual experiences and nearly half reported having forced sex at some point (Shell & Zeitlin, 2001). Stigma surrounding AIDS includes amongst others the following prejudices (Kelly, 2000; Nyblade, Pande, Mathur, et al., 2003).

- HIV is associated with sexual taboos and immoral behaviour.
- HIV is considered to be sent from God as a result of sexual sin.
- HIV is caused by sorcery, witchcraft or ill will.
- HIV can be easily transmitted which endangers fear.
- HIV results in painful death and therefore HIV positive people must be avoided.

3.5.5 Community's role with regard to HIV and AIDS

Since affected learners spend the major part of their time with the community it is important to discuss community involvement. The AIDS pandemic is rife in rural areas due to poverty and illiteracy. The community needs to accept and understand the danger of the disease, and they can have a positive influence on learners if they accept people with HIV virus as part of the community. They can respond positively by creating a safe environment for girls. They can start off by creating after-care facilities for learners where they can get involved in meaningful activities. Volunteers and paraprofessionals can help to monitor the learners. Affected learners can be prepared to meet the challenges that life will present as the learners grow older (Hepburn, 2001).

HIV and AIDS can either be stabilized or reversed through the inclusion of strong high-level political leadership for HIV prevention. A national programme, planning, adequate funding and strong community involvement can help to reduce this epidemic. Epidemics such as HIV and AIDS bring out both the best and worst in people. They trigger the best when individuals group together in solidarity to combat government, community and individual denial and to offer support and care to people living with HIV and AIDS. They bring out the worst in individuals when they are stigmatized and ostracized by their loved ones, their families and their communities and discriminated against individually as well as intrinsically (UNAIDS, 2000, p. 1).

Community schools are schools that are set up and funded by the community. The teachers are mainly members of the community who volunteer their services to help ensure that teaching and learning takes place. The volunteers are not professionally trained but given some kind of guidance so that they can help in the classroom. Unfortunately this is not practiced in South Africa. Community schools are important because they create a safe learning environment by having skilled teachers, increased community supervision and a community location that decreases the risk of traveling long distances. It also provides contextual psychological support for children and designs the curriculum to formal, non-formal and life skills education. It can be effective in AIDS-affected rural areas where the school calendar is tailored to reflect community's agricultural cycles and half-day lessons for certain students are provided (Hepburn, 2001).

2.3.6 Peer role with regards to HIV and AIDS

Peers of an affected learner often find it difficult to accept them as their friends. This may cause children to feel ashamed, to conceal their links with the epidemic and to withdraw from participation in more positive social responses. Educators play an important role in eliminating negative responses of learners towards affected learners. Learners in the class need to be involved in role-play to understand the unfairness and injustices of stigmatization and discrimination (UNAIDS, 2000). Also, when drawing up classroom rules at the beginning of the year, this stigmatization and discrimination could be highlighted and eliminated thereby breaking down the barriers to the full realization of human rights. To highlight the need for the research, I will present data on the prevalence of HIV and AIDS in South Africa in order to indicate how important it is for the wellbeing of the affected learner that schools address issues around HIV and AIDS.

2.4 ROLE OF EDUCATION

2.4.1 Prevalence of HIV and AIDS

According to Mwamwenda and Jadenzweni (2000) AIDS is a worldwide problem but is also a massive problem of the African continent and a serious health and economic problem in South Africa. In Sub-Saharan Africa 24 million Africans are HIV positive and 13 million Africans have died of AIDS (Whiteside & Sunter, 2000). AIDS is reversing decades of slow improvement in child survival (Gellman, 2000). This makes one realize how young children are affected. AIDS destroys whole families and communities and the nation at large.

South Africa is identified as having the highest number of HIV positive people in the world (Whiteside & Sunter, 2000). In the whole of South Africa, 4,2 million people are living with HIV and AIDS (Howarth, 1996) which is approximately 10 % of the South African population. In 2003 5,6 million South Africans were living with AIDS, (UNAIDS Global Report, 2003). The spread of AIDS is evident among all South Africans irrespective of their population group (Whiteside & Sunter, 2000).

It was projected that by 2005 there would be 6 million infected people in South Africa. Epidemiology data from UNAIDS (2000) shows that South Africans' average life expectancy has decreased by 18 years. Prevalence of HIV and AIDS will continue to increase especially where education and sophisticated medicine is less available. In 1999 one million children lost their mothers in Africa and Sub–Saharan Africa. Many of these children also lost their fathers, thus becoming orphans as a result of death from AIDS.

Taiz (2000) concurs with the above that infants who are HIV infected have a 50 percent chance of reaching two years of age, and few live beyond five years. Research however shows that 60 to 80% of the children born to HIV positive mothers will not be infected with the virus, while 20 to 40% of such children will be infected (Whiteside & Sunter, 2000). It could be argued that although one or both parents may be HIV positive, the learner may not be infected, but neglected, ill treated or stigmatized because a parent is infected. An educated community however will accept all people and treat them equally. This could also lead to the decrease in infections.

2.4.2. Educating young affected learners

Many educators are aware of the prevalence of HIV and AIDS amongst children, and believe that children between the ages of 8 and 10 years are too young to engage with information about prevention and care around HIV and AIDS (Foster, 2000). All children need knowledge of this pandemic as many children are affected in Africa and South Africa. Many children are sexually active from a very young age, and need to know how to take preventative steps against the virus from an early age so that they do not get infected with this deadly virus (UNAIDS, 2000).

Children between the ages of 9 and 10 years tend to show a lack of knowledge of the prevalence of the virus (Van Dyk, 2001), although they are able to distinguish between the causes and effects of any disease. They define illness in terms of specific symptoms experienced by the body (Walsh & Bibace, 1990). When questioned as to what causes AIDS, children in this age group will offer a long list of causes, from what they have heard in the media, from what other people have said or what they imagine to be the cause of AIDS. They are still in the concrete stages of thinking, and therefore

understanding its intensity is difficult. Classifying and generalizing their perceptions of HIV and AIDS is not easy for a child at this stage of development (Van Dyk, 2001).

2.4.3 Ecosystemic thinking to understanding the complexity of HIV and AIDS

The child's relationships should be viewed holistically, as every part of the child's development is as important as another in sustaining the cycles of birth and death or regeneration or decay which together ensure the survival of the whole system (Van Dyk, 2001). The family, school and peers are part of the different systems and anything that happens to any one of the above affects the entire system. If the child is affected or infected with HIV and AIDS this impacts on all the different systems. Each relationship that the child encounters has to have an equal balance otherwise the system cannot be sustained and is threatened. The attitude of the community towards HIV and AIDS influences children's attitude towards the virus. They respond in either a positive or negative way. The system theory is a useful way of trying to understand complex influences and interactions apparent in education, the school and the classroom.

The responses of other learners towards the child affected by HIV and AIDS may cause the child to become isolated. This may affect the balance between the systems as discussed above. A therapist or counselor or an inclusive education trained teacher could be the answer to the problem of healing the pain (Dawes & Donald,1994), but in South Africa, access to therapy is often not financially viable. Hence, there is a need for the educators to address the issues in class, so that one system complements the other, e.g. in prevention and care.

2.4.4 Medical understanding of the disease

AIDS is acquired, it is not inherited. It is caused by a virus that enters the body from outside. Immunity refers to the body's natural inherent ability to defend itself against infection and disease. Deficiency refers to the fact that the body's immune system has been weakened so that it can no longer defend itself against passing infection. A syndrome is a medical term, which refers to a set or collection of specific signs and symptoms that occur together and that are characteristic of a particular pathological

condition. AIDS is not a specific illness. It is a collection of many different conditions that manifest in the body because the HI virus has weakened the immune system so that it can no longer fight the disease causing AIDS. AIDS is a syndrome of opportunistic disease, infections and cancers that has the ability to kill the infected person in the final stages of the disease (Van Dyk, 2001).

The Virus that causes AIDS is HIV.

H : Human
I : Immunodeficiency
V : Virus

The resultant disease is AIDS.

A : Acquired, the virus is not spread like other viruses e. g. flu, but is caused whereby the virus enters the system through direct blood contact e.g. through an open wound that is bleeding or when semen enters the body during sexual intercourse.

I D: Immune Deficiency, the immune system which protects the body from different viruses is under attack. The immune system struggles to fight back.

S : Syndrome, AIDS is a collection of diseases that the body struggles to fight against.

Children should have a basic understanding of the disease and how it eventually leads to AIDS.

2.4.5 Educators' perceptions of HIV and AIDS

Teachers can act as role models for others in helping to combat stigma, discrimination and the isolation of people living with HIV and AIDS. Learners as young as those in this study need to be taught not to stigmatize. Teachers can show their support by caring for all learners in the same way regardless of their health or social status. HIV and AIDS should be treated like any other disease, and learners should be encouraged to talk about

their encounters with the disease. The language that the teacher uses to communicate with his/her learner is important. Prejudiced language may alienate them from the target group and could encourage isolation. Language used to describe victims should include them as part of the class e.g. "she lives with AIDS" or "she is HIV positive" or "she is a rape victim" (Van Dyk, 2001, p. 108). Positive language should be used, rooting out stereotypes and avoiding hurting the affected learner's feelings. Sexist language should also be avoided in the context of HIV and AIDS, not implying that men are always the guilty party. In this way, the opportunity to talk about HIV and AIDS could be opened up. Learners living with HIV and AIDS should not be denied the ordinary benefits of social life, and should be included in all facets of school life (Van Dyk, 2001).

Children love to emulate their teachers. The attitude of the educator towards HIV and AIDS can influence the children's attitudes towards the disease. The teacher can become a positive role model and encourage positive action, since s/he is positioned as an important part of the eco-system, and plays a vital role in the lives of the learners throughout their school career.

Empathy involves listening to the learner, understanding him/her and his/her concerns, and communicating this understanding to the learner in such a way that s/he might understand him/herself more fully and act in that understanding (Whiteside & Sunter, 2000). Empathy is therefore the ability to recognize and acknowledge the feelings of another person without experiencing the same emotions. Teachers can show empathy by showing an understanding towards learners who are affected by HIV, and by treating them with respect and allowing them to be part of the family of learners in a class. Others in the class will follow the example set by the teacher. The affected learner will view the teacher as being supportive and trustworthy. The learners will feel comfortable in that particular environment. Communication, either verbal or nonverbal, will then become easy for the affected learner.

2.6 IMPACT ON SCHOOLS

2.6.1 Introduction

The HIV and AIDS epidemic is likely to compromise education in South Africa. Coombe (2000) suggests that while working to limit the spread of the disease, it is necessary to recognize and manage the pandemic's impact on schools. There is no doubt that HIV and AIDS undermines education quality. Education quality is the overall improved learning achievement, which concerns the school and the environment.

HIV and AIDS are the leading causes of death in Africa, and the fourth leading causes of death worldwide. HIV infection and AIDS is a life-threatening and a life-affecting disease. Otaala (2000, p.3) states that:

> the threat posed to Africa by HIV and AIDS continues to increase. The epidemic is not restricted by national boundaries. Neither is it confined by age, social status or learning environment. Once it has gained a foothold, it can affect every part of the country, every level of society, every aspect of an institution.

This also implies that this disease affects teachers and many children due to the fact that they have watched their loved ones die.

2.6.2 The teaching-learning process

The teaching-learning process is one of the most important aspects of educational quality. It is also particularly vulnerable to the impact of HIV and AIDS. Sick teachers give less time to effective teaching, giving homework and assessing pupil progress in learning. Among students affected by HIV and AIDS, pressures to stay home to care for the sick parents and relatives reduce learning time. The teaching and learning conditions as well as the management of educational systems suffer from the effects of AIDS in several ways (Allenmano, 2002, p. 16-21).

2.6.3 School enrolment

Fredrikson and Kanabus (2004) state that a decline in school enrolment is one of the most visible effects of the epidemic. This will in itself have an effect on HIV prevention, as a good basic education ranks among the most effective and cost-effective means of preventing HIV. Coombe (2000, p. 1) states that HIV and AIDS have a traumatic impact on learners. As HIV and AIDS reduces the number of parents aged 20 to 40, the number of orphaned children increases, poverty deepens, and school enrolment rates decline. High dropout due to poverty, illness, lack of motivation and trauma increases, along with absenteeism among children who head households, who help to supplement family income and those who are ill. Many live in families that are financially overextended, and are under pressure to contribute to family income as poverty deepens. They are losing parents, siblings, friends and teachers to the disease. Many have to move long distances to find new homes. For others there is no home at all. As a result, learners are increasingly absent from school (Van Dyk, 2001).

2.6.4 Access and treatment

Many issues raised by children affected by HIV and AIDS relate to access and treatment at schools. These children are denied admission because they cannot pay fees. In the Central African Republic and Swaziland, school enrolment is reported to have fallen by 20 to 36 percent due to AIDS and orphanhood, with girl children most affected. In Guatemala, studies have shown that more than a third of children orphaned by HIV and AIDS drop out of school. AIDS undermines their learning prospects (Loewenson, 2001, p. 1). In South Africa there is no reliable data on girls between the ages of 8-10 years affected by HIV and AIDS (UNICEF, 2001).

Many children are infected or affected by HIV and AIDS and are not specifically and sufficiently provided for within the South African educational context. They lack support within their social contexts, but are expected to develop in all areas of their lives. Many educators are not properly equipped to deal with these learners. When a learner experiences the death of a family member, it is necessary for the school and the educators to care and support the learner, but also to help other learners in the class to respond in a supportive way to the affected learner.

2.6.5 Teaching staff

HIV and AIDS not only affect learners, but educators as well. Schools could experience a shortage of teachers. As a result of HIV and AIDS, during 1996 and 1998 in Gautemala, almost as many teachers died as those who retired, and of those who died 85% were HIV positive. Many schools closed down and 71 000 children between the ages of 6 and 11 years will be deprived of primary school education by the year 2005 (UNAIDS, 2000, pp. 29-30).

HIV and AIDS increase teacher absenteeism, as the illness itself causes increasing periods of absence from class (Coombe, 2000, p. 1). Teachers with sick families also take time off to attend funerals or to care for the sick or the dying relatives. Teacher absenteeism also results from the psychological effects of the epidemic.

When a teacher dies from AIDS, classes may be combined with other classes or left untaught for long periods before the teacher is replaced. This can have a significant impact on learners in terms of teaching and learning. Some parents may opt for home schooling and this may drop enrolment numbers at school. This drop in school enrolment will reduce the demand for new teachers (Cheleta, 2004, p. 1).

The death of teachers is a great loss of human resources in schools. The replacement teachers may not be as good as the former teachers. Getting used to the new teachers' style may take time. The illness or death of teachers is devastating in rural areas where schools depend heavily on one or two teachers. In this instance skilled teachers are not easily replaced. Teachers need to be better informed about HIV and AIDS in order to protect themselves from being infected, and also to become better advocates in the fight against infection.

Loss of educators will impact on the prospects for positive behaviour changes anticipated as a result of curriculum reform, materials development and appropriate role modeling. Teachers are special since they serve as role models for impressionable young people (Theron, 2004). The education sector will be faced with attrition in the ranks of planners and administrators at all levels. As new administrators are replaced, there is considerable

loss of experience, which can be expected to have an effect on the functioning of the system. Long periods of absence from work reduce labour productivity (Kalichman, 2005).

2.6.6 Responding to HIV and AIDS at schools

Schools are regarded as important places because parents entrust the intellectual, as well as the social development of their children to the school. Next to a family, school may be the most influential force in forming children's characters and in preparing them for future professional and social interactions (Allenmano, 2002, pp. 16-21). Educators and learners generally break the silence of the illness first with family members, and then with their friends at schools. People may tend to respond differently, some with compassion and support, and others with harsh judgment or rejection. In most cases, people's responses to this illness lie mostly in the manner in which the head of the institution responds (Wegner, 1998). The words and actions of the school leaders, both as individuals, and as institutional representatives have broad implications for their schools and their communities.

2.6.6.1 Human values at schools

Schools are places that support human values. Educators are supposed to use the curriculum to teach learners moral principles of human values and justice, as well as ethical codes of behavior characteristic of a human society. School is a place where young children are introduced to the formal bodies of knowledge necessary to understand the world and to become productive members of society (Kelly, 2000). The knowledge gained from school through educators becomes the building blocks with which children define the world around them and form their relationships with others. Educators are supposed to cultivate keenness for learning, and nurture excitement for academic pursuits and intellectual discovery. Schools can become the most powerful place for change and growth in a child's life. Educators can greatly influence children's lives and make a difference to the direction one's life takes. Therefore the educator's personality is just as critical to a successful educational outcome as the quality of the curriculum (Coombe, 2000).

2.6.6.2 Powers exercised by schools

Schools need to exercise the power they exert on learners sensitively and responsibly, and in the best interests of all learners irrespective of color, creed or sex, or whether infected or affected by HIV and AIDS. Schools engage in and contribute to the kind of society in the broader sphere, as well as reinforcing cultural values and morals. Schools should be places that teach life skills, which should include HIV prevention and care for young children who are not sexually active (Hepburn, 2001).

2.6.6.3 Affected learners' experiences of death

HIV and AIDS in South Africa affect many children, and the pandemic often leaves orphans having to deal with the death of a parent, in its wake. McCown and Davies (1995) believe that experiencing the death of a friend or classmate's parent may result in short-term aggressive and attention-seeking behaviors. It is important for the educator to make learners in the class aware of death and how important their responses are to the affected learner or orphan. Children will respond to death according to their particular developmental situations (Silverman, Nickman & Worden, 1992). Uninfected children's responses towards the affected learner help in the grieving process to reveal their feelings, and also enable them to understand that the loss is permanent. Teachers can help the affected learner in his/her understanding of death.

Educators can help by encouraging affected learners to play "death games" as a way of working out their feelings and anxieties in a relatively safe setting. Death games are played with animated figures that are shot at with toy guns and are watched by those involved in the game. This allows children to talk, under the guidance of counselor or teacher, about feelings. Children are familiar with these games, as they stand safely aside from the harm that comes to the toys or imaginary figures. Orphans may respond better to death if they are encouraged to talk to those around them. Affected learners repeatedly ask the same questions to test reality and confirm what they were told. This will help in their interpretation of death (Hepburn, 2001). Educators need to be honest in answering questions on death, as this will encourage trust and be the basis of comforting relationships. Answering their questions in a non-judgmental way indicates

acknowledgment of exploring that which is confusing and that which cannot be well articulated by the affected learner at this stage of development. If teachers want learners to respond to death positively, they need to view death from the child's point of view.

Good memories of loved ones can be encouraged (Christ & Jeweltry, 2000). Educators can encourage learners to make cards or start scrap booking. This will allow them to respond to death in a positive way. Getting involved in class activities will help the learner to view death as part of life, and to accept that all life ends in death irrespective of how one dies.

Acceptance and care of the orphan or affected learner is important for normal adjustment, especially in a society where this disease is prevalent. Stresses like poverty, malnutrition and illness inhibit children's nervous systems from normal formation and this can have a detrimental affect on their coping strategies. Therefore primary emotional strategies like the dependence on adult teacher and peer support is necessary (Hepburn, 2001).

The death of a parent can be expected to have deep psychological effects on children and may result in personalized disorders (Malaney, 2000). Financial consequences become a major problem when AIDS affects a family. The primary source of support is lost. The school, considering the impact of death on the affected learner, should be aware and provide suitable support.

2.7 MEETING THE CHALLENGES OF EDUCATION

Keeping in mind the major changes proposed by White Paper 6 (DoE, 2001), Kelly (2000) also notes the following, which I have summarized:
Education in a world with AIDS must be different from education in an AIDS-free world. The content, process, methodology, role and organization of school education in a world of HIV and AIDS has to be radically altered. The entire educational edifice has to be taken down, every brick examined and, where necessary, re-shaped before being used in a new structure that has not been designed.

The following issues should be worked upon to create a responsive education system:

- revise the role and content of the curriculum
- revise the organization of primary schools
- explore cost effective community-based initiatives

2.7.1 The role of content of the curriculum

When one considers the spread of AIDS, one needs to integrate HIV and AIDS material into the curriculum. To help learners avoid risky sexual behavior, schools should integrate instruction and activities on 'important skills' that encourage positive social behavior, remove the stigma of AIDS and break the silence surrounding the disease. Death should also be explained in Life Skills education. Due to the loss of income after the death of parents, children need to assume income-generating activities. Therefore, curriculum planners should consider including non-formal education or apprenticeship programmes into formal schooling. In this manner, students can gain literacy, numeracy and vocational skills. This also encourages basic education in institutional and non-institutional settings.

2.7.2 The organization of primary education

Some learners are unable to attend school due to the effects of HIV and AIDS. Programme planners need to reach out to children unable to attend government schools. Here community schools and interactive radio education can become a reality. Schools also need to consider ways to explore methods, which decrease the HIV transmission risks, especially for girls in rural schools.

2.7.3 The cost effective community-based initiatives

HIV and AIDS affect the financing of the primary education system due to the huge loss of educators. Sometimes due to the prolonged absence of ailing HIV infected educators substitute short-term teachers need to be employed to replace the abovementioned

educators. This increases expenses and diverts resources away from the school itself. Private funding then becomes necessary. It then becomes important for national and community leaders to explore cost-effective and sustainable initiatives to increase school participation to swell funds.

2.8 FAMILY AND HIV AND AIDS

The family is a sub-system of the ecosystem, but each family is different, with its own diverse sets of values, beliefs and experiences. Many adults question the value of basic education if the possibility exists that children will eventually succumb to the disease before they receive the economic benefits of their education. This scepticism is reinforced by the fact that education is perceived as poor in many countries. The curriculum taught in government sponsored schools are not directly relevant to the child or the community's needs. There are few opportunities for employment after school. Some families recognize the value of education for boys but not for girls, and are less likely to send their daughters to school. It is just as important to educate girls as they would benefit significantly from education (UNICEF, 2001; UNAIDS, 2000; Rugh, 2000). A research study in Sub-Saharan Africa found that a 10 % gain in female literacy resulted in a proportional drop in infant morality (Williamson, 2000). Besides education to improve quality of life, instruction and activities on important 'life-skills' that promote positive social behavior and eliminate AIDS–related stigmas, breaking the silence surrounding HIV and AIDS issues, are important (Williamson, 2000).

South African children are brought up in an environment where violence, abuse and HIV and AIDS are common to most households. Death is the ultimate end to this deadly virus, and therefore families are faced with grief as often many members are affected (Gilbert, 1966). Grief within a family "consist[s] of the interplay of individual family members grieving in the social and relational context of the family, with each member affecting and being affected by the others" (Gilbert, 1996, p. 92). This will influence the way members of the family react to the loss of a loved one, which is directly related to this study.

Each family views death-related encounters, attitudes and practices in its own way. Families that are enmeshed together will depend on one another for support throughout their grieving period, whereas others may allow their family members to express their grief in their own way. Some families may allow open communication during this period, while others will prefer secrecy. Walsh and McGoldrick (1991) acknowledge that the reality of death and sharing the experiences of loss involves the recognition of the loss and its implication, sharing grief reactions and tolerating individual differences within the family system. Children may be oversensitive and show more outward grief if not taught how to manage grief. Adult family members can help by talking openly to their children. Children can still be encouraged to maintain a sense of connection with the deceased, and with the past, even as they move into the future. For example, a special day connected to the deceased can be remembered, like birth or death days, praying for the deceased or visiting graves (Bowen, 1991; Imber-Black, 1991).

As family members die through HIV and AIDS, the rest of the family experiences anticipatory grief as they watch their loved ones die. In cases where the parents are dying, children are left to manage their own grief as the other parent is so consumed in his/her own grief that the child is forgotten. This study is therefore also conducted to help prepare educators to handle children who experience such grief.

Rando (1996) states that when the loss or death is sudden and unanticipated, its shock effects tend to overwhelm a mourner's capacity to cope. Therefore it is important to teach young learners to cope and to treat affected learners with respect and help them during the mourning period. Therefore, family support during death is important because it can help to alleviate fear, anxiety, and a sense of vulnerability that children face when there is a separation from loved ones. Families need to be strong and supportive of each other so that younger members of the family have role models to emulate. Heads of families also need to be alert to potential complications in grief and mourning, and to obtain appropriate assistance that can untangle complications in grief reactions.

2.9 THE INDIVIDUAL AND HIV AND AIDS

2.9.1 Introduction

When a child loses a loved one he turns to friends or family for consolation. The kind of empathy and support that is received during the mourning period is important. Family members and caregivers need to see that the child's individual needs are met. Collins (1996) states that bereaved children need the following: social support, hydration, nutrition, exercise and rest. If these needs are met to a certain extent the grieving process becomes easier to handle.

The following can possibly help in understanding a death experience and grieving (Hepburn, 2001):

2.9.2 Grief

The grieving process for an individual needs to be lived with and lived through. Often when there is a loss of a loved one the child is left out, because people tend to concentrate on the adults who are in mourning. This can be associated with disenfranchised grief especially where death is associated with HIV and AIDS. Doka (1989, p. 4) and Overberg (1994) describe disenfranchised grief as being "grief that the person experiences when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially accepted".

2.9.3 Support

Children need support when they experience death in the family and require being listened to when they want to talk about their loved ones that they have lost (Corr, 1995). Knowing that someone is listening gives them a sense of belonging and a feeling of being wanted.

2.9.4 Help

The experience of death should not make one feel sorry for oneself, and the child should realize that life continues as normal except that it continues without the deceased person.

Help to adjust to the situation, and maybe to take on added roles including some of those of the deceased, will enable the child to realize that the deceased will not return.

2.9.5 Truth

Children need to know the truth about the circumstances of the death. The key role of the parents and caregivers is to tell children the truth about the death. This helps the child to test reality and move from shock and confusion to coming to terms with the death. Hodge (1988) believes children should be encouraged to write down their feelings in a journal.

2.9.6 Commemorative activities

A child who has lost a loved one could be encouraged to occupy himself in commemorative activities that are designed to remember the life of the deceased. This is usually done to preserve in some way the memory of the deceased. The child could perhaps be encouraged to plant a tree in memory of the deceased. This is appropriate because it involves the nurturing of new life. Allowing the child to put together photographs of memories for scrap booking will also help the child to talk about the loved one. The child will come to realize that the life has ended, but that the meaning that the deceased had in his life has not ended (Harley, 1999; Reid & Reid, 2000).

2.9.7 Counselling

Generally it is found that children who experience the death of a loved one through HIV and AIDS may need grief counselling. This helps bereaved children to cope with normal uncompleted mourning. This kind of help could be found in communities that care. It involves informal understanding of experiences in bereavement and mourning, as well as skill in helping children with their own coping process (Worden, 2002). Children tend to ask the same questions repeatedly. The 'counselor' could answer these. They may identify certain emotions like sadness or fear, and help to facilitate constructive mourning. The child can be helped to find an appropriate focus. Appropriate questions on the emotions may help the survivor to find some balance between positive and negative

feelings. The counselor may also help to express rather than repress their feelings. However, the child should be encouraged to come to terms with the loss and find his/her own comfort. The child should also be encouraged to restructure relationships especially if the child was close to the deceased. The child can be encouraged to talk of fond memories like special outings. This could encourage the child to grieve in ways he previously avoided and give him precious memories to take with him into the future (Krizek, 1992). This does not allow the child to dishonour the dead but to live his life as the deceased would have wanted him to.

2.9.8 Expert help

It is important to help the child to deal with grief so that he can learn to live without the presence of the loved one. However, sometimes the child's grief may be so complicated that the counselor may not be able to help. Rando (1966) states that some helpers may not be able to cope with the grief reactions of their own, because they may not be prepared to deal with complicated grief reactions without the specialized skills and expertise of a qualified grief therapist. The child could then be referred to the appropriate resources, if the family can afford it.

2.10 CONCLUSION

HIV and AIDS present a challenge to affected learners in primary schools. AIDS increases learner absenteeism and reduces instructional time. It also diverts resources away from schools due to the number of people infected and affected by the disease. Therefore schools, educators and communities need to join together in moderating some of the long-term negative consequences of the disease to enable those affected to remain at school and receive the best support, and be as comfortable as possible at school.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The purpose of this chapter is to set out and authenticate the methodological design of my study. The research questions are formulated and the aims are highlighted. The chosen research instrument and the case study are elaborated on. Further insights are to be offered on sampling preference, data collection and analysis, trustworthiness, ethical considerations and the researcher as an instrument.

3.2 RESEARCH QUESTIONS

This study engaged the active participation of learners in a grade 4 class to find answers to the research questions formulated below:

- What are grade 4 learners' responses to an AIDS - related death in the family of a classmate?
- How can the information gained be used to generate guidelines for educators to facilitate suitable responses to an AIDS - related death in the family of a classmate?

3.3 RESEARCH AIMS

The aims are formulated as follows:

- To explore grade 4 learners' responses to an AIDS - related death in the family of a classmate.
- To use the information to generate guidelines for educators to facilitate suitable responses to an AIDS - related death in the family of a classmate.

3.4 RESEARCH DESIGN

3.4.1 Introduction

The nature of the study determines the type of research to be undertaken (Huysamen, 2001, p. 89). Qualitative research is a form of enquiry that explores phenomena in their natural settings and uses multi-methods to interpret, explain and bring meaning to them. Leedy (2000, p. 95) sees qualitative research as a 'holistic' and 'emergent' design and instruments, for example, interviews and interpretations developing and possibly changing along the way. The chosen research strategy is a case study. A case study according to Rador (2000) is the essence of interpretive research. A case study is an intense study of a specific individual or class, in this instance a class affected by a death of a family member of a classmate, purportedly due to HIV and AIDS. The crucial purpose of research is to explore and document human behavior and to learn how the world works so that people can understand phenomena and events. The case study design was used to enable me to study how learners respond to a learner affected by HIV and AIDS, through the death of her father.

3.4.2 Qualitative approach

In this study, gathering data from the learners angled my study towards a qualitative approach, with an explorative, descriptive and contextual research design. A qualitative research approach was adopted, as it is generally intended to determine what things are in existence, rather than to determine the magnitude of things that are. As Brock-Utne (1966, p. 605) states, qualitative research is 'holistic' in the sense that it attempts to provide a contextual understanding of the complex interrelationship of causes and consequences that affect human behavior. Qualitative research allows for the use of multiple research strategies to focus on micro-issues within an everyday social situation such as school. Consequently, the qualitative research approach proved appropriate to my study, as it incorporated interviews to glean data. It is particularly suitable since it is process-orientated, flexible and adaptable to changes in circumstances and contexts. Closely linked to the above advantages that qualitative methodology allows for is the facility to learn more about the complex ways in which inter-group relationships occur

and are affected by the school situation, the school's policies and practices which influence the responses of learners to an AIDS-affected learner. Thus it allows for a focus on both intended and unintended attitudes and practices of learners. Cohen, Manion and Morrison (2000, p. 305) motivate for qualitative research as it "affords the researcher the opportunity to gather 'live' data from 'live' situations".

3.4.3 Interpretive paradigm

My research is interpretive in the sense that it captured the responses of learners in a grade 4 class in order to understand and interpret their responses towards a learner affected by AIDS. The research started as a result of my awareness of the number of learners who are affected by AIDS. Interpretive research is a communal process, informed by participating practitioners and scrutinized and/or endorsed by others (Garrick, 1999). Phenomena and events are understood through mental processes of interpretations which are influenced by, and interpreted within social contexts to look for ways in which people make meaning and what meaning they make (Trauth, 2001). The interpretive researcher looks for the frames that shape the meaning (Neuman, 2000). This allows for the researcher to be extremely sensitive to the role of the context, in this case the school and the community.

3.4.4 The case study

I chose a grade 4 class in a primary school in the Overport area in the Umlazi District in the Ethekweni Region in KwaZulu-Natal. The rationale for choosing this school is that the class has learners who are affected by HIV and AIDS and has recently experienced the death of a family member of a classmate.

The term 'case study' pertains to the intensive study of a limited number of units of analysis such as an individual, group or institution (Gay, 1992). A case study is directed at the understanding of the 'uniqueness' and the idiosyncrasy of a particular case in all its 'complexity' (Huysamen, 2001, p. 133). Creswell (2003) concurs and describes it as when the researcher explores a single entity or phenomenon (the case) bounded by time

and activity (process, institution or social group) and collects detailed information by using a variety of data collection procedures during a sustained period of time.

The primary purpose of such a study is to explore the factors, and the relationships among the factors that have resulted in the current behavior of the participants of the study. Boden, Kenway and Epstein (2005, p. 62) liken a case study to a funnel. From a broad exploratory beginning they move directly to data collection and analysis.

I chose the case study as a research strategy because I wanted to get data that will be rich. The manner in which learners respond to HIV and AIDS is complex, and focusing on various participants from the same class could provide insight into such complexity. The knowledge of this pandemic is vital in the way the children respond to learners affected and infected by HIV and AIDS.

3.5 METHOD

3.5.1 The research site

The class under study is in a primary school. The primary school was established in 1978 in Overport, a residential suburb near Durban's central business district. The school caters for 620 learners between the ages of 6 and 10 years (Grades R - 4).

Overport is a working-to-middle-class residential suburb that was designated an Indian area. However, since the late eighties and nineties there has been some desegregation and, more recently, a fair number of working class and middle class professionals and entrepreneurial Black families have taken up residence in the suburb. The school itself is situated close to the business area and is easily visible from the main road. The majority of the learners come to school using private transport, buses or taxis while some learners walk to school. The school has not received an overhaul for a considerable time and is in a condition of disrepair. It is overtaxed in terms of resources because of the increase in learner numbers over the years.

3.5.1.1 The school population

Table 1: School Population

Coloured	Indians	African	Total
37	192	391	620
6%	39%	55%	100%

Initially the school was reserved exclusively for Indian learners, but in the late nineties in keeping with the local and national development, African learners were admitted. There are also small numbers of Coloured learners who make up 6% of the learner population. The present school population is 55% African, 39% Indian and 6% Coloured learners. The gender distribution is 55% female and 45% male. Apart from racial diversity, the school population is also divided along ethnic, class and religious lines. The vast majority of African learners are second language English speakers, their home languages being predominately isiZulu, and a bit of isiXhosa. The Indian and Coloured learners are first language English speakers.

3.5.1.2 Religious representations

Table 2: The School

Muslim	Christian	Hindus	Total
114	381	125	620
18%	62%	20%	100%

There are 620 learners at the school, 114 (18%) are Muslims, 381 (62%) are Christians and 124 (20%) are Hindus.

3.5.1.3 The teaching staff

Table 3: Teaching Staff

	Indian	African	Total
Head of Department	3	-	3
Principal	1	-	1
Deputy Principal	1	-	1
Level 1 Educators	8	1	9
Total	13	1	14

The teaching staff at the school consists of nine level one educators, eight Indian and one Black. Among the nine, seven are females and two are males. The management consists of five Indian females.

3.5.1.4 The class

Table 4: Class Population

African	Indian	Coloured	Total
27	13	2	42
65%	31%	4%	100%

There are 42 learners in the grade 4 class, 27 (65%) are Black, 13 (31%) are Indian and 2 (4%) are Coloured. Their ages vary from 9 to 10 years.

3.5.2 Data Collection

3.5.2.1 Sampling

Wilkinson and Birmingham (2003, p. 146) note that purposive sampling was such that the selected persons fit the criteria of 'desirable participants'. I was aware that these participants had been exposed to HIV and AIDS in some way or the other and were suitable for my study. Initially, I started by skimming through the profiles of each learner in my class. Those learners who had been exposed to HIV and AIDS, infected or affected, were chosen. Permission was first sought from the parents as these were all minors (See addendum B)

Table 5 : Biographic Information of Participants

Participant	Age	Gender	Mother-tongue	Affiliation Religious
1	10 years	Female	English	Christian
2	9 years	Male	isiXhosa	Christian
3	9 years	Female	English	Hindu
4	10 years	Male	isiZulu	Christian
5	10 years	Female	English	Hindu
6	9 years	Female	English	Muslim
7	10 years	Female	isiZulu	Christian
8	9 years	Male	English	Christian
9	9 years	Male	English	Christian
10	10 years	Male	English	Hindu
11	9 years	Male	English	Muslim
12	9 years	Female	English	Muslim
13	9 years	Female	English	Hindu
14	10 years	Female	isiXhosa	Christian
15	10 years	Female	isiZulu	Christian

3.5.2.2 Method of data collection

The purpose of the interview was to establish what the learners would do and how they would respond to a learner who is directly affected by AIDS. Interviews are commonly utilized to probe below the surface of people. According to Cohen et al. (2000, p. 234) the interviewer is allowed to use prompts to clarify topics and questions, whilst probes enable the interviewer to ask participants to extend, elaborate, add to, provide details or qualify their responses, thereby addressing richness, depth of responses, comprehensiveness and honesty that are all hallmarks of successful interviewing. Lincoln and Guba (1985, p. 183) refer to this as getting a thick description. An interview is described as an interaction involving the interviewer and the interviewee, the purpose of which is to obtain reliable and valid information, and which may range from casual conversation to more lengthy interactions. An interview has also been described as 'conversation with a purpose' (Marshall & Rossman, 1989, p. 321). Kerlinger (1992, p. 441) concurs, viewing it as a 'face to face interpersonal role situation'.

I used an unstructured interview format. The interview was designed by using a vignette as a prompt. The interviews were conducted in an informal manner with the participants being informed of the purpose of the study and confidentiality of the responses. The responses to the vignette were tape-recorded. It intended to elicit descriptive and explanatory information to present a picture of how grade four learners respond to another learner affected by AIDS. Open-ended questions were useful to elicit responses from participants since interviewing is a mode of collecting verbal data (De Vos, Strydom, Fouche, & Delport, 2002). In this way, interviews were conducted until no new information emerged and therefore data was saturated. All the participants were interviewed individually. The interview began with one main question, which was used as a guide to allow for probing to seek clarification throughout the rest of the interview. After reading the vignette (See Addendum A) with the learner, one main question was asked: *"What would you do if you were in Mary's class?"*

The rest of the questions followed from the way in which the participants responded to the main question. Interviews are advantageous because they are useful to obtain large amounts of data quickly. The interviews also allowed for immediate follow-up questions

and clarification when it was required. Consequently, by establishing rapport and trust, the interviewer can obtain data that the participant may be loath to give in a questionnaire (Gay, 1992).

In this study, a vignette was used because in social research a vignette allows for clarification of people's judgments, and provides a less personal, and therefore less threatening way of exploring sensitive topics, and participants are allowed to define the situation in their own terms. According to Hughes (1998, p. 381) vignettes are stories about individuals, situations and structures and can make reference to important points in the study of perceptions, beliefs and attitudes. Finch (1987, p. 105) describes vignettes as short stories about hypothetical characters in specified circumstances, to whose situation the interviewee is invited to respond. Hill (1997, p. 177) concurs that vignettes, as short scenarios in written form, elicit responses to typical situations.

Barter and Renol (1999) concur that vignettes are found to generally fulfill three main purposes, namely, the interpretation of actions and occurrences that allows situational contexts to be explored and influential variables to be elucidated; clarifications of individual judgments, often in relation to moral dilemmas, and discussion of sensitive experiences in comparison with 'normality' of the vignette.

In my study, the participants were asked to respond to a particular situation (death of the father of a classmate), which entailed a moral dilemma (the death through AIDS). Participants engaged with the story based on their personal experiences with HIV and AIDS. Probing allowed me to encourage participants to describe how they felt about 'Mary' and her situation in the story.

3.5.3 Data analysis

The aim of the analysis was to describe and make meaning of the data and the events that the data referred to. Description was needed, interpretation and explanation were required. Since this was a case study, the data analysis started concurrently with the data collection.

The tape recordings were transcribed. I ensured that the pages had margins on both sides for notes and coding. The analysis started according to Tesch's (1990) open coding, with the reading of all the interviews, and dividing the data into smaller meaningful units, considering the research question, while examining the data. The important points made by the participants were recorded in the margin. Three A4 sheets were joined together and similar information was grouped together. The participants' names, as well as the line number from where the information was obtained were also recorded.

I then looked at the theory that framed the inquiry to see if it was related in any way. I then tried to establish categories, which added meaning, and grouped these into themes. I then went back to my interviews to check if there was any other important information that I had omitted. I then re-looked at the interviews bearing the topic in mind. I then used each theme as a basis for my argument in terms of the research question. Warren (2002) states that data should be put into categories, classes identified and connections made between them.

Another researcher then independently coded the raw data and a consensus discussion was held. The information was further interpreted in the light of the literature review and the basis of the theoretical framework. Simons and Usher (2000, p. 15) maintain that an analysis ought to be rigorous, systematic, disciplined and carefully, methodically documented. The most important factor was that the analysis reflected the participants' responses to the death of the father of a classmate. Fifteen sources of data were used to ensure that the phenomenon had been thoroughly investigated, thus giving rich data.

3.4 TRUSTWORTHINESS

Trustworthiness is a critical issue in qualitative research. In this regard Guba's measures (Krefting, 1991; Lincoln & Guba, 1985) were used to ensure trustworthiness: i.e. credibility (truth value), transferability (applicability), dependability (consistency) and confirmability (neutrality). These are described below where I first explain what the criterion means and then how I went about ensuring each criterion was present in my research.

3.6.1 Credibility (Truth value)

Here the purpose is to establish how confident the researcher is with the truth of the findings based on the research design, informants and context. Truth is assessed by how well threats to the internal validity of the study have been managed, as well as the validity of the instruments as a measure of the phenomenon under study Sandowski (1989). Truth-value is achieved from the discovery of human experiences as lived and perceived by participants. Truth-value is topic-orientated and not defined as the most important thing by the researcher. This is termed credibility by Lincoln and Guba (1985). However Sandowski (1989) suggests that qualitative research is credible when it presents such accurate descriptions or interpretations of human experiences that people who also share that experience would immediately recognize the descriptions.

I briefly explained to the participants the purpose of the study, namely to explore the responses of learners to the death of a family member of a classmate, i.e. an HIV and AIDS affected learner in a grade 4 class. The same question was posed to participants after reading the vignette to them. *'What would you do if you were in Mary's class?'* Each participant responded in different ways and the follow-up questions depended on their initial response. Their experiences and reasoning allowed me to establish the truth-value and credibility of my research, and whether my findings 'correspond' with reality.

3.6.2 Applicability (Transferability)

For qualitative research two perspectives are appropriate, namely that the ability to generalize is not relevant, as each situation is unique and is less amenable to generalization (Payton, 1979) and secondly, that research meets this criterion when the findings fit into contexts outside the study situation that are determined by the degree of similarity or goodness or fit between the contexts. Lincoln & Guba (1985) state that transferability is more the responsibility of the person wanting to transfer the findings to another situation or population, than it is of the researcher of the original study. As long as the original researcher presents sufficient descriptive data to allow for comparison, s/he addresses this criterion.

The data was collected in the classroom where learners were familiar with the surroundings. I personally interviewed learners who were from my class. They were used to me as I was their educator. I taught these learners four of the learning areas. While the interviews were conducted, I audio-taped them and transcribed them to ensure that no valuable information was left out. I fully described the context and process. If another researcher was interested in a similar type of research, s/he would be able to do so, based on my thorough description.

3.6.3 Consistency (Dependability)

Reliability is the criterion concerned with the stability, consistency and equivalence in the study (Sandowski, 1989). Replication of the research would not alter the findings. The quantitative perspective on consistency is based on the assumption of a single reality, that there is something out there to be studied that it is unchanging and can be used as a benchmark (Lincoln & Guba, 1985). In qualitative research we assume that there are multiple realities, some of which we intend to explore. The key is to learn about the informants rather than control them. The instruments that are assessed are the researcher and the informants, both vary greatly within the research project.

The results obtained from the research are dependable and were achieved through rich and detailed description of the methodology and the rigorous re-coding of interviews. I also allowed the participants to listen to the audio-recordings so that changes could have

been made if necessary. This was also done to ensure that the participants' thoughts were captured accurately and in their entirety.

3.6.4 Neutrality (Confirmability)

This is freedom from bias in the research procedures and results. Sandowski (1989) refers to this as the degree to which the findings are a function solely of the informants and conditions of the research, and not of other biases, motivations and perspectives. In quantitative research, objectivity is the criterion of neutrality, and is achieved through the rigour of methodology through which reliability and validity are established. Objectivity is the proper distance between researcher and the participants that minimizes bias. This is achieved through procedures of instrumentation and randomization. For qualitative research Lincoln and Guba (1985) shifted the emphasis of neutrality from the researcher to the data. They also suggested confirmability to be the criterion of neutrality. This is achieved when truth-value and applicability are established.

I used interviews as my only method of eliciting information from the participants. The reason for this was because the learners were very young and I did not want to use too many different methods. Through the use of open-ended questions I was sure the data obtained was true and that participants were honest. Participants were reassured from time to time by reframing questions, or by giving them extra time to answer their questions.

3.7 ETHICAL CONSIDERATIONS

The research process began with applying for clearance of the proposal from the University of KwaZulu-Natal (Edgewood Campus), where details of the study and the proposed plan of work had to be submitted. Ethical issues were explained, as to how data was to be collected, handled and kept safely and then disposed of after the study, how anonymity and confidentiality would be ensured (See Addendum D). Since the focus of research in the social and behavioural sciences is humans themselves, scientists do not have a 'free rein', in respect of the research procedures being performed (Leedy, 2005. p. 101). Therefore, care had to be taken than no harm would come to the participants.

Permission was also sought from the KwaZulu-Natal Department of Education as the intention was to conduct research within the school environment. (See Addendum C)

Informed consent was sought from the parents beforehand because all the participants were minors. The parents and the learners were fully informed about the research. The parents were also informed that the names of the participants would be protected. The consent entailed other ethical issues that are relevant to this study (See addendum B). The participants and their parents were offered the opportunity to ask questions and seek clarification with regards to the study so that they did not feel compelled to participate in the study. Ethical considerations were approached at three points in the research: throughout the recruiting of learners as voluntary participants they were assured that if they felt uncomfortable at any point they could stop participating; while conducting the interviews and during the time when my findings were going to be made public.

The learners from the grade 4 class were the participants, and they were not deceived, were not under any false pretenses, nor were they intimidated into participating (Mc Neill, 1990, p. 81). The data was later destroyed so that no one could have access to this raw data.

3.8 THE RESEARCHER AS AN INSTRUMENT

Over the years (28 years) as a primary school educator, I taught many learners who were infected and affected by HIV and AIDS. I also watched them move to other classes the following year where little compassion or understanding was shown towards these learners. This is what initiated my study and enabled me to be a suitable instrument to elicit data from the participants.

I made my participants feel as comfortable as possible and encouraged a free flow of conversation. The interview was the primary method of retrieving the information from the participants.

In my study I also assumed a role as an observer. I interviewed the participants and observed them at the same time. I also took down field notes, so that I had back-up if any

important points were noted during the interview. Later any argument could have been supported due to the availability of the field notes. Field notes allow one to 'relive' the interviews. Mottier (2003, p. 209) speaks about 'double hermeneutics' which happens twice during the research process. The reader of the research will again interpret the already interpreted 'reality' of the research.

Observation and recording took place in an informal way and the participants were not disturbed in any way.

3.10 CONCLUSION

This chapter explained the research design, the case study, the data collection method and instrument that was used and the process to analyze the data. The attempts to ensure trustworthiness of the data generated were discussed. The results of the analysis of the data will be undertaken in the next chapter. The written study itself took an agency of its own argument about the role learners played in the lives of their peers. However, in doing this, it also expressed a reality that distorts the social world from which the data was taken, "the text itself was an object of knowledge" (Holiday, 2001, p. 101). This meant that the data first collected from the participants was processed in writing up this study, thus making up my argument about learners' responses to HIV and AIDS in a grade 4 class. The objective of the knowledge is now open to judgment by all those interested in learners' responses to a learner affected by HIV and AIDS in a grade 4 class.

CHAPTER FOUR

ANALYSIS AND DISCUSSION AND FINDINGS

4.1 INTRODUCTION

The UNAIDS (2001) Global Report suggests that South Africa has the fifth highest prevalence of HIV and AIDS in the world, with 21% of its population estimated to be infected. UNAIDS (2001) Global Report also projected the number of AIDS-related deaths in South Africa in 2003 to range between 270 000 and 520 000. South Africa is thus regarded as having the most severe HIV epidemic in the world. The province of Kwa Zulu-Natal continues to have the highest prevalence at 37,5 %. Furthermore, the UNAIDS (2001) Global Report projected that due to AIDS, 1 100 000, orphans will be living in South Africa at the end of 2003. These estimates and projections continue to rise into 2006.

In the light of the above it is evident that HIV and AIDS cause trauma and stress in the lives of many learners. They live with the stress of being without the familiar care of a mother or a father, or are affected by HIV and AIDS either through family members or friends or themselves being infected. Learners have not been specifically catered for within the South African educational context, and lack support within the social context, yet are expected to develop in all areas of their lives irrespective of how they are affected by the disease (Van Dyk, 2001). Much has been reported about the disease in general, but not much research has been reported on how learners respond to a death of a family member of a learner, in the classroom.

In this chapter, I present the findings of how learners in a grade 4 class respond to a classmate whose father had died. Three central themes regarding their responses were identified.

4.2 FINDINGS

TABLE 6: The responses towards an affected learner after the death of her father.

THEME 1: RESPONDING TO RUMORS

Speculating whether the affected learner has AIDS
Origin of the information regarding the death
Showing concern for the affected learner
Perceptions of HIV and AIDS

THEME 2: RESPONDING TO THE AFFECTED LEARNER

Positive gestures
Fear of being ostracized
Misconceptions leading to stigmatization

THEME 3: TAKING ACTION

Being helpful
Being mean
Acquired knowledge

4.3. DISCUSSION OF FINDINGS

4.3.1 THEME 1: Responding to rumours

In this theme four categories emerged, namely speculating whether the affected learner has AIDS, origin of the information regarding the death, showing concern for the affected learner and perceptions of HIV and AIDS.

Speculating whether the affected learner has AIDS

There is speculation by the participants on two issues: whether Mary (girl in the vignette) has AIDS and whether the AIDS was acquired from her father. It is often found that when one parent has AIDS, it is assumed that the rest of the family is also HIV positive. Foster (2000) states that most often the remaining children are assumed to get the disease from the infected parent. There is evidence of this in these participants' comments:

"Her father died from AIDS...maybe she has AIDS too".
"I think she has AIDS, because her father had it... "

The AIDS pandemic is rendering an unprecedented number of children extremely vulnerable. Arguably, the most vulnerable of these children are those who are either in the care of terminally ill patients, or who have lost their parents to AIDS. Another participant commented as follows:

"... maybe Mary has AIDS."
"The people believe that Mary has AIDS... "

People are sometimes of the opinion that when you spend time with someone infected by HIV and AIDS you also contract the disease. This is indicative in the following response:

" When you with your father, you also get AIDS " (sic).

Children who are aware that their parents are unwell, and watch the effect that AIDS has on their parents suffer great trauma. Moletsane (2003, p. 8) concurs that the HIV and AIDS pandemic affects children in South Africa in many ways. This is further supported by Malaney (2000, p. 15), who states that watching a parent die can be expected to have deep psychological effects on children. Given the situation where many households are exposed to the dreaded disease, it can cause speculation as to whether the entire family has contracted the disease.

Origin of the information regarding the death

This category shows the significant role the educator and the principal play in the lives of learners at school. The educator imparted the information and this was expressed as:

"If the teacher didn't tell the class they wouldn't have known... "
"The teacher told the children why Mary was absent... "

It is also significant to note that the educator may have told the class about Mary (girl in the vignette) in good faith, and out of concern for the learners in the class, knowing that she had been absent for a whole week. The information was possibly revealed in innocence, just to inform her friends about the reason for Mary's absence, with no malice intended.

The head of the institution is responsible for the leadership of the school. Bruner (1996) states that the principal forms the moral character of the institution through the qualities of his or her own personal characters. The principal should be trusted to use information with wisdom and great care. Some participants in the study did not see it this way:

"The aunt told them (teacher and principal) that Mary's father died".
"... I will tell the principal... but I will not tell her how he died".

It is of great importance that principals form a relationship of trust with both parents and learners. They need to act as role models through their words, gestures and actions. This can only be done through personal example. Parents and learners must feel safe to divulge any information related to HIV and AIDS. It is not easy to disclose such information, but will only be done if parents, educators and learners trust the principal. Collins and Rau (2002) concur that educators and principals need to strengthen their links with learners, thereby building relationships that include trust. Principals assume leadership roles because the community feels they are the right persons for the job (Collins & Rau, 2002) and that the school leaders should possess the power to influence how the community responds to any kind of situation. In this regard the trust ought to facilitate disclosure.

Showing concern for the affected learner

It is important to note that the children in the class were aware of the predicament of the affected learner and wanted to help in some way. The participants in the study also showed concern and care for their peers (when questioned what they would do). This is revealed in:

"She keeps thinking about her father I need to occupy her".
"I need to try and do something to make her happy".

Young children are very fond of their parents and it is difficult to break off an attachment that has developed. The affected learner could be occupied, which might allow for diversion of her thoughts and allow her to come to terms with death. Nagler, Adnopoz and Forsythe (1995) believe that the finality of death is not fully grasped by young children who cannot separate life from death, which could prolong the suffering. Another participant wanted to show her concern through acts of kindness. This is displayed in:

"I want to be kind to her because her father died... "
"Mary is human and must be respected".

The realization that AIDS is a stigmatizing disease could encourage acts of kindness from the participants. By being kind to this affected learner (Mary) it may allow the others in the class the opportunity to share and also understand her experience of grief. This is also reflected in:

"... because she feels bad and I want her to feel good".
"I like to try and make her happy so that she can smile again".

Children who come from homes where there are strong moral values are usually very sympathetic when they hear sad stories. Davidson (1988) states that children are deeply moved by stories or by personal contact with people infected with HIV and AIDS and are therefore able to show concern. The above confirms the learners are able to lend support

when they see that support is needed. The educator can encourage caring in the classroom by reinforcing positive behaviour of all learners in the class.

Perceptions of HIV and AIDS

Young children tend to associate contracting HIV with any form of blood handling. They are also aware of the danger of touching blood. This is expressed as:

"You get AIDS when your blood touches someone's sore".
"... if you have an open wound you can catch AIDS".

Some children are aware that only when they have direct contact with blood through an open wound, will the situation be dangerous.

Due to HIV and AIDS, death has become a more regular occurrence for children in recent years. They are also aware of the ways in which one can contract the disease. A participant is aware that:

" ... you get AIDS by sharing a needle".

Some young children are familiar with the fact that HIV is contracted while sharing needles during drug taking. This is a common way of contracting HIV and children have been warned about the handling of any syringes and needles. Van Dyk (2001, p. 176) agrees that some children associate HIV with specific groups of people such as drug-users.

Children are aware of the suffering associated with the disease, which attacks the body. One of the participants commented as follows:

"You cough and your chest gets sore... "

Learners as young as in this study are also aware that AIDS can be contracted through sexual contact. Hence one of the participants commented as follows:

"When people do bad things and don't wear a condom they get AIDS."

Montauk and Scoggin (1989) concur that primary school children are aware that HIV can be transmitted through sex. In the light of the above, only one of the participants admitted to being aware of the main means of contracting the disease. This may be due to the fact that young learners' understanding is still largely concrete and nonspecific, or that are embarrassed, shy or have been taught not to talk about sexual matters.

It is important for educators and parents to understand children's perceptions of HIV and AIDS so that children's questions can be addressed and correct information concerning the disease can be imparted to them. The participants were aware that contact with infected blood caused HIV to spread, and one participant mentioned it is a sexually transmitted disease. Egan (1988, p. 81) concurs that young children need to understand, and their concerns need to be addressed so that they understand themselves more fully and act in their understanding.

THEME 2 : Responding to the affected learner

Nagler et al. (1995) contend that people infected and affected by AIDS may cut themselves off from social support networks because of fear about the ramifications of disclosure. Therefore responding to an affected learner positively is important because of the stigma associated with the disease. It appears that some learners are supportive and others fear ostracism. The three categories identified from participants' experiences are responding positively to the affected learner, fear of also being ostracized and misconceptions leading to stigmatization.

Responding positively to the affected learner

Recent research has shown that the school environment is surrounded by constant change and often distressing events, such as being exposed to educators as well as peers who are infected or affected by HIV and AIDS. Young children tend to respond well to affected people as:

"I will treat her well, all people are the same and she will be my friend".
"I wouldn't like to be treated badly, so I must treat her well".

The way in which learners respond to affected learners at school depends on their cultural beliefs and their families' responses to the disease. Families that are exposed to the virus through personal encounter or through availability of information might encourage positive responses to AIDS affected learners.

In terms of cultural beliefs, gender roles play a significant role in what is expected of affected learners. Some cultures expect males to assume dominant roles, and females to assume submissive roles (Kaiser Family Foundation Report, 2001). It is found that girls drop out of school at an early age to take care of their ailing parents or care for their younger siblings after the death of their parents. Children tend to make friends easily and start exploring new friendships all the time. One participant said that:

"I want to be her friend, a person with AIDS is no different".
"Mary is my good friend, nothing will change that... "

Mercer (1995) concurs with the findings that children are very tolerant and compassionate. This is evident in:

"... I will try to be with her all the time and maybe help her with her homework".
"I sometimes help with work that she finds difficult... "

The concern by the participants for the affected learner in terms of helping with homework could be an indication that there is awareness among young children of the effects that AIDS, and death in the family, have on the education of the affected learner. Participants are also aware that being affected by AIDS can cause one to be lonely. This is illustrated in:

"I will keep her occupied and not want her to be alone... "

"Doing fun things with Mary will help her to forget about her dad... "

Many children are orphaned by AIDS at an early age and may fear being alone. Similarly young parents are infected and die while they are very young (Malaney, 2000), leaving the children behind. Grandparents are then left with the responsibility of bringing up their grandchildren. This puts a lot of strain on them due to their age and the financial implications. A study in Zambia revealed that 65% of households had no parents and their households were dissolved. Sometimes before the dissolution happens, HIV and AIDS strips the family of assets and income due to huge medical expenses (Fredrikson & Kanabus, 2004). This leaves the child on his/her own and destitute.

The participants are also aware that peers influence their behavior and control the things that they do and say. They are also afraid to be different from the others. This is seen in:

"If the other children in the class played with her then I will play with her... "
"I will not befriend her if nobody else does... "

The participant did not want to befriend the affected learner (Mary) if the rest of the class did not. This type of behaviour emphasizes the importance of peer pressure. Van Dyk (2001, p. 183) concurs that interaction with the peer group is very important in the psychological development of the learner because learners have an intense desire to belong, which satisfies their emotional needs. Peer pressure and the need to conform can prevent the learners from befriending the affected learner, and in so doing deprive her of the security of a peer group.

Fear of being ostracized

HIV and AIDS presents more than a health catastrophe, but the fear by infected and affected people of being ostracized is even worse and sometimes becomes unmanageable (Loewenson, 2001). This fear also occurs in the learners interacting with the affected learner, as some of the participants felt that:
"I will not play with her because I don't want to become an outcast... "
"Maybe I will not have other friends, if I play with her (Mary)... "

Here again, the stigma associated with the disease is obvious. Strong emotions are displayed towards the affected learner (Mary) by the participants. This may be due to the influence from the home or the community, i.e. possibly negative feelings towards HIV and AIDS-affected persons, causing participants to feel uncomfortable to associate with a learner affected by AIDS.

Some participants were also of the opinion that when one member of the family is infected with the virus the entire family could be affected. There is evidence in:

"... her father died in a bad way, I don't think anyone would like to be her friend".

This is in line with Report (2001) who argues that the escalation of the infection of HIV and AIDS will continue until society appreciates the extent of the epidemic, and people alter their behavior and discuss sexual matters with their children. This can prevent ignorance and the subsequent exclusion or avoidance of the affected learner.

Misconceptions leading to stigmatization

There are many misconceptions about HIV and AIDS due to ignorance of the disease. AIDS is manageable and preventable if one has knowledge of the availability of medication, correct diet and plenty of exercise and rest (Kelly, 2000). When a child is able to deal with his/her feelings, s/he will be closer to emotional stability, and will be able to accept the disease and help other affected people with the disease. Some of the misconceptions of the disease are:

"Children in the class have sores and spread AIDS when they touch you... "

"Other children in the class think that she (Mary) is dirty... "

"AIDS is bad and the children must not touch or help her... "

Due to the many misconceptions related to the disease, many people suffer in silence. The affected learner suffers more than people with chronic illnesses (Zapulla, 1997). The affected learner may experience emotions of shock, denial, anger and guilt. Bor and Elford (1994, p. 33) concur that affected persons sometimes feel depressed and have

mood swings, suicidal tendencies, and paranoid beliefs, go through personality changes and psychosis. Children also suffer after the death of a parent, which is exacerbated by feelings that they are discriminated against and stigmatized.

Some participants were also convinced that the disease is contracted casually:

"... also just by talking to Mary they can get AIDS".
" ... holding hands, sharing stuff etc can allow you to get AIDS".

HIV and AIDS can cause fear when people first hear of the disease. This fear stems from the awareness of how quickly the virus is spread throughout Africa and that they too can become infected. Although young people are relatively healthy and their physical fitness is at its peak, they too fear infection (Mukamo, 2000).

AIDS is often linked to poverty, and the idea that all poor people or only poor people get infected. One of the participants responded as follows:
" Maybe she's poor so they talked badly about her... "
"... many poor people also have AIDS".

Although this is not true, it does allow one to speculate further about how AIDS - affected children are influenced by poverty, and how this in and of itself contributes to stigmatization. Community members sometimes take in affected children after the death of their parents. Others may end up in child-headed impoverished households or on the streets. Most often the affected children are at risk of having inadequate access to food, shelter, clothing and health care. Foster (1997) concurs that HIV and AIDS is very often related to poverty. The ecosystemic approach used to explain children's understanding and experience of death, also explains the devastating influence death has on the family in terms of income loss, lack of food supply, and the quality and care given after the death of parents and the responsibilities placed on minors. This is when all areas of life and relationships can be strained, and stigmatizing is exacerbated by the changed life circumstances.

4.3.3 THEME 3: Action Taken

This last theme allows us to notice from the participants' responses, the categories of being mean, being helpful and acquiring knowledge. Badcock-Walters (2002) is of the opinion that the advent of HIV infection followed by AIDS facilitates high levels of voluntary or enforced exclusion, due to the actions of the community.

Being mean

Generally in areas where there are high levels of AIDS there is psychological stress in schools. This is due to the fact that even children from healthy intact families are surrounded by other children who lost a parent/s or whose parents are dying. Siamwiza (1999) states that the teaching and learning process is affected when children witness the physical deterioration of classmates or a teacher who is dying from AIDS. This will cause the undue stress of having to cope in a class/school of this nature. While the educator may be able to encourage positive behavior in a classroom where AIDS is taking its toll, negative and unacceptable responses will still show up among the learners.
Some of the participants responded as:

"... make her feel bad about herself"
"... it's a bad disease, she has"

These comments impact on the affected learner who experiences negative views and treatment. The affected learner possibly already living with shame, self-blame and guilt could internalize the negative responses and accept these responses as being true. Accepting such definitions is hurtful and limiting (Hardiman & Jackson, 1997). Children then feel ashamed and guilty due to an illness that they are in contact with through no fault of their own.

Insufficient knowledge of the disease possibly cause others to be mean or to treat the affected learner badly. Haour-Knipe (1993) is of the opinion that stigmatization tends to be more prevalent among groups and individuals who have less direct contact with

infected and affected people, as well as those who know less about the virus. Some of the participants commented as follows:

"Keep away from Mary... "
"... her parents told her not to play with Mary".

Some parents don't want to expose their children to the trauma of HIV and AIDS, so they try and protect their children by trying to avoid contact with affected learners. This may lead to confusion because the participants listen to their parents rather than do as they would like to. Lewis (1995, p. 53) states that 'the conspiracy of silence' surrounding AIDS increases the likelihood that children will not be given sufficient opportunity to share their feelings of confusion, anxiety, and anger (Tonks, 1996).

Generally it is known that infected people become extremely ill as they acquire various ailments related to the virus, e.g. extreme weight loss and chest complications are associated with this disease. Some participants commented as follows:

"... people are sick and funny"
"... will die soon"

These comments come from learners who don't know and are not prepared for death, and may inadvertently be unkind to the affected learner. If learners are informed and understand the illness and the process, their way of dealing with the death of a family member of a classmate might be more appropriate.
Some of the participants reflected fear in their comments:

"They feel she 's infected like her father and will pass on the AIDS... "
"... they all have it, it 's scary".

It is fear like this, which possibly drives the mean behavior of the classmates. Tonks (1996, p. 7) supports this idea by stating that young children are faced with the overwhelming fear at the idea of being infected with HIV and AIDS, or that someone in

their immediate family is infected. The result is that children suffer when they receive negative treatment from uninfected friends, especially in the school situation.

Being Helpful

True caring for pupils is the heart of schooling, enabling the child to develop as a person, is essential for their happiness at school, the best chance of success across the curriculum, and for preparation for adult life. Thus caring is not merely reactive, coping with sadness, difficulties and problems, but is positive, enabling a rewarding experience of life, helping others and a sensitive exploration of self (Marland, 2001). Some of the participants showed that they were concerned for Mary (the affected learner).

"She must eat healthily... "
"I will share my lunch... "
"...I like being with her"

Here one can place the emphasis on wellness, treatment and exercise. Although the girl (Mary) in the vignette is not infected, the participants want to ensure her health and wellbeing by providing food. Webb (2001) suggests that good health policies can help to maintain a healthy lifestyle, good nutrition and exercise. Some participants are children who represent a part of society that attaches no stigma to the virus. Some of the participants commented:

"My parents have AIDS and they normal... "
"...Mary is my good friend".

Social interaction is important as children like many friends at this age. The above participants understand that AIDS ought to not affect the value of friendship. Children also know that HIV and AIDS-infected and affected children are no different and should be treated the same.

Acquiring Knowledge

Children acquire their knowledge about life in general, but HIV and AIDS specifically, within a specific social environment referred to as the learners' social context or ecosystem which consists of the family, school, peers, community and the broader society. Children between the ages of 8-10 years also start reading on their own. This is where their knowledge starts expanding. This is also true for acquiring knowledge about HIV and AIDS.

"They learnt about AIDS from television and reading"
"I read about AIDS all the time... "
"I watch adverts about AIDS... "

Kelly (2000, p. 7) believes that education can work to bring hope to a seemingly hopeless situation. HIV and AIDS are widespread and common in both urban and rural areas.

Some participants felt that they experienced gender-based violence from the boys and male teachers in the classroom. This is seen in the following comments:

"...he hit me and called me names"
"I had to clean the class everyday or sir would... "

Schools are supposed to be safe havens for all children, but the reality for many, particularly girls and other socially marginalized individuals and groups such as HIV infected and affected learners are different. Classmates and educators are often implicated in gender violence (Moletsane, 2003). Sathipersad and Muthukrishna (2003, p. 100) argue that the real tragedy is that South African children are not born to be violent. They have systemically been socialized by society to perceive violence as being the only viable means of asserting themselves or of resolving conflict. Therefore girls experience violence at school, and might sometimes be abused by peers or male educators. This is also true for HIV affected learners.

4.3 CONCLUSION

This research was undertaken to explore the responses of grade 4 learners to the death of a family member of a classmate. What the data illuminated vividly is that the responses towards an HIV and AIDS-affected learner were based on a dominant understanding of AIDS and death. It is clear that education has an important place in the HIV and AIDS intervention strategy in ensuring that the learner's holistic development is safeguarded. Since the learner is part of the ecosystem the solution should locate itself in the entire ecosystem.

With reference to the above, the following chapter attempts to make suggestions and recommendations for the future.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study was to explore how grade 4 learners respond to death in the family of a classmate. This chapter addresses the summary, conclusions and recommendations. First, the entire research process is summarized. Secondly, conclusions arrived at are provided. These conclusions are a response to key questions of the study. Thirdly, the recommendations are proposed. These are in line with conclusions reached. Limitations of the research are highlighted. Finally, suggestions for further research are offered.

5.2 SUMMARY OF THE RESEARCH

This research report unfolded through five chapters. Chapter 1 presented the research problem, questions and its settings. Chapter 2 reviewed literature around the ecosystemic approach and HIV and AIDS and how this affects the learner. Chapter 3 described the research methodology. The study adopted the qualitative research design involving a case study of 15 participants in a grade 4 class within the Ethekwini Region in the KwaZulu-Natal Department of Education. Chapter 4 presented and discussed the findings. This involved the analysis and interpretation of data collected through interviews, using a vignette as stimulus. From this research process conclusions regarding how learners respond to the death of a family member of a classmate were drawn. These are addressed in the next paragraph.

5.3 CONCLUSIONS

"What are grade 4 learners' responses to an AIDS-related death in the family of a classmate?" In response to this question, there was speculation as to whether Mary (the girl in the vignette) had AIDS and whether she had contracted the disease from her father. There was also doubt about the origin of the information (rumour) and how learners got to know. While there is evidence that some learners are aware of how the disease is

spread, many are still unsure, and lack knowledge on how the disease is spread from one person to the next, showing these learners' lack of experience with this disease. It is important for the educator to be aware of rumours that go around the class, and the manner in which s/he handles these rumours. Gossip and rumours can be harmful to the affected learner and should be eliminated as soon as it starts. Class discussion around the rumours should be encouraged, so that learners can decide on ways of dispelling them, at the same time ensuring that they do not spread. The fact that learners were curious to know whether Mary's father had AIDS shows that young learners are aware of people's HIV status. Although some learners may be too young to understand this, many are aware because they encounter infected people all the time. Being aware of one's HIV status can help in the fight against AIDS.

It is clearly evident from this research that in this class there is a stigma attached to HIV and AIDS. Some misconceptions and myths about the disease still exist in the class. Peers respond positively to an HIV and AIDS-affected learner in order to make school a comfortable place to be in. The fear of being ostracized at school however prevents some learners from supporting an affected learner. Therefore, it can be concluded that learners who associate stigma with HIV and AIDS may come from homes where this is practised. Certain religious groups may discourage discussion on sex education, sexuality and the use of contraceptives. Probably the teachings of abstinence would be taught rather than the teaching of preventative measures. In this case, parents might possibly believe that their children are too young to engage in this kind of discussion. Due to this fact, some learners may not want to engage in class discussions on this topic, and may appear to attach stigma to the topic and remain silent.

In the final theme there is a lack of knowledge about HIV and AIDS among some of the participants. Many learners from healthy intact families tend to be mean and unhelpful towards affected learners. This may be due to the fact that they have not been taught how to associate with affected learners. Some of the knowledge of the disease has been acquired either by reading or from educators, parents or the community. Some learners from affluent homes may possibly be protected from the severity of the disease due to the fact they are not as affected as those learners from poverty-stricken homes. The reason for this is that children from affluent families possibly lead healthier lifestyles and remain

well for a longer period of time. The affluent learner is also exposed to resources that increase their awareness of the disease and so help them to remain healthy. This increased knowledge allows them to feel comfortable to discuss the topic and take extra precautions compared to the learner who knows little about the topic. It is evident that due to this lack of basic knowledge of HIV and AIDS, stigmatization attached to the topic, and the fact that educators have not been trained to handle learners affected or infected by the disease, and affected by death and dying, presents many challenges at school level.

5.4 RECOMMENDATIONS

Since the ecosystemic approach was used to frame the study, the following recommendations in the form of guidelines for the whole ecosystem, but particularly the school, can be offered.

Learners in the class have different experiences of HIV and AIDS. Therefore it is important for each school to engage in its own needs assessment. From my study it is evident that learners need to learn about HIV and AIDS, sex education and sexuality, and how to respond to learners infected/affected by AIDS, as well as to death and dying. The starting point should be the formulation of basic policies at school level to ensure that learners' specific situations are considered. The Department of Education can offer guidelines on drawing up HIV/AIDS policies and advising in what learning areas these could be included. The class teacher can use situations pertaining to their own classes to engage learners in meaningful participatory activities, ensuring that they obtain relevant information, at the same time learning about the realities of the disease. Suitable resources could be used to enhance their understanding, at the same time allowing them to gain information in areas where they experience a lack. These activities can be included in Life Orientation and Arts and Culture, which can be made enjoyable, yet meaningful. Incomplete activities can be taken home and supervised by family members thereby allowing them to understand activities done at school, as well as educating them at the same time. If parents cannot help, members of the community can assist.

The second theme suggests that learners become aware of the stigmatization and the associated dangers related to HIV and AIDS. Taylor, Adelzedak, Heywood, January-Bardill, Abdul Karim & Magadlela et al., (1999) concur that AIDS is viewed as a punishment for "immoral" lifestyles, often with an irrational fear of contagion. Stigmatization is therefore condemning someone who is infected or affected by HIV and AIDS. The study unfolds whereby some learners would ostracize the girl in the vignette, as they don't want to associate with Mary, the girl in the story. These kinds of prejudices are displayed at school, at home, as well as in the community. A good starting point would be to include these learners when drawing up classroom rules and to include stigma as part of the pedagogical framework. Educators may also not be trained to handle learners who are stigmatized due to HIV and AIDS. Attending courses that include identification of affected learners and counseling and handling of learners affected by AIDS, within the inclusive education framework should be encouraged. An important part of the course should include pastoral care. Educators need to assume various roles as part of their job descriptions. They can involve parents as well as the community in providing the basic needs of affected learners. Counsellors should be appointed to schools to handle the large numbers of affected learners that educators have to handle. Professional help is therefore needed and guidance counselors would be most suitable, as they can render services directly to the affected learners, or indirectly via the educators.

The final theme suggests that learners affected by HIV and AIDS should break the silence surrounding the disease. Dane (1977) states that although this "conspiracy of silence" is understandable given the stigma that still surrounds AIDS, it can leave AIDS orphans more vulnerable without anyone to share their feelings and fears. Educators need to create conditions for learners to talk, ask questions and discuss myths and misconceptions, which will highlight the reality of the disease. Young learners need to be equipped that they too can provide care and comfort for the affected learner. The above can be achieved if appropriate reading material and resources are made available in the classroom. Library books can be taken on block-loan to encourage reading. Reading will increase their knowledge and create opportunity for discussion and empower the learners, thus dispelling meanness towards affected learner, and encouraging appropriate behaviour towards each other.

5.5 LIMITATIONS

This research draws its conclusions from interactions with fifteen learners in one grade 4 class from one district in the Ethekweni Region in KwaZulu-Natal.

The study could have included learners from other grade 4 classes at the same school. Unfortunately, this was not possible with the limited time available.

This study was initiated in 2005 but only completed in 2006. Some learners (from grade 4 in 2005) were transferred to grade 5 to another school. All learners did not attend the school across the road, as some learners relocated. The participants that I initially planned to interview had to be changed.

Language may have also been a problem, since the African participants were second language English speakers. Participants might have responded better if they were interviewed in their mother tongue.

5.6 SUGGESTIONS FOR FURTHER RESEARCH

- A mixed sample using participants from all racial and ethnic groups could be used. Learners from rural, urban and private schools could also be used in the study. By so doing, one would be able to research a wider variety of learners' responses to an affected learner after the death of family member. This would deepen educators' understanding of young learners' attitudes towards affected learners and HIV and AIDS.
- Other methods like an arts-based activity that positions young learners in engaging and participatory ways could be used to explore their responses to HIV and AIDS e.g. photo voice and collage. Learners may have limited vocabulary with which to express themselves, on issues like HIV and AIDS and death and such methods could possibly elicit other data.

5.7 CONCLUSION

It is evident that, in addition to schools and educators, all those involved with learners play an important part in teaching learners how to respond to affected learners, thereby ensuring that learners feel welcome and accepted at school. HIV has its base in the whole ecosystem i.e. family, school and the community. Therefore the responsibility lies in the whole ecosystem to take action. The research highlighted learners' responses to an AIDS-affected learner, and how these impact on the learner, as school is the place where the learner spends most time. Therefore collaboration involving the learner, educator, school and family is vital in combating contradiction around the responses of learners. Educators and the family can work together to help dispel stigma and prejudices against this pandemic.

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ADDENDUM A

Vignette

Mary was absent from school for a whole week. On her return her teacher was told by her aunt that her father had died. Soon rumors passed around the class that her father had died from AIDS. Her father had worked and lived in another town. Mary and her mother lived with her grandparents. Mary had not seen her father a year when he was brought home very ill. He was home for a short while when he died. Mary and her mother were in a state of shock. This was the last thing they had expected.

What would you do if you were in Mary's class?

ADDENDUM B

Consent for learners to participate in research study

9 Zinnia Road
Asherville
Durban
4091
17 June 2006

The Principal; Chairperson of the governing body and Parents

Re: Consent for learners to participate in Research Study

Grade 4 learners may be selected to participate in research to establish their responses to an AIDS related death in the family of a classmate. We are aware that AIDS is a pandemic that is starting to influence everyone in all spheres of life. The study that I have chosen to research highlights the responses of learners to HIV affected learners. The value of this research will depend on the learners sincere contributions. The research is being conducted for a masters in education dissertation entitled "*Learners' responses to a death in the family of a classmate*" Under the auspices of the University of Kwazulu-Natal, School of Education.

Confidentiality and anonymity of the responses are guaranteed. Learners have the prerogative to participate or not in this research and to further withdraw at any time during the research. Learner's contributions will help to overcome and dispel any form of discrimination. The research will assist educators to generate guidelines to instill values and attitudes that are desirable and acceptable especially where millions of South Africans are affected by this disease. If will also provide valuable information to assist educators to support affected learners.

I appreciate that this means a sacrifice on the part of the learners but humbly request that you are able to see the benefit for the educator as well as the learner. The study involving the learner will center around simple questions or interviews. I will personally carry out the research and will personally help the learner should s/he require any clarification regarding the contents of the question. Also note that a copy of the relevant aspect of my research pertaining to your responses will be available to toy (should you desire) for you perusal and comment.

I thank you in anticipation of receiving your return.
O. D. Murugan (Mrs)

ADDENDUM C

Informed Consent

INFORMED CONSENT

CLAYTON PRIMARY SCHOOL

I_____parent of _____
hereby give permission to MRS O.D. MURUGAN to conduct an interview with my child/ward on HIV/AIDS. My child /ward is a grade 4 learner at the above school. MRS MURUGAN has explained exactly what is required of my child. In the same manner my child/ward will be briefed as to exactly what is required of him/her and is under no obligation to take part in this interview. I am also aware that my child/ward can withdraw at any stage of the interview should he /she not feel comfortable. I am fully aware that all information obtained from my child/ward will be treated with strict confidence.

Yours sincerely

_____
(PARENT)

ADDENDUM D

Ethical Clearance

UNIVERSITY OF
KWAZULU-NATAL

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL: ximbap@ukzn.ac.za

17 JANUARY 2006

MRS. OD MURUGAN (202520266)
EDUCATION

Dear Mrs. Murugan

ETHICAL CLEARANCE APPROVAL NUMBER : HSS/06038A

I wish to confirm that ethical clearance has been granted for the following project:

"Learners' responses to an AIDS related death in the family of a class mate"

Yours faithfully

.....
MS. PHUMELELE XIMBA
RESEARCH OFFICE

PS: The following general condition is applicable to all projects that have been granted ethical clearance:

THE RELEVANT AUTHORITIES SHOULD BE CONTACTED IN ORDER TO OBTAIN THE NECESSARY APPROVAL SHOULD THE RESEARCH INVOLVE UTILIZATION OF SPACE AND/OR FACILITIES AT OTHER INSTITUTIONS/ORGANISATIONS. WHERE QUESTIONNAIRES ARE USED IN THE PROJECT, THE RESEARCHER SHOULD ENSURE THAT THE QUESTIONNAIRE INCLUDES A SECTION AT THE END WHICH SHOULD BE COMPLETED BY THE PARTICIPANT (PRIOR TO THE COMPLETION OF THE QUESTIONNAIRE) INDICATING THAT HE/SHE WAS INFORMED OF THE NATURE AND PURPOSE OF THE PROJECT AND THAT THE INFORMATION GIVEN WILL BE KEPT CONFIDENTIAL.

cc. Faculty Research Office (Derek Buchler)
cc. Supervisor (Dr. N de Lange)

ADDENDUM E

Permission from the Department of Education to conduct the research.

PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

Tel: 033 341 8611
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Private Bag X9137
Pietermaritzburg
3200

228 Pietermaritz Street
Pietermaritzburg, 3201

INHLOKOHHOVISI PIETERMARITZBURG HEAD OFFICE

Enquiries: M Francis
Imibuzo:
Ilavrae:

Reference:
Inkomba: 0205/06
Verwysing:

Date:
Usuku: 2/10/06
Datum:

RE: PERMISSION TO CONDUCT RESEARCH

TO WHOM IT MAY CONCERN

This is to serve as a notice that Ms Oosha Murugan has been granted permission to conduct research with the following terms and conditions:

- That as a researcher, he/she must present a copy of the written permission from the Department to the Head of the Institution concerned before any research may be undertaken at a departmental institution.

- Attached is the list of schools she/he has been granted permission to conduct research in however, it must be noted that the schools are not obligated to participate in the research if it is not a KZNDoE project.

- Oosha Murugan has been granted special permission to conduct his/her research during official contact times, as it is believed that their presence would not interrupt education programmes. Should education programmes be interrupted, he/she must, therefore, conduct his/her research during nonofficial contact times.

- No school is expected to participate in the research during the fourth school term, as this is the critical period for schools to focus on their exams.

Z Hm Mahuluza

for SUPERINTENDENT GENERAL
KwaZulu Natal Department of Education

ADDENDUM E

Permission from the Department of Education to conduct the research

PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

Tel: 033 341 8611
Fax:033 341 8612

Private Bag X9137
Pietermaritzburg
3200

228 Pietermaritz Street
Pietermaritzburg, 3201

INHLOKOHHOVISI PIETERMARITZBURG HEAD OFFICE

Enquiries:
Imibuzo: M Francis
Navrae:

Reference:
Inkomba: 0205/06
Verwysing:

Date:
Usuku:2/10/06
Datum:

List of Schools where Research will be conducted:

Clayton Primary

for SUPERINTENDENT GENERAL
KwaZulu Natal Department of Education

ADDENDUM F

Sample of Interview

Interview with Prianka Marimuthu Grade 4 : Clayton Primary

O. You are aware of what an interview is.
P. Yes my parents did tell me about your research on HIV/AIDS.
O. You have a short story in front of you. I will read to you and ask you a few questions on the story.
P. Yes mam.
O. Did you understand the story.
P. Yes.
O. Do you want me to clarify anything.
P. Did Mary's aunt tell her teacher that her dad had died from AIDS.
O. What do you think?
P. The story does not say so, but I wouldn't think so.
O. Lets just leave that for now.
Lets see if we can answer the question. (Read the question P.)
P. I wouldn't pass the rumour around until I know it was true and I would not befriend her if everybody else was not.
O. Why?
P. If the other children in the class played with her then I would play with her. If I play with her no one else in the class would play with me, then I would become an outcast.
O. Is that what you think?
P. Yes.
O. Don't do you think that if no one played with Mary she would be an outcast?
P. Probably.
O. Who is an outcast?
P. Someone who does not fit in , that people push aside, because they don't wear the same clothes, they don't have the same hair or aren't white.
O. Now coming back to the story. Why does one consider Nicola as an outcast?
P. Her dad had AIDS and nobody else in the class's parents has AIDS and nobody would want to befriend her, she would be left alone.
O. Why do people stay away from people who have AIDS?
P. Most people know that one that you cannot pick up AIDS unless there is blood contact from an open cut. People feel that AIDS is contacted if you touch someone or walk near them or from their breath.

ADDENDUM F

Sample of Interview

O. Do you think this is true.
P. No.
O. Then how would you react if Mary was in tour class?
P. I would do what the other children would do.
O. Every thing that you do depends on the other children.
P. Yes, most times.
O. Give me some examples.
P. The type of clothes I wear, who I befriend, what I do, what sport I play, who I sit next to.
O. Why is this so?
P. I don't befriend outcasts, nerds etc.
O. When you hear the word AIDS, what comes to mind?
P. It is a disease that lots of people die from. South Africa has a high rate. It has many side effects. HIV is the start of AIDS. But they working on it.
O. What is your reaction to people with AIDS?
P. I wouldn't consider them different. They do have a much shorter lifespan. There's nothing wrong with them.
O. If there's nothing wrong with them, why would you stay away from them.
P. If I play with them then my friends won't play with me.
O. Prianka, thank you for your time.