MAPPING BARRIERS TO LEARNING AMONGST GRADE 6 AND 9
LEARNERS IN AN HIV AND AIDS CONTEXT

A thesis submitted in partial fulfilment of the requirements of the degree of
MASTERS IN EDUCATIONAL PSYCHOLOGY
University of KwaZulu-Natal, Pietermaritzburg
By
THABISILE HAZEL-ANNE ZONDI
Supervised by Mary van der Riet
2006

DECLARATION

Unless specifically indicated to the contrary, this thesis is the result of my own work.

Thabisile Hazel Anne Zondi (Vuyi)

Pietermaritzburg

December 2006

ACKNOWLEDGEMENTS

I would like to thank the educators and parents of the learners who participated in the study for the trust and enthusiasm they showed in the study. Special thanks go to the learners who participated in the study despite the difficult issues that they explored during the focus groups.

I also dedicate a special thanks to my supervisor who was perceptive about challenges and strengths in supporting and guiding me in conducting this project.

ABSTRACT

In recent debate within education, the notion of barriers to learning has been reconceptualised to focus on systemic issues rather than deficits in individual learners. These barriers are factors which contribute to learning breakdown and exclusion. HIV/AIDS has been recognised as one of the factors which contributes to preventing children from participating in and benefiting from learning. In South Africa HIV/AIDS has reached pandemic proportions. There has been a call for in depth qualitative micro-studies to supplement the numerous macro, quantitative studies on HIV/AIDS to explore contextualised experiences of HIV/AIDS and barriers to learning.

This study was aimed at mapping barriers to learning in a context of HIV and AIDS amongst grade 6 and 9 learners in the Richmond district of KwaZulu-Natal. The study used semi- structured interviews and focus groups with participative methods of data collection. The total sample was 60 with an equal number of male and female participants. The data was analysed qualitatively using thematic analysis and the framework provided by Bronfenbrenner's theory with a particular focus on contextual factors to describe and analyse the barriers to learning in the study.

The study found that psychosocial exclusionary factors that were located at different system levels in terms of Bronfenbrenner's theory exacerbated the impact of HIV/AIDS in the context of the study. The interconnectedness of, and the ripple effects amongst, these barriers to learning create additional challenges for the current education policies to minimize the impact of HIV/AIDS in formal education.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

Chapter 1: Introduction

One of the most researched phenomena in education worldwide is the notion of 'barriers to learning' (Prinsloo, 2000; Howell & Lazarus, 2005; Wildeman & Nomdo, 2007). In the South African education policy, the concept of 'barriers to learning' is contained in Education White Paper 6 (WP6). This policy document was informed by a report by the National Commission on Special Needs in Education and Training (NCSNET) and the National Committee on Education (NCESS), entitled *Quality Education for All - Overcoming barriers to learning and development* (henceforth referenced as Department of Education, 1997), which focussed on overcoming barriers to learning and development. These have been defined as the factors which prevent the system from meeting the full range of learning needs which then contribute to learning breakdown and exclusion (Department of Education, 1997).

A review of these documents reveals that in conceptualising the notion of barriers to learning, and the problems associated with exclusion and learning breakdown, there has been a shift from a deficit focus to a systemic focus (Wildeman & Nomdo, 2007) As Howell and Lazarus (2005, p.6) argue, barriers are seen to arise from "inadequacies within the system rather than within the learner". Systemic factors which operate as barriers to learning and development have therefore been seen as an important focus of study. Some of the barriers that this policy intends to address include socio-economic factors, violence, HIV/AIDS, inappropriate and inadequate provision of support service at micro-level structures, and lack of parental recognition and involvement in education (Department of Education, 2001).

Studies conducted on barriers to learning indicate that factors such as political beliefs, gender dynamics, educational processes and socio-economic factors impact negatively on education (Moletsane, 2003; UNESCO, 2003; *Emerging Voices: A Report on Education in South African Rural Communities,* 2005). Studies have also shown that learners residing in areas that were previously affected by political violence, residing in rural areas and those participants who were girls, experienced more barriers to learning than the average learner in the country (Kraemer, 2003; Moletsane, 2003; *Emerging Voices: A Report on Education in South African Rural*

Communities, 2005). In addition to these barriers, research has shown that HIV/AIDS can be a barrier to learning processes (Moletsane, 2003; UNESCO, 2003; *Emerging Voices: A Report on Education in South African Rural Communities,* 2005).

The HIV/AIDS pandemic affects about 40 million people in the world with sub-Saharan Africa having three quarters of the people infected with HIV/AIDS (Schoepf, 2004). South Africa has the highest rate of HIV/AIDS infection with KwaZulu–Natal having the highest infection rates in the country (Prinsloo, 2000). The HIV/AIDS pandemic in the country has negative effects on different population groups including children. Several systemic barriers to learning have been highlighted in studies on HIV/AIDS (Coombe 2000; Moletsane, 2003; UNESCO 2003; Richter & Muller, 2005; Harris & Naidu, 2006; Shisana & Louw, 2006; Freeman & Nkomo, 2006; Obi, Onabolu, Momba, Igumbor, Ramalivahna, Rensberg, Green & Mulaudzi, 2006).

The Department of Education in South Africa, in response to the pandemic, conducted various quantitative studies to assess the impact and dynamics of HIV/AIDS (Akoulaze, Khanye & Rugalema, 2001). These studies were mostly conducted at macro-level for example, the number of teachers that were infected with HIV/AIDS, issues around learner attendance and the systemic management of HIV/AIDS in education. While these studies significantly contributed to informing the strategies of counteracting the spread of HIV/AIDS, they were silent on the localised experiences of HIV/AIDS from the children's perspectives. These studies also lacked an in-depth understanding of these barriers to learning. Coombe (2000) in her study on the impact of HIV/AIDS called for more detailed research and analysis of the impact of HIV/AIDS in education. UNESCO (2003) suggests that barriers that are ecologically based lead to exclusion from education and suggested that the studies should also focus on contextual factors. It is for this reason that this research process attempted to explore the barriers to learning in an education context, and HIV/AIDS as one of those barriers.

The study aimed to investigate contextualized experiences of barriers to learning, and the impact of HIV/AIDS on learners. This study therefore explored the experiences of the impact of HIV/AIDS and other barriers on learning amongst grade six and grade nine boys and girls in Richmond and its surrounding areas. The study sampled participants from different settings in

2

terms of the inequalities of the past, the participants' developmental stages and the history of political violence in the area. This study was a qualitative study that was conducted in schools in the Richmond municipality. The Richmond municipality was selected because studies have shown that this municipality was highly affected by political violence in KwaZulu-Natal and it had the highest prevalence of pre-democracy political violence in South Africa (Taylor, 2002). Different types of settings were sampled because some studies demonstrated that there was a positive link between the spread of HIV/AIDS, socio-economic factors and levels of political violence in the area (Kraemer, 2003).

This study therefore aimed to describe factors that interfered with the participants' access to education including the participants' experiences and feelings about HIV/AIDS. This study has the potential to yield results that can enhance the strategies that White Paper 6 (WP6) put in place to address HIV/AIDS as a barrier to learning.

Chapter one of the report has introduced the study in terms of the background problem and the aims of the study. Chapter two outlines the literature that contextualizes the study. Chapter three outlines the methodology that was used in conducting the study. Chapter four presents the findings of the study. Chapter five presents the interpretation of the results in relation to the aims of the research, the theoretical framework of the study and the literature review. Chapter six includes concluding remarks on the study and recommendations of the study.

Chapter 2: Literature Review

Introduction

The South African education system locates problems that interfere with access to education in the system and refers to these problems as barriers to learning. Howell and Lazarus (2005) in their study on the implementation of WP6, found that in order to minimize these barriers to learning there is a need for a systematic approach to analyzing barriers to learning. They further stated that while these barriers to learning were located at different levels of the system, their interconnectedness needed to be emphasized in an effort to realize the vision of Inclusive Education. This chapter therefore reviews the literature on barriers to learning, and then discusses these barriers in a context of HIV and AIDS. It then introduces the ecosystemic framework provided by Bronfenbrenner as a way to understand the interconnectedness of these factors.

The 1996 United Nations Educational Scientific and Cultural Organization (UNESCO) world conference used the term 'exclusion' to refer to learners who were excluded from meaningful participation in education because of barriers to learning (UNESCO, 2003). Recent studies in South Africa however showed that 80 million children of primary school age were not attending school because of barriers to learning (UNESCO, 2003). Child development theorists argue that what happens outside as well as inside the child, influences the child's development (Kagitcibasi, 2003). This idea is also captured in the re-conceptualisation of the notion of 'barriers to learning' in the NCSNET/NCESS (1997) report, and in the Inclusive Education Policy White Paper 6 (WP6).

After the UNESCO world conference on Inclusive Education, the South African Ministry of Education as one of the signatories of the above mentioned declaration, appointed a National Commission on Special Needs in Education and Training (NCSNET) and a National Committee on Education Support (NCESS) to investigate and make recommendations on all aspects of special needs and support services. These commissions found that learning difficulties reside both inside and outside the learners and they referred to these difficulties "as barriers to learning"

(Department of Education, 2001). One of the findings of the NCSNET and NCESS was that while some learners with barriers to learning were in specialised institutions and out of school, as many as 70% of learners face systemic barriers to learning that result in exclusion from education (Department of Education, 2001). Based on the above findings the South African government in line with the international standards of Inclusive Education (IE), the voices of disability pressure groups, and the Constitution of the Republic of South Africa of 1996, launched Education WP6 in 2001 as a policy paper (Department of Education, 2001; Muthukrishna & Schoeman, 2005). WP6 was further gazetted in terms of the National Education Policy Act 27 of 1996.

Within the field of education, children's access to education and the obstacles to participation in education are addressed in debates about making education inclusive. Over the years, the term "inclusive education" has come to define the strategies that address the exclusionary factors in education processes. Although this study focuses on examining barriers to learning in a context of HIV and AIDS, WP6 as a product of Inclusive Education philosophy in South Africa will be briefly discussed.

Inclusive Education White Paper 6

WP6 is a strategy that the South African government put in place to enable all learners to access education. It defines barriers to learning as both internal and external to the learner rather than being located in the learner (Stewart & Pettiffer, 2000). WP6 specifically mentions barriers to learning as emanating from socio-economic factors (lack of access to basic services, poverty and underdevelopment, and factors which place learners at risk); attitudes; inflexible curriculum; language and communication; inaccessible and unsafe built environment; inappropriate and inadequate provision of support; lack of enabling and protective legislation and policy; lack of parental recognition and involvement; and, disability and lack of human resource development strategies (Department of Education, 1997). WP6 further specifically targets HIV/AIDS and other infectious diseases as one of the barriers to learning that it seeks to address. WP6 states that the education department will have programmes that will ensure identification of orphans, provision of support and care programmes for learners who are affected and infected and referral

5

procedures for educators with regard to HIV/AIDS and other infectious diseases (Department of Education 2001).

While WP6 is explicit on the strategies, activities and time frames to address general barriers to learning, and disabilities in particular, it does not provide much detail on addressing HIV/AIDS as a barrier to learning. Studies which explore the relationship between HIV/AIDS and other barriers to learning, from the perspective of learners, could contribute to directing strategies and activities to minimize the impact of HIV/AIDS on learners, as stated in WP6.

In addition to the above, barriers to learning in formal education in South Africa are largely influenced by apartheid policies that divided the country into rural, semi-urban and urban areas. Learners in South Africa therefore differ in the types of barriers to learning that they experience in relation to the areas they live in (Moletsane, 2003; Killian, 2004).

Barriers to learning

Barriers to learning have different sources such as the learner, the education system, the family, the community and the broader social, economic and political context (Department of Education, 1997). Some of these barriers have been identified as socio-economic factors (such as lack of access to basic services, lack of access to learning institutions, issues with roads, water, sanitation and electricity; and poverty); attitudes; educational processes (inflexible curriculum, human resources); and lack of parental recognition and involvement (Department of Education, 1997). As is evident below, these are a broad range of social, economic and institutional factors which address different levels of society from poverty and political violence, to interpersonal issues such as gender stereotypes, and educational processes (curriculum, methods of teaching etc.). These barriers, and the way in which they might interfere with South African children's meaningful participation in education, particularly in KwaZulu-Natal, are discussed below.

Inadequate basic services.

Inadequate basic services interfered with access to education for learners in South Africa because they led to learners' fatigue, because of the long distances they have to travel to access schools, and vulnerability to illnesses that resulted from poor or non-existent water and sanitation

6

facilities. Qualitative studies that were conducted in KwaZulu-Natal on basic services (Mnukwa, Sigwaza & Ngubane, 2001) showed that rural areas in the province were deprived of water and sanitation resources. A study that was conducted on risk and resilience factors amongst children (Killian, 2004) showed that lack of running water and functional toilets exacerbated the spread of diseases and deaths which led to further financial constraints in affected families. These financial constraints had a further negative impact on the learners' access to education.

Access to educational resources.

Studies that were conducted to determine the negative effects of poor access to learning institutions in South Africa, showed that long, dangerous and poor quality roads to learning institutions, made accessing education difficult for learners, especially for those with disabilities (UNESCO, 2003; Department of Education, 2002). Studies also showed that as a result of the previous apartheid policies, there were unequal and insufficient educational facilities in South Africa (UNESCO, 2003). Most black people were at the lowest step of resource distribution and lived predominantly in rural homelands. There was a shortage of schools and learning facilities especially in rural areas, leading to high drop out rates amongst previously disadvantaged communities.

Educational processes and inflexible curriculum.

An 'inflexible curriculum' refers to the curriculum that cannot meet the diverse needs of learners including the teaching style of educators, classroom management, teaching methods and materials that are used in teaching (Department of Education, 1997). The following section explores the curriculum and the teaching styles and teaching processes in South African education.

Findings from development work in learning sites in South Africa identified the curriculum as one of the barriers to learning (UNESCO, 2003). An analysis of barriers to learning that was conducted in 1996 in South African rural areas found that there was a high repetition rate among learners between 15 and 19 years of age because the curriculum could not satisfy the wide range of needs (Moletsane, 2003). Further studies indicated that repetition of classes in developing

countries costs up to 16% of the education budget thus impinging on the already compromised education budget (UNESCO, 2003).

Killian (2004) states that during the former South African Bantu Education Policy, educators were ill-equipped to deliver quality education to learners. Education from this era produced educators that had inferior education, and were authoritarian and demotivated. Such factors resulted in learning conditions that were not conducive to optimum participation in learning and therefore contributed to barriers to learning. This lack of motivation to teach contributed to the educator's negative attitude towards learners (Coombe, 2001). Studies further showed that learners who were taught under these conditions were likely to be anxious in class and this interfered with their access to education (Clatcherty, Donald & Clatcherty, 2005). The educators' uncaring attitude towards learners had the potential of compromising the learners' access to education because it could make them vulnerable to exclusion from education.

Absenteeism of educators was also highlighted as it reduced contact time between the educators and learners thus negatively affecting the education opportunities of learners (Vass, 2002). All of these factors seem to have compromised the learners' access to education.

Educational processes play an important role in determining the learning opportunities for school going children. Education in South Africa was severely impacted upon by apartheid policies. A study on the effects of apartheid on education, found that it caused incalculable damage for disadvantaged populations (Harber, 2002). The implication therefore is that while all learners in South Africa experience barriers to learning in the school situation, learners from previously disadvantaged areas are generally worse off in this respect.

Poverty.

The economic crises worldwide from the 1980s had a negative impact on the economic status of South Africa as a developing country (Schoepf, 2004). These financial difficulties manifested themselves in lack of nutritious food and finances to meet the educational needs of learners. Moletsane (2003) found that some children attended school without having anything to eat. This

nutritional deficiency impaired concentration and thus negatively affected participation in education.

Learners also need money to pay for school fees, learner support material and school clothing. In the face of poverty, day-to-day survival expenses take preference over educational needs leading to compromised access to education for affected learners. In her survey in KwaZulu-Natal's rural district schools, Moletsane (2003), found that many schools excluded learners who had not paid school fees. This survey further demonstrated that some learners that were expelled from school for non-payment of school fees were sometimes embarrassed to go back to school. Thus non-payment of school fees contributes to exclusion of learners from education.

The South African Education Department created policies such as the South African School's Act (Department of Education, 1995) and the Schools Nutrition Programmes to minimize barriers to learning that resulted from poverty. Despite such attempts by the government, studies on barriers to learning still highlight issues that relate to poverty (UNESCO, 2003).
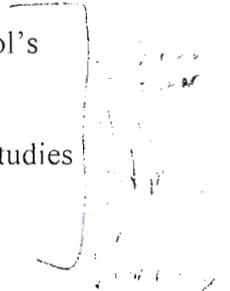
Risk factors as barriers to learning: Political violence
Environmental factors that put children at risk as a result of trauma and distress manifest themselves in the negative emotional well-being of children, for example political violence. KwaZulu-Natal was hard hit by political violence that started in the 1980s.

In 1997, 6000 people were murdered in KwaZulu-Natal (Taylor, 2002). Richmond and its surrounding areas was amongst the three areas that Taylor's (2002) study found to have been hardest hit by political violence in the province. In Richmond alone violence has resulted in the loss of about 20 000 lives since 1994. Simpson, Mokwena and Segal (1991) also found that political violence led to the deterioration of socio-economic standards amongst Africans in KwaZulu-Natal.

One of the effects of political violence on KwaZulu-Natal was poverty. Poverty rates rapidly increased as the rate of political violence escalated in KwaZulu- Natal. Adato, Lund and

9

Mhlongo (2000) demonstrated that poverty rates increased from 26,8% in 1993 to 42,5% in 1998. Poverty resulted from deaths of family members, displacement and the influx of refugees into urban areas because of political violence (Kraemer, 2003; Schoepf, 2004). Financial constraints on the family make education less of a priority, therefore learners, in contexts that were affected by violence, were more vulnerable to exclusion from education.

Political violence led to many deaths that left some children without their parents, their first line of provision, protection and guidance during their development. The absence of parents, as people who have strong emotional ties with children, impacts negatively on children's development and consequently their education (Viljoen, 2004). Children, who had no parents or caregivers to guide and provide them with resources to access education, were more vulnerable to exclusion from education.

The above sections suggest that learners who were affected by political violence were more likely to experience barriers to learning because of poverty and deaths that accompanied this violence.

Attitudes as a barrier to learning: Gender

Negative attitudes from the society and people around the developing child have proved to be barrier to learning (UNESCO, 2003; Moletsane, 2003; *Emerging Voices: A Report on Education in South Africa*, 2005). The following section explores gender stereotyping that results in girls being discriminated against and therefore excluded from education. These stereotypes may be embedded in the belief system of the community and therefore also influence the behaviour of the individual families as demonstrated below.

Studies that were conducted on gender as a barrier to learning found that girls were more vulnerable to exclusion from education (UNESCO, 2003; Moletsane, 2003). They were found to be more vulnerable to teenage pregnancy and had to take on the role of caring for ill people or their siblings in the absence of their caregivers. There was also a practice of non-payment of their fees in favour of boys in the family (Moletsane, 2003).

A study that was conducted in the KwaZulu-Natal Midlands indicates that violent behaviour like assault and rape that was taking place in the township during the political violence was repeated in school, particularly affecting girls (Ntshoe, 1999). Studies that were conducted in schools in the KwaZulu-Natal Midlands townships showed that there was high rate of violence and coerced sex towards school girls (Chisolm, 2005). Coerced sex was reported as either from the girl's boyfriends or from a stranger, and sometimes from educators who used their power to have sex with the girls. Coerced and unprotected sex against girls led to pregnancy and thus they were excluded from education (Epstein, 2003; *Emerging Voices: A Report on Education in South African Rural Communities,* 2005). The absence of the girl child from school while doing reproductive tasks, like caring for siblings or a child from an unwanted pregnancy can deprive the girl child of access to education.

Barriers to learning in a context of HIV and AIDS

Recent studies in South Africa showed that 80 million children of primary school age were not attending school because of barriers to learning which included HIV/AIDS (UNESCO, 2003). Other studies have demonstrated that HIV/AIDS continues to exacerbate the poor learning conditions of the learners from previously disadvantaged contexts (*Emerging Voices: A Report on Education in South African Rural Communities*, 2005), a factor which poses additional challenges to the implementation of WP6. This highlights the importance of understanding not only the barriers to learning faced by children, but the lives of children in the context of HIV and AIDS. Developing an understanding of the barriers to learning, and the lived experiences of children in such contexts, can perhaps contribute to developing the strategies identified in WP6 for addressing these barriers, and HIV/AIDS in particular.

HIV/AIDS as a pandemic in South Africa has put more strain on communities that were oppressed and already overburdened by poverty and its related characteristics. Between five and six million people in South Africa have been reported to be HIV positive (Naidu & Harris, 2006) with KwaZulu-Natal having a 14% prevalence which seems to be the highest in the country (Obi et al, 2006). A study that was conducted by the Ministry of Health in 1998 estimated that there were between 197 000 and 250 000 children orphaned by HIV/AIDS (Richter & Muller, 2005).

Areas that were highly affected by political violence and were characterised by high population mobility have been linked to the spread of HIV/AIDS (Simpson et al., 1991; Whiteside & Sunter, 2000; Kraemer, 2003). A study on the prevalence of HIV in KwaZulu-Natal (Kraemer, 2003) found that there was increased HIV prevalence in the areas that were once flashpoints of political violence. For example, Inchanga had almost three HIV/AIDS related deaths per day (Kraemer, 2003). Liddell (2002) comments that in difficult times, societies tend not to prioritise the needs of children. It might be that in South Africa at the moment, affected as it is by HIV/AIDS, it is very difficult for children's needs, and their access to education, to be prioritised.

HIV/AIDS is not a stand-alone problem; it tends to both precipitate and exacerbate poverty (*Emerging Voices: A Report on Education in South African Rural Communities,* 2005; Tladi, 2006). Poverty has been widely linked to HIV/AIDS as a barrier to learning because when HIV/AIDS puts a strain on resources amongst populations, education for learners becomes a non-priority (Tladi, 2006). A study that was conducted in Gauteng, KwaZulu-Natal, Free State and Mpumalanga to determine the impact of HIV/AIDS on households that had recently lost a family member from HIV/AIDS related illness, demonstrated that 40% of these households had an income of less than R1000, thus deeming them poor. Participating households mentioned that they first lost income to medical costs of the person living with AIDS, then because of the sick person's absence from work and finally to funeral costs. Moletsane (2003) stated that poverty that resulted from deaths or illnesses that were HIV/AIDS related, led to financial constraints in affected families. Such financial constraints resulted in insufficient money to pay for learners' education expenses.

In a paper on the impact of HIV/AIDS in Africa, Fredrikson and Kanabus (2005), found that in coping with the impact of HIV, households used up their savings for treatment or funeral costs making nutritious food, school uniforms and fees less of a priority. Moletsane (2003) conducted a study to determine the negative effects of poverty on learning. She demonstrated that learners from poor families were excluded from education in terms of nutrition, school fees, learner support material and school clothing. As previously mentioned, Moletsane (2003), found that many schools excluded learners who had not paid school fees. Therefore despite a drive to

prevent the exclusion of learners who might be affected by HIV/AIDS, this exclusion is still happening.

To illustrate the circular relationship between poverty, lack of education and HIV/AIDS, a study by Tladi (2006) confirmed that low education reduced the likelihood of knowledge about HIV/AIDS. Thus, those not at risk of poverty, were less likely to be at risk of HIV/AIDS infection. The study further indicated that even with similar levels of education, the poor were less likely to have knowledge to avoid HIV/AIDS, possibly because obtaining information about HIV/Aids might not be a priority for them. Thus, in addition to HIV/AIDS exacerbating poverty, if one is poor, one is more likely to not access education *and* one is more likely to be affected by HIV/AIDS. The above discussion highlights how poverty infiltrates communities and tends to exacerbate the impact of HIV/AIDS. Poverty also seems to provide conditions for reproducing itself and HIV/AIDS as a barrier to learning.

Living in a context of HIV and AIDS, and being directly and indirectly affected by HIV and AIDS, obviously has a psychosocial effect on children. Amongst the psychosocial factors which have an effect on children are grief, bereavement, parental loss, and stress (Germann, 2004; Killian, 2004; Richter & Muller, 2005). More systemic factors which also affect children and are exacerbated by the prevalence of HIV/AIDS include poverty, gender dynamics, political violence and infrastructural issues. The combination of these factors negatively affects children's participation in education (Moletsane, 2003).

The above review highlights factors from the context in the form of household, school, community and government policies, which contribute to creating barriers to learning (Donald, Lazarus & Lolwana, 2002). It also highlights the complex interactions amongst different factors in different contexts, with the child in the learning process. In terms of the above studies, learners in areas that were affected by factors such as poverty, lack of resources, high mobility and political violence were likely to experience profoundly negative effects in the face of HIV/AIDS. Mapping barriers to education in an HIV/AIDS context, could identify and highlight the patterns in which these factors interact with HIV/AIDS, and the way in which they negatively impact on formal education. The South African Department of Education introduced WP6 to

13

address barriers to learning including HIV/AIDS, however these conditions complicate the task of implementing strategies to manage HIV/AIDS in terms of WP6 (Marcus, 2002). Research which maps the barriers to education in a context of HIV and AIDS could inform the strategies for implementing WP6.

The above review of research on barriers to learning indicates that HIV/AIDS is not a stand-alone problem; it tends to exacerbate the already existing contextual barriers to learning in education (*Emerging Voices: A Report on Education in South African Rural Communities,* 2005). To further complicate the situation, these barriers are interconnected, mutually influential and they are located at different levels of the context, including the child. To further explore this link, Bronfenbrenner's ecosystemic theory, which has a particular focus on contextual factors, will be used to understand the complexities that surround the analysis of HIV/AIDS and its related factors, as barriers to learning.

Bronfenbrenner's ecosystemic theory

As illustrated in the above section, the analysis of barriers to learning is complex. Bronfenbrenner's ecosystemic theory assists in unpacking the complexity of the factors, which contribute to barriers to education. Bronfennbrenner's theory belongs to the philosophical view that seeks to understand entities in relationships rather than in isolation when conducting research (Huitt, 2003). The philosophical position of Bronfenbrenner's (1979) theory is likely to highlight the relationships between and amongst these barriers that are also located on system levels that are also in a relationship. Bronfenbrenner's (1979) theory suggests that at a contextual level there are systems that affect child development, namely microsystems, mesosystems, macrosystems, exosystems and chronosystems.

The microsystem level entails roles and patterns of activities in structures in this system level as well as the relationship that the child has with people around him or her. This level has a strong influence on behavioural patterns of the child especially during the early stages of the child's development. For example, a child can affect the parent's behaviour and the same can be true for the parent and other people around the child in the family and community. Mesosystems pertain to interactions between two or more microsystems in which the child plays an active role. The

theory further suggests that the type of interactions between microsystems can either enhance or disturb the development of the child. For example, the working relationship between the child's teacher and the child's parents on educational matters. Exosystems refer to systems that impact on the development of the child, although the child plays no role in them e.g. the parent's workplace. For example, the work place ethic of the parents can impact on the child's development. Macrosystems pertain to the ideological and institutionalised cultures of a particular society that are quite far from the child's active role but have a strong impact on the child's development. For example, the negative effects of gender beliefs on the developing child. The final system is the chronosystem. Chronosystems pertain to factors that influence the child's development as a result of changes that occur both in the child's environment and within the child. For example, changes in the environment of the child as a result of other external influences and changes in the child's maturational stages as a result of biological processes within the child (Killian, 2004).

Bronfenbrenner's ecosystemic theory emphasizes the embeddedness of the developing child at five levels of the environment that are mutually influential. The theory further suggests that there is also a bi-directional interaction, between the child and the environment, and his or her environment is further influenced by external forces outside the child's environment. It is these multi-directional, multi-influential interactions that complicate the analysis of HIV/AIDS and other factors as barriers to learning. Figure 1 is a graphical representation of Bronfenbrenner's ecosystemic theory.
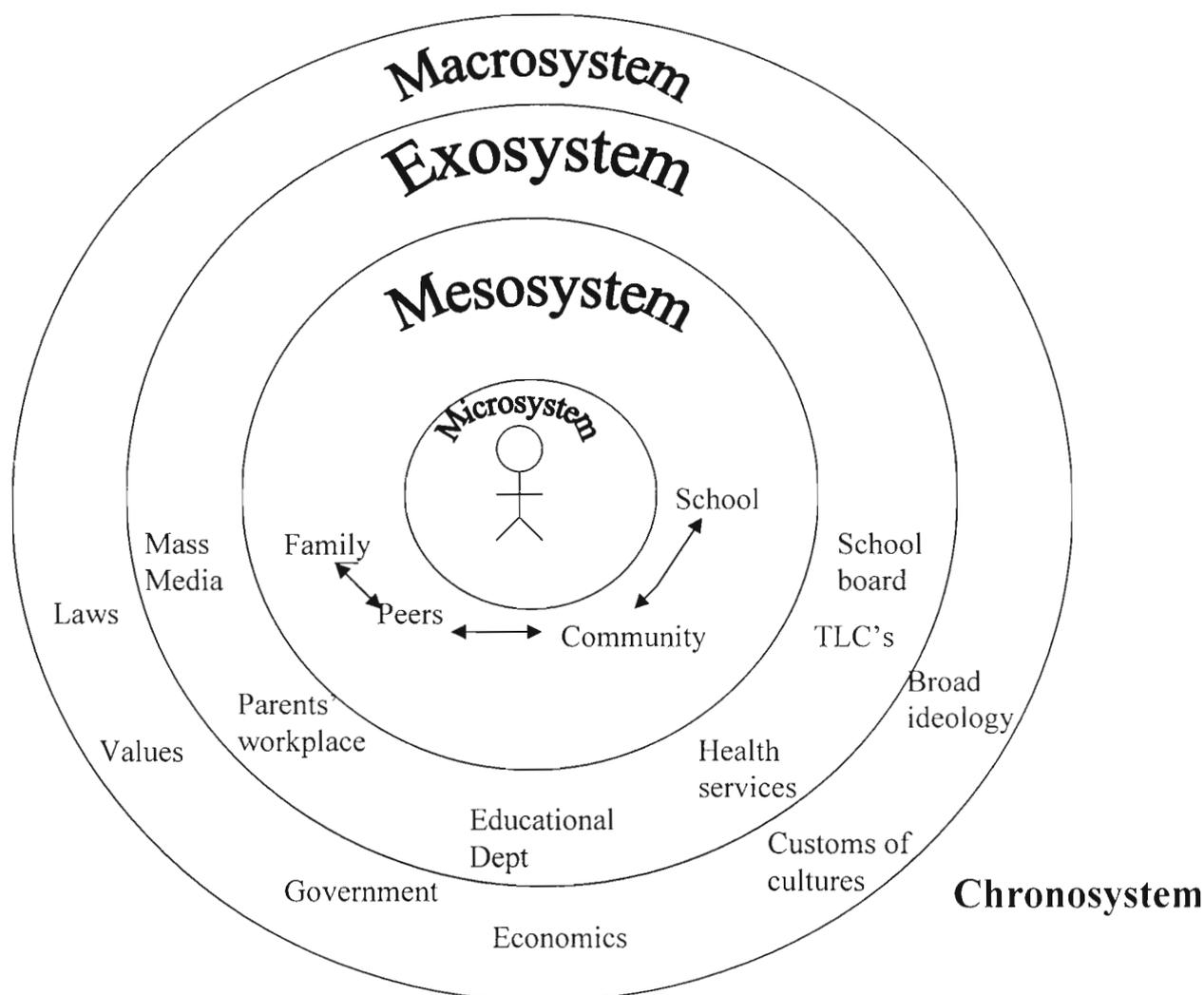
Fig. 1 Bronfenbrenner's theory on contextualised child development (Pettigrew & Akhurst, 2002)

Various studies have used Bronfenbrenner's theory to analyse barriers to learning (Killian, 2004; Viljoen, 2004). These studies further demonstrate the difficulty of separating out the different barriers from one another. In her study on vulnerable children Viljoen (2004) found that vulnerability of children to education exclusion was broader than being orphaned. It also included the absence of education and health care. Bronfenbrenner (1979) in their study on the connectedness between the family (microsystem level) and parent's work place (exosystem level) highlighted how parent's work patterns became barriers to learning, because of the

parent's absence from supervision of children. In her study on resilience and risk factors in the face of the HIV/AIDS pandemic, Killian (2004) found that 76% of learners in the areas where there was a high prevalence of HIV/AIDS were anxious because of their obsession with death and illness. These studies highlight the influence that factors in different system levels have on the development of the child as stated in Bronfenbrenner's theory.

In terms of Bronfenbrenner's theory, the impact of barriers to learning, namely infrastructural backlog, the child's personal aspects and the five contextual system levels, also affect socio-economic factors and educational processes. In terms of the literature reviewed, the contextual systems involved are microsystems (displacement of families and the psychological and emotional state of learners); mesosystems (linkages between schools and other microsystem; exosystems (apartheid dynamics, gender practices, violence and a poor environment and poorly resourced education, welfare, health and local government systems; macro-systems (apartheid beliefs, gender beliefs); and chronosystems (changes in the environment and developmental levels of learners).

Whilst this study intends to use Bronfenbrenner's theory to understand barriers to learning, there may be limitations in using it to analyse data from this study. Bronfenbrenner's theory was developed in a first world context and could underestimate the material factors and tensions that characterize the developing societies such as those that cultural psychologists mention with reference to the development of the child (Kagitcibasi, 2003). The use of this theory in a study that was conducted in a rural underdeveloped site requires one to take cognisance of the limitations of Bronfenbrenner's theory and highlight the results that fall outside of this theory whilst addressing the research question.

As highlighted in Chapter 1 and 2, the concept of barriers to learning incorporates multiple systemic factors, and includes HIV/AIDS. Studies conducted on the responses of South Africa's education system to the HIV/AIDS pandemic have focused on HIV/AIDS awareness and health education. The majority of the studies have been macro-scale studies and mostly quantitative e.g. the number of teachers that are infected with HIV/AIDS, learner attendance and the systemic management of HIV/AIDS in education (Akouloze; Khanye & Ragalema, 2001). Although these

studies have provided valuable insight into the effects of HIV/AIDS at a macrolevel, there is a dearth of localized and contextualized information about experiences of HIV/AIDS as a barrier to learning. The few studies that have examined the micro-contextualized barriers to learning that resulted from the impact of HIV/AIDS, have demonstrated that HIV/AIDS, in collaboration with other contextual exclusionary factors is a barrier to learning (Moletsane, 2003; *Emerging Voices: A Report on Education in South African Rural Communities*, 2005; UNESCO, 2005). Coombe (2000), in a study on the impact of HIV/AIDS in education, calls for more detailed research and analysis of the impact of HIV/AIDS on education in South Africa.

This study therefore explores the impact of HIV/AIDS and other exclusionary factors, as barriers to learning for grade six and grade nine boys and girls in a district of KwaZulu-Natal. This study examines a range of contexts namely urban, semi-urban, rural and deep rural areas. It also explores perceptions of children of different ages in an area that has extreme poverty and a history of political violence. This study is therefore likely to contribute by contextualizing HIV/AIDS as a barrier to learning from the child's perspective.

.

Chapter 3: Methodology

Rationale

The overall aim of this study was to investigate the impact of HIV/AIDS and other related exclusionary factors that interfered with access to education in the Richmond district. This study used a contextualised, qualitative and participatory research approach. These approaches were expected to actively engage the participants in the research process whilst capturing local dynamics and in-depth information through verbal and non-verbal processes (Van Vlaenderen, 1995; Van der Riet, Hough, & Killian, 2005). The study also anticipated that conducting this study in the Richmond municipality amongst participants of different age groups and settings, with different socio-economic histories and using four sessions with the participants, would yield in-depth qualitative data about barriers to learning. It was hoped that this qualitative micro-study would provide more insight into children's experiences of the impact of HIV/AIDS as a barrier to learning.

Aims of the study

The study aimed to:

- Establish factors that interfered with participation in education including HIV/AIDS
- Explore the participants' experiences of and feelings about HIV/AIDS.

Research questions

The study aimed to address the following research question:

- What are the factors that operate as barriers to learning for Grade 6 and 9 learners in the context of this study?
- What are the learners' experiences of HIV/AIDS?
- How does HIV/AIDS operate as a barrier to learning?
- How does HIV/AIDS interact with the other barriers to learning?

Research Design

The research design of this study was a qualitative design. The qualitative nature of this study entailed inductive investigation of the phenomenon as it unfolded through close interaction with

participants in their context (Terre Blanche & Durrheim, 1999). This design allowed the study to explore the richness and complexity of the impact of HIV/AIDS on participation in education. This study was conducted with a few learners over an extended interactive process.

This study formed part of a larger National Research Foundation (NRF) project that was initiated by the School of Education and Development in collaboration with the School of Psychology, at the University of KwaZulu-Natal (Muthukrishna, 2006). The NRF project wanted to explore how HIV/AIDS and other exclusionary factors were barriers to basic education amongst child and adult learners in formal and informal educational settings. The NRF project targeted Richmond as a research site because it had experienced high rates of political violence and high rates of HIV/AIDS infection. Although the larger project included learners at various educational exit points in different settings, this study focussed on grades 6 and 9, in four different settings.

Sampling Design

The study was conducted on grade 6 and 9 boys and girls from schools within the area of the Richmond district. The schools included in this study were sampled from those within the larger study. Sampling of schools in this study ensured that the schools were representative of the diversity of the school population in Richmond in terms of deep rural, rural, semi-urban and urban settings. The involvement of learners from different grades (grade 6 and grade 9) enabled the study to determine how HIV/AIDS and its related exclusionary factors had impacted at two different development levels in different contexts.

Participants were selected across four different schools according to their proximity to the central town of Richmond. The participating schools included one urban school that was in the town, a semi-urban school that was on the edge of the town, one rural school that was about 20 kilometres from town and a deep rural school that was about 40 kilometres from town.

The selection of boys and girls as participants in focus groups was done by using class lists and randomly selecting the number of participants that were needed for grades participating in the study (Henry, 1998; Babbie, 2001). The selection was done by dividing the class list by the number of participants that was required by the study. For example, if the girls' class list

consisted of 25 girls, every fifth girl was selected as a prospective participant in the study, starting at a random point on the list. Five boys and five girls were selected for the grade 6 focus groups and 10 girls and 10 boys were selected for the grade 9 focus group. Although this selection process was random, it did not account for the fact that the learners might not necessarily have resided in the areas close to their schools. This might mean that although the researcher expected learners in rural school to be from a particular kind of rural context, in fact they actually resided in a semi-urban context. However, the range of schools sampled and the total size of the sample, mitigated this constraint. In addition to this, on analysis of the data, it is clear that general trends across the sample were similar, rather than any one context creating particular kinds of barriers to learning. On reflection, this then might not have been a major constraint on the data.

The Grade 6 focus groups consisted of both boys and girls. Grade 9 boys and girls were separated according to gender in order to maximise participation of both sexes because the developmental phase of grade 9 learners suggested that they might not have participated fully in the study because of their heightened self awareness during this phase. Overall there were 20 grade 6 participants and 40 grade 9 participants; and 30 female and 30 male participants. The diversity of sampling in the study ensured possible comparison of data from different sources and settings, thus enhancing validity of the results of the study. The schools accessed for this study involved predominantly African learners. The parents of one mixed race school did not give permission for children to participate in this study.

Grade	Setting	Age Range	Boys	Girls
6	Rural	13-15	5	5
6	Urban	13-15	5	5
9	Semi Urban	16-19	10	10
9	Deep Rural	16-19	10	10
TOTAL			30	30

Table 1. Characteristics of the sample

Data collection

As this study intended to conduct a micro-level investigation of concrete experiences and responses of learners regarding HIV/AIDS, data collection was qualitative and partly participative in order to elicit in-depth information (Terre Blanche & Durrheim, 1999). Data collection was conducted through the use of structured individual interviews with each of the participants and 4 focus group sessions (Stewart & Shamdasani, 1998). Participatory techniques were used in the focus group process, for example drawing and ranking (Van Vlaenderen, 1995).

Research process.

As highlighted earlier in this report, this study formed part of a larger study that investigated barriers to learning for both adults and children in different education settings. It thus followed the research process adopted by the larger project. The researchers first consulted with the Department of Education and community leaders, to get permission to hold meetings that informed the communities in the research sites about the project. Further consultation was made with School Governing Bodies of the identified schools to explain about the project and its procedures as well as to obtain permission to conduct the study. All of these groupings welcomed the research process and gave their permission for it to occur.

Given the sensitive nature of the research topic, the ethical issues of informed consent, anonymity, confidentiality were addressed. The study further addressed principles of research such as non-maleficence, beneficence and autonomy to ensure that the participants' rights were protected (Terre Blanche & Durrheim, 1999). Adhering to this ethical code meant that participants and their parents had to fully understand the processes of the study, that the participants did not feel under pressure to participate in the study, and that they were protected from victimisation. How these ethical procedures were applied in the study will be discussed in the appropriate sections below.

As part of ethical practice in research, researchers had to obtain informed permission from guardians and parents of prospective participants. The participants themselves also had to give consent to participate in the study before the data collection could commence.

Individual interviews.

Individual interviews were conducted with participants using a structured questionnaire (attached in Appendix 1). This kind of data collection gave the researcher demographic data about the participants (Terre Blanche & Durrheim, 1999). This study interviewed each participant for 20 minutes before the focus group process began.

The aim of these interviews was to find out about the participants' experiences; to build rapport with the participants; and to explore resources at the participants' disposal. The resources that were explored were resources in terms of who the child stays with, financial resources, household resources, nutritional resources and school resources. The individual interviews also explored the participants' school attendance as well as motivating factors for attending school. It was felt that doing this on a one-to-one basis would be better for preserving confidentiality about sensitive matters such as financial status and reasons for not paying school fees.

Focus Groups.

Focus group data collection is mostly used in qualitative, exploratory research with the aim of stimulating the collection of in-depth information (Stewart & Shamdasani, 1998). The four-stage focus group process was implemented in order to gradually build rapport with participants while also addressing indicators that related to the topic of the study with sensitivity. During focus group sessions, one researcher facilitated the data collection process whilst another researcher (a member of the broader NRF research team) focused on technical aspects of data collection such as tape recording and video recording the group sessions.

The four focus group sessions were implemented over two consecutive weeks with two sessions each week (see Appendix 2 for outline of focus group topics). A break of one day between sessions allowed the researchers to prepare for the next session and also allowed time for participants to recover from the focus group session. These sessions were conducted with a maximum of ten participants from the sampled schools and grades in the language most comfortable for the participants. In most cases this was *isiZulu*. Each focus group session lasted for about 90 minutes.

The participants in this study were at risk of social and psychological harm because of the stigma and suffering that surrounded HIV/AIDS. This meant that participants might be exposed to negative emotions during the study and therefore might need psychological support after, or during, the study. Participants were also at risk of victimisation if participants shared sensitive information about the school or about certain members of the community and that information was communicated or managed without considering the welfare of the participant/s.

To cater for the psychological and social problems that could arise during the study, the data collection process used focus groups in four phases. This allowed further interaction between participants and researchers in case the participants needed emotional support as a result of participating in the research. The research process also identified support networks that were working in and around the research site for referral in case the need arose. To ensure that harm did not occur to the participants, the welfare of the participants was prioritised in handling the information that was gathered by ensuring confidentiality.

The aim of the first focus group session was to build rapport with the participants. This focus group was aimed at working on the confidentiality pledge, selection of pseudonyms, as well as addressing indicators of material resources and school functioning. This focus group session also focused on exploring school attendance, motivation and attitudes of the participants and other learners towards attending school. This session also explored the academic performance of the participants as well as the support systems and material resources at the participants' disposal in relation to learning.

Focus group two was aimed at enabling the participants to look at themselves in terms of their emotional constraints, emotional support and self-perceptions, in order to have a better understanding of their vulnerability and resilience factors. The indicators in this session were support systems, emotional health and mortality factors. In this session each participant was asked to draw his/her 'river of life' and to present it to the group.

The third focus group session focused on the participants' knowledge about sickness and the prevalence of various illnesses in the research site. This session also explored the sources of support for the participants in the research site.

The fourth focus group focussed on the participants' feelings about HIV/AIDS and its impact on the participants. In this session participants were asked to draw a body map about their experiences and feelings about HIV/AIDS. These drawings were discussed in the group.

Throughout the focus group process, participatory techniques like drawings and games were used to capture the interest of the participants whilst eliciting more information (Theis & Grady, 1991). Working with potentially vulnerable minors on a sensitive topic made the researcher cautious of not violating the children's rights during the research process. Debriefing activities were also conducted with participants to minimize bad feelings that might have been triggered by the focus group discussions.

Ethical Considerations
Informed consent.
In conducting the informed consent process the researcher held initial meetings with the school community where the research and its process were explained, as mentioned above. Such a meeting provided the school community and the researchers with an opportunity to discuss the research. The researchers then visited the schools and conducted the sampling as outlined above. The researchers then met with the parents and caregivers of the prospective participants, to explain the research process. The process of obtaining permission was thus conducted with the school communities where the study was to be conducted, and the parents or caregivers of prospective participants, because in terms of the law, children are minors, and cannot give permission to participate in the study on their own. The parents and caregivers were provided with a letter that explained the research process and consent forms.

The informed consent process required that the explanation of the research project be done in the language that the stakeholders fully understood. Therefore, the research project information sheet

and consent forms were translated from English into *isiZulu* for the stakeholders to better understand the process in their mother tongue (see Appendix 3). The researchers further verbally explained and discussed the research process with the research stakeholders. Parents and caregivers were provided with the opportunity to decide whether or not they wanted children in their care to participate in the research or not. The parents' decision on the participation of their minor children in the study was indicated by them signing the consent form. During the filling in of the consent forms it emerged that many care givers, especially in rural areas could not read and write, hence they had to be assisted. The researcher assisted these parents and caregivers in making a cross for signing instead of a signature.

Parents and caregivers who attended the research process meeting asked many relevant questions about the research. This suggested that the consent that they gave for participation of the children in their care was informed. In a few instances learners took the consent forms home for their parents/caregivers to fill them in because the parents could not come to school for various reasons e.g. one father was too busy to come to the school, one of the grandmothers was too old to come to the school.

The researchers also held individual interviews with the prospective participants and conducted the same informed assent procedure as described above (see Appendix 4). The researchers further explained to prospective participants that they were free to decline participation in the research or stop participating in the study whenever they felt that they no longer wanted to continue. Prospective participants were further informed that they could talk to the researchers whenever they experienced any discomfort in the focus group.

Confidentiality and anonymity.
As part of the ethical procedure when conducting research (Terre Blanche & Durrheim, 1999), confidentiality was ensured. Mechanisms of confidentiality protected the participants from an invasion of their privacy. This ensured that participants were not discriminated against or victimised because of the information that they shared during the research.

In addition to participants giving their assent in the interviews, in the focus groups the participants signed a pledge where they committed themselves to keeping the research information confidential (see Appendix 5). By signing the confidentiality pledge, learners were committing themselves to honour the confidentiality of the focus group discussions as well as feeling safe that the information that they would share would be kept in confidence. Confidentiality was further ensured by using pseudonyms instead of the participants' names on all documents and communication during the research. The researcher also ensured that no information related to specific individuals was revealed to the school and other stakeholders. School sites in this study have been labelled A, B, C and D to protect their identity. To further ensure confidentiality, raw data was kept in a safe place to guard against the possible victimization and discrimination of the participants. Although the research procedures were planned so that participants were to be protected this was not the case with all participants. For example, although participants were randomly selected, in one school participants shared that their schoolmates viewed them as having been selected because they had something to do with HIV/AIDS.

Beneficence.

In accordance with one of the ethical principles, the researcher ensured that the research benefited the participants through a feedback process. Feedback about research results was given to policymakers and the education sector in Richmond. Giving feedback to policy makers and education stakeholders will hopefully enable them to develop informed interventions and strategies that relate to HIV/AIDS and its related exclusionary factors in the area.

Feedback on the broader study was also communicated to the local municipality, education authorities, communities, learners and educators in both presentation and print form. Presentations were done verbally for each group that participated in the study and an executive summary in *isiZulu* was left with them for further reference.

The benefit to the participants was indirect because the aim of the study was to inform broader policies and programmes rather than intervening at an individual level.

Data analysis

The research questions in this study aimed to determine what the learners in the research sites experienced in terms of access to education, and the role that HIV/AIDS played to influence these difficulties. Data that was obtained from the individual interviews was analysed (by the broader NRF team, not by this researcher) using the Statistical Package of Social Sciences, a computerised data analysis package. This data provided the study with demographic information about the participants and some of the findings from this data have been incorporated into this report. For the focus group data, this study used qualitative data analysis within the interpretative research paradigm.

The *isiZulu* audiotapes that were from focus groups discussions were transcribed and translated into English for analysis. This was done by this researcher and research assistants employed by the NRF project. Videotapes that were recorded during group discussions were used to supplement the verbal content of the group discussions, particularly when the audiotapes were difficult to hear. This study produced large volumes of raw data, most of which were in *isiZulu,* and in a qualitative form. The challenge was to make meaning of the data from the various participants and settings. The strength of the range of this data was that it enabled triangulation (Terre Blanche & Durrheim, 1999).

This data was analysed using theory driven thematic coding (Jackson, 1995; Boyatzis, 1998). This analysis was done within the framework of Bronfenbrenner's (1979) ecosystemic theory. This means that the data was analysed in terms of micro, meso, exo, macro and chronosystem levels of Bronfenbrenner's theory. Bronfenbrenner's microsytem level refers to the developing child's experiences of his/ her immediate context and its people. The mesosystem level refers to relations between micro-systems around the developing child. The exosystem level refers to factors that impact on the child through agents at the micro-level. The macrosystem level refers to factors that are far removed from the child, but impact on the other system levels that impact on the child. The chronosystem level refers to changes that are brought about by time in the developing child's environment and developmental changes within the child during development.

The researcher labelled segments of verbatim raw data that were related to one another and marked them in similar colours to form first order themes (Boyatzis, 1998). First order themes were further classified by giving them qualifications that led to the formation of the second order themes. Second order themes were further analysed to form higher order themes (Jackson, 1995). This is illustrated in the table below:

First order theme-violence (Verbatim from raw data)	Second order theme-location and type	High order theme-Theory codes
"I worry about ......corporal punishment in school"	Corporal punishment (school)	Micro-system level

Table 2. Example of thematic coding of raw data

Reliability was catered for by keeping close to the raw data thus avoiding premature interpretation during thematic coding (Boyatzis, 1998). The validity of the themes was established by comparing and contrasting data that came from different research tools, settings and age groups. Themes were further validated through supervision, presentations at research seminars and group discussions with other researchers associated with this research programme.

Reflection on the study

This section focuses on the ethical, methodological and logistical aspects of the study in terms of strengths and weaknesses of the study.

Limitations of the study.

1. Ethical issues.

The ethical issues that had the potential of being compromised in the study were autonomy, non-maleficence and confidentiality. This study was conducted on children in an area which was previously disadvantaged and had high levels of poverty. Disempowerment, poverty and being minors might have compromised the participants' autonomy in the study because the participants might have found it difficult to freely express their feelings for fear of being victimized, or deprived of privilege that might have temporarily alleviated their poverty.

The topic of the study, namely HIV/AIDS, was a sensitive issue to discuss in a group session considering the stigma, which still surrounds it (Marcus, 2002). The discussion of this sensitive topic might have caused the participants to find talking about it difficult or uncomfortable. There were instances where psychological intervention seemed to be needed. However the researchers were unable to offer this because of time constraints and the role that they had to play as researchers. The researchers also found it difficult to cater for participants who needed psychological interventions because such facilities were not available in the area. This thus bordered on contravening the non-maleficence ethical code.

Participants might also have been running the risk of being victimized in the community because of what they said during the group discussions. Although measures were taken to ensure the confidentiality of the group discussions, the age of the participants might have compromised their ability to keep confidentiality.

2. Methodological issues.

Methodological limitations of the study pertained to the focus of the study, data collection and the researcher as the data collection tool. The aim of the study was to determine how the participants experienced barriers to learning and therefore predominantly elicited negative aspects of the learning environment of the child. This might have left participants with predominantly negative feelings about their education process, and also might have skewed results in terms of these negative factors.

The use of focus groups in data collection might have negatively impacted on the data that was collected because participants might not have been able to say what they wanted to say but reiterated what the others said. For example, the issues that were expressed in the focus groups might have been elicited by responses from other participants particularly in the case of the younger participants. Self-reporting by the participants, particularly in relation to their absenteeism, might not have been accurate considering that the methodology did not cater for verifications of such data e.g. learner and educator absenteeism.

The researcher as a research tool in the study (Robson, 1993) also impacted on the research process. The researcher as a trainee in focus group facilitation had to learn the skill of facilitating focus groups while ensuring the quality of the data. This could have negatively impacted on the quality of the data, particularly during the initial stages of focus group facilitation. The researcher, as a novice researcher conducting research on a very sensitive topic might have limited the findings of the study because of the anxiety that she had about the negative effects of discussing sensitive issues in the study. The fact that researcher was a trainee psychologist who had worked for many years with learners who were experiencing barriers to learning, and the fact that she was deliberately focussing on barriers to learning, might have meant that she influenced the data that the participants shared. However, the focus group process with its participatory techniques was designed in such a way as to draw out information from the participants. Thus, the data collection process, true to a participatory style of research, was driven and directed by the participants' voices, rather than that of the researcher. In the discussion about HIV/AIDS, misconception on the part of the participants meant that the researcher found it difficult to maintain her role as a researcher which could have further influenced what the participants contributed.

The fact that the participants were minors, and HIV/AIDS and illness and its accompanying experiences and feelings were discussed in the focus groups, made the facilitation more difficult for the facilitators to maintain the balance between data collection and giving emotional support to participants who were negatively affected (Van der Riet, Hough & Killian, 2005). This has also been reflected on in the broader NRF project report (Muthukrishna, 2006).

These factors had the potential of compromising the validity and reliability of the findings of the study.

3. Logistical issues.

The logistical challenges in the study had the potential of compromising the results of the study. Despite prior planning about the method that was going to be used in the study, its contextual nature, and the direct interaction with people in that context, created unexpected dynamics. In some instances it became difficult for the research process to start and finish at the scheduled

time, because of transport problems, availability of venues, and availability of electricity for recording purposes. Some of the data was lost or damaged because of these problems. Venue difficulties also created a lack of privacy during some of the focus groups. In addition, some of the research sessions took longer than was anticipated because of the content and the mood in the focus group discussion.

These factors further demonstrated the complexity of the educational sites in terms of the group dynamics in the school and the lack of facilities. These dynamics reflected barriers to learning at a broader level and how they impacted on these particular schools. These limitations highlight the complexities that accompany the dynamics of conducting this study particularly a localized, qualitative study.

While this study had some limitations it also had strengths. The use of the focus group discussion over four sessions combined with individual interviews enabled the participants to build a working relationship with the researcher, making the interaction more in-depth and providing rich information. The meeting of the participants over an extended period of time also made the participants more trusting of one another and therefore more participative. The use of participatory research techniques enhanced the participants' partnership in the construction of data in the study as well as raising their interest, as children. This contributed positively to the type of data that was gathered during this study. The use of researchers who had worked with children and spoke the same language as the participants could have enhanced the working relationship between the researcher and the participants and therefore yielded more information.

Chapter 4: Results

Introduction

The results entail a descriptive analysis of the data that was collected in this study, as it pertained to the research question (Kerlinger, 1992). Considering the fact that this was a qualitative study, data analysis was done in an interpretative form. The data was analysed in relation to the context of the research sites and their complexities. Extracts from the data will be used to illustrate the context and complexity of the data. The codes in Table 3 will be used when referring to extracts from the text.

Settings	Deep rural (DR)	Rural (R)	Semi-urban (SU)	Urban (U)
Grades	Nine (9)	Six (6)		
Gender	Boys group (B)	Girls group (G)		
Focus group discussions	Focus group one (FG 1)	Focus group two (FG2)	Focus group three (FG3)	Focus group four (FG4)

Table 3. Codes used in extracts from data

Bronfenbrenner's (1979) theory demonstrates the complexities of the interaction between various system levels and the child who is at the centre of the system. Different influences of the system levels on the child change according to the developmental stages of the child. e.g. the micro-system level has more influence on the child during the child's early childhood stages. The linkages that Bronfenbrenner (1979) mentioned in his theory also emerged in this study. The data will be broadly presented using the framework of different systems suggested by Bronfenbrenner (1979) and it is clear that barriers to learning are interconnected. At times this makes it very difficult to separate these barriers and to exclusively locate different barriers to learning in different system levels. The following section presents barriers to learning as they emerged in the themes that were developed in accordance with Bronfenbrenner's (1979) theory, and using categories in terms of barriers to learning as described in the NCSNET/NCESS report, and other reports (Department of Education, 1997; UNESCO, 2003; Moletsane, 2003; *Emerging Voices: A*

Report on Education in South African Rural Communities, 2005). The presentation of the results starts from the microsytstem level factors extending up to chronosystem level factors.

Microsystem level

This level includes the child's organic characteristics and his/her interaction with his/her immediate environment such as the school, family and peers. This system also includes patterns of activities that occur between the developing child and people in these structures. Barriers to learning at this level entail patterns of activities, roles and interpersonal relationships that the child has with these structures and people that occupy them in different roles. People in these structures include the child, parents, siblings, extended family members, educators, peers and community members outside the family. The discussion below presents individual factors, family factors and school factors as areas where barriers to learning can be located at a microsystem level.

Individual factors.

Participants in the study mentioned that their patterns of activities such as socializing patterns and substance abuse were barriers to learning. Socializing patterns that the participants mentioned as barriers to learning differed in terms of the participants' sex, geographic setting, and developmental phases. Grade nine boys and girls from the semi-urban site and boys from rural areas mentioned that their friendships and intimate relationships with people of the opposite sex affected their learning. They mentioned that they sometimes spend the time that they should be spending on education on these relationships. For example,

> P: *Others dress in their uniforms as if they are going to school but they ... are going to their ou's [boyfriends] (SU9G FG1).*
>
> P: *Because you are in class and you keep on thinking about girls (DR 9B FG1).*

Grade six participants on the other hand mentioned that they sometimes forgot to do school work because of playing and watching TV. Grade six learners in rural areas mentioned playing as a barrier to learning while those in semi-urban areas mentioned watching TV and playing.

Participants from both the urban primary school and semi-urban high school girls' group mentioned that some young girls fell pregnant in order to receive the childcare grant and

therefore dropped out of school. Girls from semi-urban areas further mentioned that girls engaged in unprotected sexual intercourse with their boyfriends, became pregnant and were expelled from school. For example, discussions about barriers to learning amongst semi-urban high school girls contained the following comments:

> P: (other girls) ...... bunk school and go to their ou's [boyfriends].
> P: Some do not come to school because it will be noticed that they are pregnant.
> P: The teacher tells them to go and not to come back to school (SU9 FG2)

As the child grows, the socializing patterns of learners become more complicated therefore leading to differences in the socializing patterns of learners. It was also interesting that while high school boys from rural areas mentioned their socializing patterns, girls from this area made no mention of their socializing patterns as barriers to learning.

Both semi-urban high school participants and urban primary school participants mentioned substance abuse. These urban primary school participants mentioned it as hindering learners from attending school. Semi-urban high school participants mentioned that substance abuse negatively affected the learning of the learner who was under the influence of the substance as well as this child's relationship with the educators. For example, the learners commented:

> P: Someone comes to school having smoked dagga or drunk with alcohol (and) ... may make a mistake (in his or her work) (SU9B FG2).
> P: Some students are rude to the teachers because of drugs (SU9G FG2).

Antisocial behaviour as a result of substance abuse can lead to compromised access to education because these learners put themselves at risk of poor academic performance resulting from impaired cognitive functioning, imprisonment or expulsion from school. Whilst this could be fairly normal behaviour for learners across the world, it seemed more pronounced in the research sites particularly amongst the urban and semi-urban participants.

Family factors.

Family factors that the participants mentioned as compromising their engagement in education were roles of responsibility that they were expected to play in their families, the interpersonal relations in the family, and poverty in the family.

Participants from all focus group discussions mentioned the roles of responsibility that participants had to assume at home. These roles included looking after siblings, cleaning the house and looking after cattle. On discussing things that interfered with participation in education the semi-urban participants mentioned the following:

> P: It may be at home you have little sisters; you have to look after them (SU9B FG1).

Amongst high school participants there was a difference in the types of chores that were assigned to participants in terms of gender and research settings. In rural high school areas tasks that were assigned to boys and girls differed along gender lines while in semi-urban areas and for primary school participants there seemed to be no difference. This suggests that there were different patterns in allocating gender-stereotyped roles in terms of the developmental phase and settings of the participants. At primary school level and semi-urban and urban sites gender-based allocation of duties were less distinct than in deep rural areas.

1. Interpersonal relations in the family.

Bronfenbrenner (1979) emphasized the importance of the interpersonal relations of the developing child with the family. About half of the participants in all research sites mentioned the absence of parents as one of the barriers to learning even though other family members looked after those children. Reasons for the absence of parents differed in terms of age groups and research sites. Rural high school participants attributed the absence of their parents to employment, marriage to another spouse, and death. Semi-urban high school participants attributed the absence of parents to deaths either from political violence or illness. For example, during the discussion of the 'road of life', participants from semi-urban and rural high schools said,

> P3: I do not know my father at all for he died while I was still small. However, my mother got sick and died. I do not know what sickness it was. In 2004, I stayed with my sister (SU9 FG2).

The majority of primary school participants attributed the absence of their parents to employment.

The study further showed that death also interfered with their access to education because it took away people who were paying for their education. For example when death in the family was discussed, one of the participants commented:

> *P: The person who passed away was the one who was buying us things that we need ...I had to start grade one later because I had no shoes (DR9B FG3)*

2. Poverty.

Poverty was one of the factors that was mentioned as having made learners vulnerable to barriers to learning. The demographic information on the participants suggests high levels of poverty within the families in the research sites. Poverty manifested itself in compromised nutrition, non-availability of finances to cater for educational activities, and risky sexual practices.

The structured interview data showed that 7% of the participants in the study reported having spent at least two days without food. Structured individual interview data demonstrated that 26% of the participants reported that they received financial help from their relatives with the highest incidence (41%) being mentioned by deep rural high school participants. The study further showed that almost 50% of learners in that research site had not paid school fees. The highest non -payment of school fees was from the rural high school girls (66%) and urban primary school boys (72%).

Non-payment of school fees had a direct impact on access to education. Participants in rural schools mentioned that those who had not paid school fees were either chased away from school or they were deprived of their rights to getting their progress reports or stationery. In the rural primary school, participants reported deprivation of basic facilities for failure to pay school fees e.g. access to toilets.

Lack of financial resources for survival led some girls to engage in unprotected sex for financial gain. Urban primary school girls and semi-urban high school girls reported that some young school girls engaged in unprotected sex in order to get money or material goods, from men. They further mentioned that some girls engaged in unprotected sex because they wanted to fall pregnant in order for them to qualify for the children's grant that is provided by the Department of Social Welfare. They mentioned that:

P: Others have got children at the age of 14, 15 just because they want to get the children's grant (U6 FG3)

P: There are many learners who are pregnant ... so that they can get child support grant from the government (SU9GFG3)

Semi-urban high school participants also mentioned that some young schoolgirls had many boyfriends because they wanted money. For example,

The third one (boyfriend), I do not love him, I only need his money (SU9G FG2).

Participants in the study also mentioned lack of space and lighting at home as barriers to learning. Demographic data from the structured interviews indicated that a low percentage (29%) of rural high school participants had access to electricity compared to the average of 81% across the study that had access to electricity. This indicated that learners in rural areas had a difficult time accessing appropriate lighting to do their homework. In the focus group discussion, the problems that rural participants experienced were also highlighted. For example,

P: I like working in the kitchen, if I do it in the bedroom, my mother will tell me that I am going to finish the candle (R9G FG1)

Most participants in all settings reported doing their homework in the kitchen, bedroom and dining room. Participants reported using the kitchen to do their schoolwork to avoid distractions that would interfere with their attention. For example,

P: I do my homework in the kitchen because there is no TV and no radio (SU9B FG1)

School factors.

School conditions are crucial in determining whether the child experiences barriers to formal learning or not. Barriers to learning in the microsystems that were mentioned by the participants were the educators' attitudes, teaching methods, attendance of both learners and educators, the non-implementation of education policies, and the provision of learner support materials.

1. Interpersonal relations with educators

The educators' attitudes impacted on the learners' access to education. Participants from both high schools and one primary school mentioned that educators' attitude had a negative impact on

their learning. Their irritability and uncaring attitude towards learners were mentioned. When factors that interfered with their learning were discussed learners also commented on educators who came to school under the influence of alcohol. For example,

> *P2: Firstly the teacher, as they have said, the teacher maybe is coming from his cottage and he is drunk and he will be rude in class. As a learner you come from home and you find that the teacher abuses you at school. You have to pay your school fees here. It is difficult. Teachers do not lose anything if they abuse you, but as students you lose because you pay for your studies (SU9B FG1).*

High school boys and girls from the semi-urban site and girls from the deep rural site indicated poor support for learners from educators at high school level. This statement was confirmed at the rural high school but not in the primary schools. This might be because the learning climate was better in the primary schools, or that primary school pupils are less likely to voice their criticism of adults.

2. Teaching methods

All participants in the study mentioned that although some educators teach well, the approach used by some educators to teaching was a barrier to learning. They mentioned that the method that some educators used in teaching did not enhance their understanding of the learning material. For example, participants from the semi-urban high school said,

> *P7: For example, he can write a sum on the board without explaining. He will sit down and sleep.*
> *P5: Sometimes he will write notes without any explanation, after that he gives us a test. And you find that we don't know what to write (SU9BFG2).*

3. Learning resources

Data from individual interviews in the study indicated that although there was adequate supply of exercise books in most of the learning sites, in high school rural and urban areas, less than 50% of participants reported having received exercise books. The primary school individual interviews indicated that only 6% of high school learners in rural areas received textbooks from school while the average supply of textbooks in schools to participants was 61%.

Focus group interviews further indicated that learners in rural primary schools were sometimes excluded from learning activities if they did not have learner support material. For example one rural primary school participant was asked about things that made education difficult and he said,

> P: *(if you do not have) a pencil, calculator and money*
> F: *if you don't have all these things the teacher punishes you?*
> P: *Yes, the teacher punishes you. You have to move out of the class (R6 FG2).*

4. Non-attendance of class or at school.

The presence of learners in class for learning and the presence of the teacher are important for the learners' effective learning. Participants in the study mentioned that at times they were prevented from attending classes as a punishment for coming late to school, or they could not attend classes because of beliefs in their community such as mourning practices.

Participants in all focus groups reported that they missed out on education when they were locked out of school and when they were late for school. Only urban primary school participants did not report that the locking out occurred. At one school the researchers actually observed the lock out. The participants were locked out when they were late for school or when they had done something wrong in the eyes of the educator.

When illness was discussed in the focus groups, one of the participants in a rural primary school mentioned that even when learners were physically present in school, deaths in their families still affected their participation in education.

5. Educator absence

Participants reported in the individual interviews that there was also non-attendance of educators. Although it was difficult for them to know the reasons for the educator's absence, participants in one research site mentioned that educators sometimes attend workshops for the whole week. An average of 61% of the participants reported the absence of educators from their schools during teaching time. Participants in the urban primary school reported the highest absence rate. These educators were away from school twice per week.

6. Non-implementation of education policies in schools

There was evidence in this study that policies to minimise the exclusion of learners from school were not being implemented. The expulsion of learners for non-payment of school fees and the practice of corporal punishment, were mentioned as barriers to learning. For example, when school fees were discussed participants said,

> P: *When you ask the teacher to go to toilet, they said no because you do not pay school fees (U6 FG3)*
>
> P: *In this school you do not get your report if you did not pay the school fees (and)... There are learners who are repeating classes because they do not know whether they passed or not (DR9FG2). [i.e. their reports had been withheld by the school because of non-payment of fees].*

Participants in all grades and all research sites mentioned that corporal punishment was used in schools. Both semi-rural and deep rural high schools mentioned that severe forms of corporal punishment were carried out in their schools. For example,

> P: *There is corporal punishment in this school. I cannot even sit properly because my bums are swollen. I got punished because I did not cover my exercise book (R9G FG2).*

Mesosystem level

Bronfenbrenner (1979) stated that while factors at a microsystemic level were important for child development, he emphasized that the linkages between microsystems and mesosystems were also crucial to enhance child development. Barriers to learning in terms of the mesosystemic level were between the home and the school, the school and the community, and the home and community.

The role that the families made the participants play demonstrated the clashes between the school and the home, in the mind of the child. While the school encouraged learners to learn, some families gave the participants responsibility that interfered with the learners' opportunity to do their school activities. This could create the perception on the part of the child that learning was not important and therefore could create a barrier to learning for the child.

41

Reports of illness in the participants' families were high, in all focus groups. The participants indicated that when there was illness in the family, they were likely to be pre-occupied with the illness of that person and that person's potential death. For example when learners were asked about the effects of illness on a learner whose mother was ill, they said

> *P3 - It disturbs her because she always thinks about the situation at home. She thinks that her sister will die soon (SU9B FG3)*

This preoccupation of the learners also interfered with their thinking processes, thus being a barrier to learning. They mentioned that:

> *P1 - She is affected because she thinks a lot.*
> *P2 - She is sad because she left her sister in a critical condition.*

The participants also mentioned that while they liked to go to school for a better future, people in the community, especially their peers discouraged them from attending school. When reasons for non-attendance at school were discussed, one high school boy said,

> *P: ......I can say I have others that I am staying with who do are not attending school. Other learners are influenced by friends not to go to school. They say "I left school long time ago, why are you going to school?" This is a problem, one sees the other not going to school (SU9BFG1).*

Although the study did not focus on linkages between the communities and the school, the community discussions that were conducted by researchers in preparation for the research showed that in semi-rural, deep rural and urban areas, linkages seemed weak. Overall community meetings that were called in these areas were not well attended whilst in the rural primary school area there was good attendance. The meetings with parents that were held at the above mentioned sites were also not well attended and the discussions also suggested weak linkages, which were barriers to learning.

Exosystem level

Factors at this system level have a strong influence on the child, although the child is not directly involved in them. Factors that were mentioned by participants as barriers to learning at this systemic level were inadequate infrastructure, poor education, health and welfare systems as well as the political dynamics and violent environment.

Poor provision of water and sanitation.

Poor water and sanitation facilities as barriers to learning were experienced by learners from different settings in different ways. Demographic data from the structured individual interviews indicated that 78% of the participants from rural high schools obtained water from rivers and boreholes while 59% of the participants obtained water from communal taps. This caused the learners to spend more time fetching water rather than doing schoolwork. While this can compromise time that participants spent on their schoolwork this further made participants vulnerable to water borne diseases, which could make the participants ill and therefore unable to participate fully in education.

Participants from semi-urban high schools mentioned that they experienced water and sanitation problems in their school. Semi-urban school boys and girls spoke strongly about the quality of water in their schools for example,

> *P: The water smells of faeces (SU9G FG1)*

They also mentioned the unhygienic state of the toilets because of non-payment of bills. This interfered with their learning because the odour from the toilets interfered with their concentration in class. For example,

> *P: Water bills have never been paid and toilets are not working (SU9B FG1)*
> *P: You find that we are learning and the bad odour comes in and you cannot even concentrate (SU9B FG3)*

Access to water affected all participants in the research sites in different areas and to different degrees.

Poor access to learning institutions.

The other infrastructural factor that was mentioned as interfering with the access to learning was poor access to learning institutions. This was a particular concern for participants in the rural research sites for both grades six and nine.

Participants from rural primary and high schools mentioned that having to walk long distances exposed them to danger. They mentioned having been injured when walking to school. High school girls also mentioned imagined danger on their way to school. For example,

> *P: I cannot walk properly if there are too many stones on the road. My feet get injured (R6GF2).*

P: This road has a terrifying forest ... there is a tree that has a snake and if I (we) pass there, we need to be careful (R9G FG2).

Primary school participants also mentioned that the long distances made them tired and caused them to miss out on learning. Walking on roads in such poor condition made participants too tired to engage fully in the learning process. Grade six participants mentioned that when it is raining, they come late to school and because of the mud their shoes get dirty and heavy thus making them to walk slowly. For example,

P: Perhaps it is raining ... it makes me to come late at school.
P: It is difficult to listen to the teacher and it is not easy to ask anyone to explain things (R6FG2).

Both grade six and grade nine rural learners expressed that their shoes were damaged by stones on bad roads and therefore they had to buy another pair of shoes, or go to school in old looking shoes. Thus poor infrastructural conditions created additional financial burdens on parents and caregivers, in the form of replacing uniforms.

Access to welfare and health facilities.
Participants from rural and deep rural areas seemed to lack health facilities in terms of access to medical care and health education. When they were asked about where they got help for sick people, they mentioned the hospital that was in Richmond. Deep rural participants also seemed to lack health education because they had serious misconceptions about the causes of HIV infection.

When rural participants were asked about the support that a learner who had lost a parent could get, they made no mention of welfare facilities. This suggests that although such facilities were known and accessible for participants in other research sites, rural participants did not see these facilities as a resource because they were relatively inaccessible and mostly based in urban areas.

Political dynamics.
The political dynamics in KwaZulu-Natal, particularly in the Richmond area as a result of ideological beliefs in the country resulted in political violence. Political violence amongst the different political parties contributed as a barrier to learning because of the resulting deaths. This

44

violence negatively affected the microsytemic levels such as the family, the community, the school and the individual learners themselves.

1. *Deaths of family members.*

More than half of the participants in the semi-urban site and one rural site mentioned the death of their parents or relatives during political violence. Political violence contributed to barriers to learning in that people who could be earning money and assisting learners in accessing education, died. For example,

> *P: Unfortunately, she is not getting help from home ... all her family members died during the political violence (SU9G FG3)*

Deaths in the families of the participants were barriers to learning because they also deprived the learners of the emotional and the financial support that the learners would have received from their primary care givers, their biological parents.

2. *Violent environment.*

People in the areas that were affected by the political violence seemed to have internalised the violence. Participants from the semi-urban high school and urban primary school mentioned violence in the form of assault, rape and lack of respect for other people in the community.

The broader political climate of violence in the participants' environment appeared at the level of educator, community and learner behaviour. Comments that were made by the semi-urban and urban participants suggested that there was a culture of violence in these research sites. For example,

> *P: They (educators) hit you against the wall or hit your head against someone else (SU9BFG2)*
> *P: (I worry) when a stranger calls me, like on the phone, or coming to school and (they) call you –catch you-catch me and rape me (U6FG2)*

Macrosystem level

Factors at the macrosystemic level also impacted on the learners' access to education. These macrosystemic level factors were gender and HIV/AIDS. HIV/AIDS will be discussed in more

45

detail in a separate section. The location of these barriers to learning at the macrosystemic level meant that they impacted on all other system levels of the child's environment.

Gender.

Gender stereotyping as part of the belief system in the research site was a barrier to learning particularly for girls in the study. The belief that women were responsible for domestic related, nurturing tasks while men were responsible for income generating tasks seemed to prevail in the minds of the participants. These beliefs could have been the influence on the gender practices in the community. This affected girls in terms of their fees not being paid by their parents or caregivers in favour of boys, especially in deep rural high schools. Girls were also taken out of school to care for other people. For example, data from the structured interviews revealed that the overall percentage of girls who had not paid school fees was higher than that of the boys. The gap of the payment of school fees between boys and girls widened in rural contexts and with learners in higher grades except in semi urban high school where most boys had not paid their school fees. This study further demonstrated that the participants believed that girls were more capable of looking after sick people. For example, when reasons for the absence of learners were discussed the participants said,

> P: The chances are very high (that the girl was looking after a sick person) because females are brave to
> change diapers of sick people (DR9 FG3).

Chronosytem level

Changes within the participants and within their context that are located in the chronosystem level in terms of Bronfenbrenner's (1979) theory impacted on the way that participants experienced barriers to learning. The developmental changes within participants might be seen as more universal and similar to those of learners across the globe whereas contextual changes seemed to be related to this site in particular.

Contextual changes.

Contextual changes in Richmond and its surrounding areas stretched from the apartheid period that prevailed from 1910 to 1994, political violence that prevailed from the 1980s to the early 1990s, and the democratic period that started from 1994 to date. Although this study was

conducted during the democratic era, participants in all research sites demonstrated that their current barriers to learning were rooted in the apartheid era in terms of poverty, political violence and infrastructural factors.

Past apartheid policies and the economic dynamics perpetuated poverty in the developing countries. This study demonstrated that all research sites were poor. Semi-structured interviews in the study demonstrated that more than 50% of the participants in rural and deep rural areas got their income from pensions while 72% of urban area participants reported that they sometimes slept without food. These findings suggested that there was high poverty in this research site. This had the potential of negatively affecting access to education in the study.

Skills of education stakeholders in the study seemed to be lacking. The study demonstrated lack of skills as barriers to learning in terms of appropriate teaching, transformation and technical skills. The negative attitudes of educators towards learners in the study seemed to be more towards the authoritarian attitude that was advocated during the apartheid era. Inadequate programmes and non-implementation of transformative programmes in a democracy, were also barriers to learning in the study.

Deep rural school participants were also more negatively affected by lack of infrastructure as a result of policies that were passed during the apartheid period. The figure below demonstrates that the road to school for rural learners in the research site was not conducive to access to education. Learners highlighted the issues of wind, rain, mud and water pools, as being barriers to learning.

Figure 2. Drawing of road to school (R6 FG2)

Developmental changes.

Barriers to learning that were demonstrated in the study in terms of the participants were both universal on the one hand, and peculiar to the research site, on the other hand. Those that were peculiar to the research site were in terms of the developmental phases during which participants experienced violence.

Participants in areas closer to town, including the rural primary school participants, experienced a violent environment as a barrier to learning as a result of political violence that occurred in their areas. The political violence in the research site occurred in a particular time period. This means that the majority of semi-urban high school participants seem to have experienced political violence when it was at its peak when they were approximately between 4 and 8 years old. Primary school participants seem to have heard about the political violence, or have experienced some remnants thereof.

48

HIV/AIDS as a barrier to learning

The learners mentioned HIV/AIDS as a barrier to learning. It affected participants at exo and macro-system levels. It prevailed at a macrosystemic level because of the beliefs and attitudes about HIV/AIDS that impacted negatively on the learners. At an exosystem level, the participants mentioned the experiences of HIV/AIDS in their environment as a barrier to learning. These barriers to learning affected the participants in different ways depending on their setting.

Beliefs and attitudes about HIV/AIDS.

None of the participants in the study spoke openly about their experiences of HIV/AIDS which was understandable considering the stigma associated with HIV/AIDS. Although all participants in the research sites agreed that there was HIV/AIDS in their areas, they denied that it was in their schools. This suggests that they denied the prevalence of HIV/AIDS when it was associated with them. When they were asked about the prevalence of HIV/AIDS in their schools, the participants said the following,

> *P: We are not quite sure if there is HIV/AIDS in school because people don't like to say that there is HIV or not, but I don't ... we don't think so (R6 FG3).*
>
> *P: There is no HIV in this school, I never saw anyone sick and dying in this school (DR9G FG3)*

This denial potentially put participants at risk of HIV/AIDS infection, which could interfere with their access to education. People who were in denial were also likely to suffer severe barriers to learning if they were to be infected with, or affected by HIV/AIDS.

Deep rural high school participants demonstrated prejudice against people who were infected with HIV/AIDS. For example, when participants were discussing the attitudes towards people with HIV/AIDS, one of the participants said the following:

> *P: He had many partners and he did not use a condom and he was sleeping with different people (U6 FG2)*
>
> *P: (if my girlfriend were to be infected, I would) take her and play under the trees and kill her (DRB9 FG2).*

Given the participants' attitude towards people who were living with HIV/AIDS, they might be more likely to experience more emotional barriers to learning if their relatives were to be infected by HIV/AIDS.

49

Participants from all research sites mentioned that there was stigmatization of people who were infected with HIV/AIDS, by families and communities. For example,

P: The family members dropped that person in the hospital and left him   there (U FG2).

P: Family members do not like him and they do not want to touch him (R6GF3)

All the participants illustrated that HIV/AIDS had the potential of evoking fear of rejection and fear of death. They also thought that if they were infected with HIV/AIDS their community would ill-treat them and their families. The majority of the participants in all research sites also expressed fear of death and the resulting hurt if they or their relatives died from HIV/AIDS. These feelings were depicted in some of the drawings that emerged in the participatory techniques. Figure 2 below demonstrates a body map that one of the participants drew to demonstrate feelings about HIV/AIDS. The participant in the study associated the grave in the picture with the fear of death, the bed with fear of illness and the infectious cough was associated with isolation by other people.
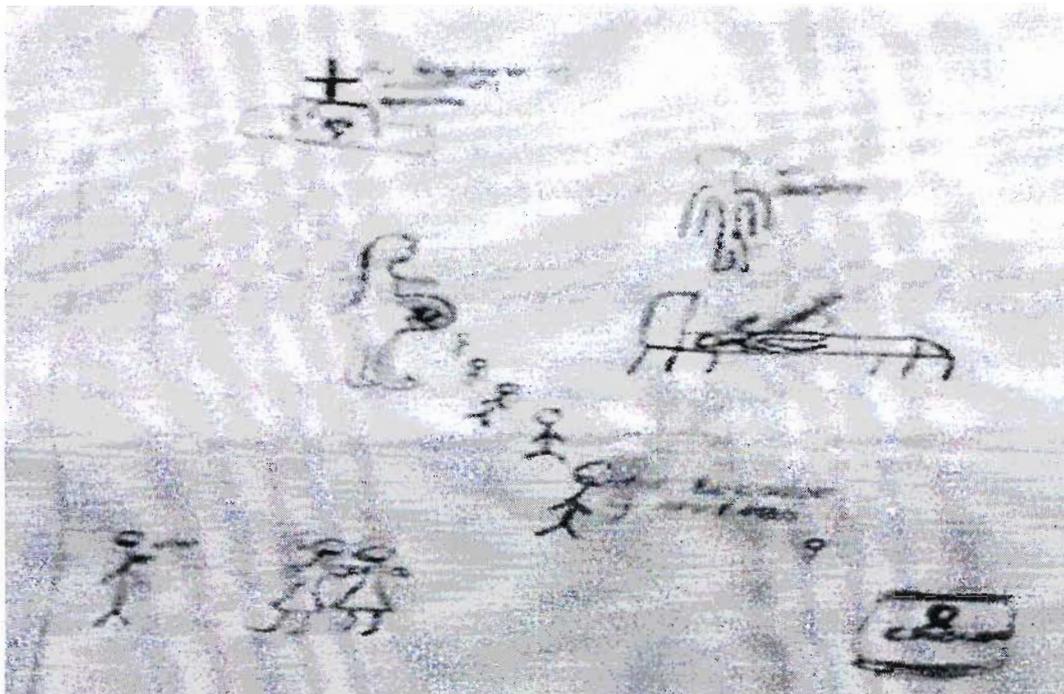
Figure 3. Body map about the participants' feelings about HIV/AIDS (SUFG3 G9)

In the analysis of barriers to learning it emerged that barriers were found at different system levels, were interlinked and also impacted on one another in different ways. They also impacted differently on learners in different developmental phases and settings. The ambivalent acknowledgement of the prevalence of HIV/AIDS in the sites, and the prevalence of other psychosocial barriers to learning in the research site suggests that the presence of HIV/AIDS in Richmond and the surrounding areas has the potential to exacerbate experience of barriers to learning.

Chapter 5: Discussion

Introduction

This study was aimed at establishing the types of barriers to learning that the participants in the study experienced. The analysis of the data was done by using Bronfenbrenner's (1979) ecosystemic theory and other qualitative data analysis techniques. Findings in the study indicated that participants in the study experienced various barriers to learning as a consequence of factors that were located both in the child and in his or her environment.

Bronfenbrenner (1979), as a development psychologist, referred to complex interconnections between the child's environment at different levels of the systems as they impacted on the developing child. The following section discusses barriers to learning and the meaning of these barriers to the learner (under microsystem; exosystem; macrosystem; and chronosystem, levels); the ripple effects and interconnectedness of barriers to learning, WP6 and HIV/AIDS as a barrier to learning.

Microsystem level

Poverty in the household.

This study demonstrated high poverty levels in the participants' families. Poverty manifested itself in the absence of parents, the engagement of the girl child in risky sexual behaviour as a means of generating income and insufficient financial resources all of which are barriers to learning.

High poverty levels that were experienced by the participants in all research sites in the study could have resulted from the economic status of the country and apartheid policies that reserved job opportunities for white people. These factors impacted at the household level of the learners as demonstrated in the results section thus negatively affected the affordability of education for the participants in the study.

In the face of poverty in deep rural and rural areas, many parents in these areas were compelled to leave their children to earn money in towns, or the parents were unemployed. Poverty

52

therefore resulted in the absence of parents as caregivers to monitor, support and guide children in these areas as stated by Schoepf (2004). These findings concur with previous studies that suggested that as poverty escalated in developing contexts parents left rural areas for more job opportunities in urban areas. This meant that most participants lacked parental support and guidance, putting them at the risk of dropping out of school as suggested by Viljoen (2004).

The influx of people into towns as a result of poverty and political violence in the research sites seem to have led to an escalation of poverty levels in urban areas as many unemployed people came to stay in informal settlements in town. In terms of this study, urban participants highlighted practices in response to poverty. For example, the participants mentioned the engagement of female learners in risky sexual behaviour as means of generating income, which is supported by Schoepf's (2004) study. Such behaviour in the research sites, particularly in the semi-urban and urban areas has the potential of contributing to the spread of HIV/AIDS, which could negatively affect the girl child's access to education.

These factors impacted at the household level of the learners and negatively affected the affordability of the education for participants in the study. This confirms Moletsane's (2003) findings that poverty exacerbated the learners' exclusion from education. This further demonstrates the ripple effects of factors in terms of child development as described in Bronfenbrenner's (1979) theory.

Political violence in the community.

Past apartheid laws created dissatisfaction, frustration and poverty amongst the previously disadvantaged communities. This led to the emergence of many political organizations in the 1980's and 1990's. These organizations clashed and this resulted in political violence. These factors operated at a microsystem level because it also negatively impacted on the access to education particularly for those who stayed in rural, semi-urban and urban areas. Political violence in the research sites led to the death of breadwinners and parents, the escalation of poverty and the deterioration of the moral fibre in the affected communities (Kraemer, 20030. These made the participants in the research site vulnerable to barriers to learning. This is echoed by Kraemer (2003) and Taylor (2002) who found that areas that were political violence hot spots

had increased rates of poverty and an increased risk of the spread of HIV. This suggested that learners in the research site were at risk of not accessing education because of the increases in the prevalence of HIV/AIDS in their community and consequently their families.

Although some studies (Mays, 2004) suggested that the urban context should be less affected than rural sites, this was not the case in this study. The influx of people, who were affected by political violence, into the town of Richmond in search of security, as stated by Adato, Lund & Mhlongo (2000), might have negatively affected the economy of Richmond thus impoverishing people in the area. These findings echo Schoepf's (2004) findings that political violence increases poverty, because over-inhabitation of the urban areas results in overstretched resources and poverty.

The findings of the study suggest that participants in the study, particularly those from semi-urban high schools, lost their relatives and parents in the political violence. Political violence thus excluded these learners from education because nobody could pay for their educational expenses and they were vulnerable to dropping out of school. It is clear that the political violence has had an effect on participation in education. This might be what is reflected in Harber's (2002) study, which found that illiteracy levels were still high in Richmond and its surrounding areas.

While political violence affected certain participants at different developmental phases during a particular historical period of the research site, it affected all of the participants in the study, but in different ways.

Mesosystem level
This study demonstrated that linkages amongst some microsystem levels impacted negatively on the participants' access to education. Linkages that negatively affected the participants' access to education were between parents and participants, caregivers or parents and educators, and educators and learners.

Weak linkages between participants and parents resulted from the absence of parents due to death or the fact that they were working in towns. Weak linkages also seemed to have resulted from authoritarian relationships that parents had with their children with regard to their access to education. These weak linkages entailed the absence of the support that enhanced the access to education. Some caregivers also communicated messages that did not prioritise education for participants thus making them not motivated to access education. These findings confirm Viljoen's (2004) and Liddell's (2002) assertions that in the face of hardships, children's needs, particularly those that relate to child development, are compromised.

This study further demonstrated weak linkages between the school and the parents or caregivers of the participants. These weak linkages seem to have resulted in learners' inability to access education particularly as a result of poverty. This confirms the importance of communication between the school and the caregivers to mediate the exclusionary factors for the participants as mentioned by Bronfenbrenner (1997)

In the face of the prevalence of the above systemic barriers to learning and HIV/AIDS in the research site, participants were more in need of a caring attitude from their educators. Lack of positive interactions between the participants and their educators seemed to impact negatively on the participants' access to education.

The above seem to give an indication that despite strategies to minimise barriers to learning parents, educators and caregivers are not equipped to provide appropriate support. Interactions amongst these factors in the participants' context seem to negatively affect the participants' access to learning.

Exosystem level
Unequal provision of infrastructural resources.
Bronfenbrenner (1979) does not directly mention infrastructural factors in relation to child development. However cross-cultural psychologists make mention of infrastructural factors in the form of living conditions that are similar to the infrastructural barriers to learning that were

mentioned in this study (Kagitcibasi, 2003). The barriers that were mentioned by learners in this study were the road to school and access to water, electricity, sanitation and housing.

The differences in the provision of resources in different geographic areas in South Africa, in accordance with separate development policies under apartheid, was evident in the findings of this study in terms of infrastructural resources in the different research sites as indicated by Mays (2006). This is an example of how a factor at the chronosystem level (the apartheid period) can have an impact on the macrosystemic and exosystemic levels which in turn impacts on child development as demonstrated in Bronfenbrenner's (1979) ecosystemic theory.

Access to electricity mostly affected rural areas. Although lack of electricity could be attributed to the unequal distribution of resources because of policies that would be located at macrosystem level, and inadequate implementation of redress policies in the current governmental departments, which are at exosystem level, non-provision of electricity, even if it is available could also result from poverty in families, which are at the microsystemic level.

Poor access to schooling seemed to particularly affect rural participants and this affected them physically, financially and emotionally. Although the *Emerging voices: A Report on Education in South African Rural Communities* (2005) report mentions the logistical difficulties that rural participants encounter, findings of this study provide more detail of the learners' experiences.

Water and sanitation seemed to be a problem for all research sites but in different ways. Although the educators mentioned sanitation problems, and the researchers observed that access to water and sanitation for rural research sites was a problem, the participants did not mention it. This could be because the priority issue for participants in this area was the access to school rather than hygiene as mentioned in the results section. Although participants in semi-urban and urban research sites had access to these facilities, they spoke very strongly about lack of hygiene in these facilities, particularly semi-urban research site participants. Hygiene concerns in these research sites seemed to be linked to lack of resources and perhaps lack of competence in maintaining, or lack of resources to pay for, these facilities. This suggested that competence and

resources in the previously disadvantaged communities still remained a barrier to learning because of the negative effects that unhealthy water and sanitation has on access to education.

Housing issues affected all participants in the study. Access to this resource of housing is directly linked to the former apartheid policies (at macrosystemic level). Current conditions of poverty meant that learners' access to adequate resources to do their school work was constrained. This further highlights the ripple effect of barriers to learning that affected participants in previously disadvantaged communities as stated in Moletsane (2003) and the *Emerging voices: A Report on Education in South African Rural Communities* (2005) report.

It thus seems that deep rural and rural participants, were still worse off in terms of infrastructural factors that negatively impact on their access to education.

Macrosystem level

The impact of gender beliefs on the girl child.

Gender stereotypes in the research sites seemed to be impacting on access to learning particularly for girls. This also confirms the vulnerability of the girl child in the face of the scarcity of resources as suggested by Liddell (2002) and Moletsane (2003). This study demonstrated that girls from urban, semi-urban and rural areas experienced different gender related barriers to learning because of the gender beliefs that existed in the research sites and the patterns of behaviour and roles that the girls were expected to have in their families. Urban female participants also seemed to act in particular ways in response to factors such as poverty. For example, girls becoming pregnant to access the government grant which then affected their access to education.

In the deep rural research site, gender stereotypes were still very strong because only girls were expected to do certain tasks. There was also evidence of discrimination against female learners in rural areas in terms of prioritising fee payment for male children and expecting the girl child to take on the burden of childcare and the support of ill people. This supports the findings as illustrated in UNESCO (2003), Chisholm (2005) and *Emerging voices: A Report on Education in*

South African Rural Communities (2005) that the girl child's access to learning is more compromised than that of the boy child.

It also seemed that while poverty was a barrier to learning for all learners, it affected the girl child more than the boy child as found by Moletsane (2003). This meant that the more complex barriers to learning that were experienced by high school participants, were made even more complex by gender stereotypes.

What is interesting is the internalisation of some of these gender stereotypes by the participants. In semi-urban and urban areas the exclusion of girls from school was perceived by the participants to be the fault of the girls. However in rural areas all girls seemed to be the victims of the belief system about the position of women in the society. It is also worth mentioning that in rural areas where gender stereotypes were strong, girls seemed to be passive, while in non-rural areas girls seemed to be more proactive in their situation although their activities interfered with their access to education. There is, however, across the research sites, an overall exclusion of girls from school by both the girls themselves and by the society as demonstrated by Moletsane (2003).

The above statements demonstrated that the girl child in the rural area had less choice in accessing education because non-attendance of school seemed to be imposed on her, while in non-rural areas the girl child seemed to play an active role in non-attendance of school.

Chronosystem level

Bronfenbrenner's (1979) theory highlights the impact of the chronosystem and the macrosystem on the development of the child as well as the power that the macrosystem level has on the developing child. The above factors demonstrated the influence that apartheid policies had on the learners' access to education although the child was not in direct contact with the macro-system level. These factors also highlighted the enduring effects of a certain period (chronosystem level) over time because although the study was conducted twelve years after the abandonment of apartheid policies in the country, the effects of its policies are still negatively affecting the education of learners in the study.

The above discussion demonstrated the ripple effects of broader issues such as the ideological and cultural beliefs in the country and the economy of the country. These issues are located at the changes at the chronosystem level, beliefs and ideologies at macrosystem level, infrastructural factors at exosystem level, interconnections at meso sytstem and poverty at the micro-system level as stated in Bronfenbrenner's theory (1979).

Ripple effects and interconnectedness amongst barriers to learning

The research sites, and the dynamics that occurred both outside and within the child at different periods, seemed to have impacted negatively on learning amongst the participants. Whilst numerous barriers to learning were located at different system levels and seem to have impacted on these participants, they are interconnected and have ripple effects. These dynamics confirm Bronfenbrenner's (1979) theory and suggest that it is ripple effects and interconnectedness amongst factors, that negatively influenced learners in this study.

This study demonstrated that factors that were located at the chronosystem and macrosystem levels had a significant impact on the learners' access to formal education. It could be argued that factors at these levels played a major role in being the sources of other barriers to learning The findings suggest that chrono- and macro system level factors manifested in lack of resources that are located at the exosystem level. Lack of resources seems to have resulted in a poor and violent environment that is located at the mesosystem level. These negative factors in the environment further impacted on schools and families and consequently became barriers to learning for the participants, which are at a microsystem level. This confirms Bronfenbrenner's (1979) and Killian's (2004) statement that a factor on one system level can systematically affect the whole system.

White Paper 6

Although the South African education system developed WP6 to enhance the transformation of education in terms of minimizing barriers to learning, some practices in the schools researched still excluded learners. The authoritarian and harsh learning conditions for children that were evident in this study supported the findings by Killian (2004) and Harber (2002) which stated

that black educators produced during the apartheid phase made education unbearable for previously disadvantaged learners.

Although WP6 advocated for the involvement of parents and communities in the elimination of factors that excluded learners from education, as a result of the past apartheid policies and the current political atmosphere, there seemed to be lack of partnership between parents/communities and the schools in most of the research sites. In this study when families could not afford to pay school fees, divisions between the family and school discouraged communication that would enable the child to access education. This illustrates one of the barriers to learning at a mesosystem level.

While WP6 further advocates for education for all, some educators, particularly in high schools and the urban primary school, seemed not to be transforming in terms of carrying out their duties. The negative attitudes of educators to the learners seemed to be in contrast to the supportive role that the educators are expected to play in minimizing barriers to learning for their learners. The accommodation of learning styles through the adaptation of the teaching methods to the learners seemed to be far from being implemented in the above-mentioned schools, with the exception of the rural primary school. Although some literature mentions the attitude of the educators as barriers to learning (Vass, 2002), most of the literature focused on issues such as infrastructure. This confirms Killian's (2004) findings that studies on barriers to learning seemed to ignore soft issues like relationships and attitudes.

The inability of the educators to change their teaching methods and their attitude and relationship with the other role players in education highlights the challenges they face in the implementation of White Paper 6. This means that systemic barriers to learning are not being minimized, thus making it difficult for learners in the research site to access education.

HIV/AIDS as a barrier to learning ✓

Studies have suggested that there is a link between the spread of HIV/AIDS and social factors that seemed to cause psychosocial problems. In this study, these were mainly political beliefs, poverty, political violence and absence of parental guidance (Schoepf, 2004). The literature in

this study linked these factors with the spread of HIV/AIDS (Taylor, 2002; Kraemer, 2003; Viljoen, 2004). Findings in this study concur with Bronfenbrenner's (1979) theory that suggests ripple effects of systemic factors on child development.

While the legacy of apartheid resulted in poverty in previously disadvantaged communities, HIV/AIDS drained the already depleted financial resources making access to education even more difficult for participants in the study. While poverty affected all participants, the sources of poverty in semi-urban and urban areas were largely from political violence while in deep rural area the source was largely the apartheid policies. This suggested that although infrastructural conditions in non-rural research sites were meant to be better in terms of apartheid policies, in the face of HIV/AIDS, poverty in the household impacted on participants in the same way.

There was prevalence of the absence of parental guidance and support in the study as a result of deaths or income generation activities in urban areas. These absences in collaboration with HIV/AIDS had the potential of exacerbating the exclusion of learners because of the emotionally draining effect it had on the participants. In the face of the educators who seemed to lack supporting skills as a result of the legacy of apartheid and possibly because they were affected or affected by HIV/AIDS, the access to education was further compromised.

The possible prevalence of HIV/AIDS negatively affected the already compromised resources of the family, educators and the participants thus negatively impacting on the learners' access to education. Although the participants were all affected by the above factors in different degrees, the effects of HIV/AIDS as barriers to learning in the study were also affected by the perceptions about HIV/AIDS in the research site.

Perceptions about HIV/AIDS.
Participants in different settings and of different genders in the study seemed to have different perceptions about HIV/AIDS. These perceptions included the participants' fears about HIV/AIDS, prejudice towards the girl child and people who are affected by HIV/AIDS, and the denial of the pandemic.

Fear of HIV/AIDS amongst participants seemed to affect all participants in the study. Participants in the study seemed to fear rejection, severe illness and death that they associated with HIV/AIDS. All participants in this study seemed to be overwhelmed by the high prevalence of HIV/AIDS related illness and deaths in their environment. The prevalence of HIV/AIDS seemed to preoccupy the participants with fear of illness and death from the pandemic thus potentially affecting their access to learning. This confirms Killian's (2004) view that the prevalence of HIV/AIDS made learners anxious about possible illness and death thus negatively affecting their learning. While participants seemed to be conscious about the prevalence of HIV/AIDS they all seemed to distance themselves from it. This distancing could be associated with denial which had the potential of excluding participants from school.

Perceptions of gender influenced people's response to HIV/AIDS in the study. HIV/AIDS seemed to be more of barriers to learning for girls. In this study girls were the first ones to suffer non-access to education because of the time and financial constraints that resulted from the prevalence of HIV/AIDS. Girls are seen as the first people to care for ill people, a finding discussed by Moletsane (2003).

The perceptions that the participants had about HIV/AIDS were the perceptions that were also embraced by their communities. These perceptions therefore influenced the responses of the learners' and communities around them to HIV/AIDS. This suggests that while HIV/AIDS was a barrier to learning amongst participants, the possibility of them accessing support that could counteract their exclusion from education was minimal.

The above discussion on the impact of HIV/AIDS demonstrates the complexity of tracing the localized experiences of HIV/AIDS because of the interconnectedness and the ripple effects that occur amongst systemic barriers to learning, including HIV/AIDS. It also highlights lack of capacity of provincial education staff, educators, communities and parents, to provide appropriate support to learners in the context of HIV/AIDS (Richter & Muller, 2005; Howell & Lazarus, 2005; Wilderman & Mondo, 2007). Lack of change in teaching methods, the attitudes of educators, discrimination in the society and the rather problematic relationships amongst the role players in education, highlight the challenges that are faced by learners in the context of

HIV/AIDS. WP6 emphasizes the importance of localised strategies to minimize barriers to learning (Department of Education 2001). The findings of this micro, and localised study, highlight the complex patterns in which HIV/AIDS interacts with these barriers to learning. This information can potentially inform guidelines on localised strategies to minimise the effects of HIV/AIDS, and other related barriers to learning in education.

Chapter 6: Conclusion

This study seems to have added some value to the existing information in terms of a micro, qualitative study on the perceptions of learners in Richmond and its surrounding areas. It also raises more questions for further qualitative studies. The findings that emerged from this study indicated that the unequal distribution of resources, historical changes, HIV/AIDS and interactions amongst environmental factors in the child's context impacted negatively on the child's access to learning in the research sites. These influences on the child manifested in interconnected barriers to learning that are located at micro, meso, exo, macro and chronosystem levels in the child's context.

This study also seems to have yielded findings that might have been lacking in other studies as mentioned by Coombe (2002). The use of Bronfenbrenner's theory and the use of participatory data collection techniques yielded findings that demonstrated more details on the dynamics of these barriers to learning. This study demonstrated the possible source of these barriers and factors which perpetuated them at various system levels in the environment of the child. It also demonstrated the interconnectedness amongst these factors.

It emerged that the political ideology, exacerbated by the poor economy of the country that are located at the macrosystem level, played a major role in influencing the learners' experiences of barriers to learning. The influence of these factors was time bound because they influenced the participants' access to education in terms of the history of the research site. The interaction between these actors resulted in poor access to education for participants in the study.

The economic state of the country also influenced the provision of different services that are located at the exosystem levels such as health, education, welfare housing and employment opportunities. This meant that the provision of such services was poor in rural communities, and participants in rural areas seemed to experience more severe exosystemic level barriers to learning.

The participants' access to education was further compromised by poor provision of resources to communities in the research sites. Parental support that is important to a child's access to education, was depleted by the parents' physical absence, emotional absence, community prejudice against the girl child and neglect of the children's right to education. Income generation activities in the study that were lacking even for educated youth made the communities not prioritise education and thus had the potential to exclude participants from education. The attitudes and competences of educators also seemed to compromise the participants' access to education. The authoritarian interactions amongst micro level role players particularly the parents, community, and learners impacted on the participants' access to education.

The prevalence of political violence in Richmond seems to have impacted negatively on macro and micro system levels. The research sites that seem to have directly experienced political violence were rural, urban and semi-urban research sites. These factors put more financial constraints on families that were already affected by poverty. These research sites seem to have had added barriers to learning to those that the other surrounding areas experienced.

Deep rural participants experienced added barriers to learning in terms of gender discrimination, lack of governmental support systems such as welfare and health services, and infrastructure. Deep rural research participants seemed to be very much locked into the belief system that discriminated against women. Possible lack of appropriate health knowledge amongst the participants in the study, particularly about HIV/AIDS, could have been the reflection of a lack of knowledge in the community.

The above findings highlighted that whilst there were different barriers to learning across the research sites amongst the learners from disadvantaged communities, learners who lived in areas that were affected by political violence, the girl child, particularly in deep rural high schools and learners in rural areas experienced more severe barriers to learning than the ordinary previously disadvantaged learners. The implication of this is that learners in these research sites were more affected by barriers to learning. This could perpetuate the legacy of apartheid that the democratic policies are attempting to address.

After the democratic elections that replaced apartheid ideology, the South African education system strived to minimize barriers to learning by introducing the Inclusive Education Policy as mentioned in the literature review. Although the ecological factors that lead to psychosocial barriers seem to be included in the definition of barriers to learning in White Paper 6 (Department of Education, 2001) it seems to fall short on strategies to address these barriers to learning that emanate from psychosocial barriers to learning. Although this policy has been in place for 5 years, its implementation in the area of the study seems to be minimal or non-existent.

Recommendations

The above conclusion suggests that although the democratic government developed the Inclusive Education Policy with the aim of minimizing both systemic and organic barriers to learning, systemic barriers to learning seem to be more complex to minimize. Systemic barriers that were experienced by participants in the study were influenced by the changes and dynamics at different system levels that took place in the participants' environment. These influences impacted negatively on the belief system amongst communities, learners and government officials particularly in the Department of Education, Health, Welfare and Local Government in terms of access to education. The following recommendations target the systemic barriers to learning.

- Localised transformation programmes in terms of gender discrimination and discrimination against people who are infected and affected by HIV/AIDS need to be implemented and monitored to accelerate the attitude change and therefore minimize barriers to learning.

- Government departments need to put in place strategies that would ensure that redress programmes in terms of infrastructure, learning materials and human resource development are implemented and monitored in Richmond and its surrounding areas particularly in previously disadvantaged research sites.

- The Department of Education needs to strengthen and monitor the structured psychological support programmes for parents, learners and educators to minimize emotional barriers to learning that emanated from psychosocial barriers that emerged in this study.

While it is important for the government departments that are mentioned above to work on barriers to learning, the mutual influence amongst different system levels in the participants' environment suggest that those departments would need to collaborate in their interventions particularly on factors that impact negatively on the child's access to education.

Whilst this study has provided more information in terms of barriers to learning from the perspective of the learners, it also leaves questions that need investigation. For example the issue of resilience factors in relation to HIV/AIDS, the content of HIV/AIDS programmes in schools, the effects of the exposure of learners' from different settings to HIV/AIDS knowledge and the effects of Life Skills education in schools, particularly in high school where the participants reported high levels of the absence of support from educators.

References

Adato, M., Lund, F., & Mhlongo, P. (2000). Methodological innovations in research on the dynamics of poverty: a mixed-method longitudinal study in KwaZulu-Natal, South Africa. Retrieved, July 15, 2005, from http://www.utoronto.ca/mcis/q2/papers/IV_Adato_Lund_Mhlongo.pdf

Akouloze, R., Khanye, V., & Rugalema, G. (2001). *Taking Stock of Promising Approaches in HIV/Aids and Education in sub-Saharan Africa.* ADEA Biennial Meeting Arusha, Tanzania, October 7-11, 2001. Retrieved April 3, 2004, from http://www.adeanet.org/biennial/papers/en_arusha_rugalema.pdf

Babbie, E. (2001). *The practice of social research.* Belmont, C.A.: Wadsworth Group.

Boyatzis, R.E. (1998). *Transforming qualitative information: Thematic analysis and code development*: California. Thousand Oaks.

Bronfenbrenner, U. (1979). *The ecology of human development.* USA: Harvard University Press.

Coombe, C. (2000). Keeping the Education System healthy! Managing the impact of HIV/Aids on Education. Current Issues in Comparative Education 3 (1), 14 - 27.

Chisholm, L. (2005). The state of South Africa's schools. In J. Daniel, R. Southall, R. & J. Lutchman (eds) *State of the nation: South Africa 2004/2005* (pp.201-226). Cape Town: HSRC Press.

Clacherty, G., Donald, D., & Clacherty A. (2005). *South African Children's Experiences*

of Corporal Punishment, Pretoria, Save the Children Sweden. Retrieved July 25, 2006 from http://www.rb.se/NR/rdonlyres/2348CE68-6271-4FD1-ADF9-DFA1A280901/0/EndingcorporalpunishmentinSouthAfrica.pdf

Department of Education (1995). South African Schools' Act. Pretoria: Department of Education

Department of Education (1997). *Quality Education for All: Overcoming barriers to learning and development. Report of the National commission on Special Needs in Education and Training (NCSNET)/National Committee on Education Support Services (NCESS).* Pretoria: Department of Education.

Department of Education (2001). *Education White Paper 6.* Pretoria: Department of Education.

Donald, D., Lazarus, S., & Lolwana, P. (2002). *Educational psychology in social Context: Challenges of development, social issues and special need in Southern Africa.* Cape Town: Oxford University Press.

Emerging voices. A report on education in South African rural communities (2005). Cape Town: HSRC Press.

Fredrikson, J., & Kanabus, A. (2005). *The impact of HIV & AIDS on Africa.* Retrieved December 17, 2005, from http://www.avert.org/aidsimpact.htm

Freeman, M. & Nkomo, N.(2006). Assistance needed for the integration of orphaned and vulnerable children-views of South African family and community members. *Journal of Social Aspects of HIV/AIDS,* 3 (3) 503 -509.

Germann, S. (2004). Call to action: what do we do? In R. Pharoah, *A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa.* (pp. 93-114). Pretoria, South Africa: Institute for Security Studies.

69

Harber, C. (2002). *Teachers' roles, identities and professionalism: Lessons from the comparative study of Africa.* Retrieved July 12, 2006, from. http://www.kcl.ac.uk/education/research/cppr/sem6/paper-harber.doc

Henry, G. (1998). Practical sampling. In L. Bickman & D. Rog. *Handbook of applied social science methods* (pp. 101-126). Thousand Oaks: Sage.

Howell, C. & Lazarus, S. (2005). *White Paper6: A framework for change or limiting new possibilities?* Unpublished manuscript, University of Western Cape, 2005

Huitt, W. (2003). A system's model of human behaviour. In *Educational psychology interactive.* Valdosta: Valdosta University. Retrieved July 7 2006 from. http://chiron.valdosta.edu/whuitt/materials/sysmdlo.html.

Jackson, S. (1995). The growth of qualitative research in sport psychology. In T. Morris & J. Summers. *Sport psychology theory, applications and issues.* (pp. 575-591) Brisbane: John Wiley and Son.

Kagitcibasi, C. (2003). Human development across cultures: A Contextual-functional analysis and implications for interventions. In T.S. Saraswathi, *Cross-cultural perspective in human development: Theory, research and applications* (pp. 166-191). New Delhi: Sage India.

Kerlinger, F.N. (1992). *Foundations of behavioural research.* Florida: Harcourt Brace College Publishers.

Killian, B. (2004). Risk and resilience. In R. Pharoah, *HIV/AIDS, vulnerable children and security in southern Africa.* (pp. 33-63). Pretoria, South Africa: Institute for Security Studies.

Kraemer, M. (2003). *A province at peace? Post Apartheid Violence in the Local Arena in KwaZulu/Natal.* Paper presented at the North East Workshop on Southern Africa, September 5-7 2003, Burlington, Vermont (USA)

Liddell, C. (2002). Emic perspectives on risk in African childhood. *Developmental Review, 22,* 97-116.

Marcus, T. (2002). *Wo! Zaphela Izingane. It is destroying the children-Living and dying with AIDS.* Johannesburg: Blesston Printing.

Mays, T.J. (2004). *From Policy to practice: An evaluation of the Unisa National Professional Diploma in Education from the perspective of social critical theory.* Retrieved July 15, 2005, from http://etd.unisa.ac.za/ETD-db/theses/available/etd-05272005-151640/unrestricted/05chapter4.

Mnukwa, N., Sigwaza, C., & Ngubane, N. (2001). *People and systems for water and sanitation.* Retrieved July 15, 2005 from, http://www.Iboro.ac.zauk.wedcpapers.

Moletsane, R. (2003). Another Lost Generation? The Impact of HIV/Aids on Schooling in South Africa. *International Journal of School Disaffection, 1* (2), 7-13.

Muthikrishna, M. & Schoeman, M. (2005). From 'special needs' to 'quality education for all': a participatory, problem-centred approach to policy development in South Africa. In J.Rix, K.Simmons, M. Nind, & K. Sheehy, *Policy and power in Inclusive Education: Values into practice* (pp. 47-56). Great Britain: Routledge Falmer.

Muthukrishna, N. (Ed.). (2006). *Mapping barriers to basic education in the context of HIV and AIDS.* Pietermaritzburg: School of Education and Development.

Naidu V. & Harris, G. (2006). The cost of HIV/AIDS-related morbidity and mortality to house hold: preliminary estimate for Soweto. *SAJEMS, 9 (3),* 384-391.

Ntshoe, I.M. (1999). The impact of political violence on education in South Africa: Past, present and future. *Current issues in Comparative Education, 2(1) 62-69.*

Obi, C.L., Onabolu, B., Momba, M.N.B., Igumbor, J.O., Ramalinahna, J., Bessong, P.O., Van Rensberg, E.J., Lukoto, M., Green, E. & Mulaudzi, T.B. (2006). The interesting cross-paths of HIV/AIDS and water in Southern Africa with special reference to South Africa. *Water S.A 32 (3)*, 323-332.

Pettigrew, L., & Akhurst, J. (2002). An ecosystemic theoretical perspective: Uri Bronfenbrenner's contribution to theorizing. *Educational Application: Psychology 206 Notes.* Pietermaritzburg: School of Psychology UKZN.

Prinsloo, E. (2000). Socio-economic barriers to learning in contemporary society. In E. Landsberg. *Addressing barriers to learning.* (pp.27-41). Cape Town: Van Schaik.

Richter, A. & Muller, J. (2005). The forgotten children of Africa: Voicing HIV and AIDS orphans' stories of bereavement: a narrative approach. *HTS* 61(3), 999- 1015.

Robson, C. (1993) *Real world research: A resource for social scientists and practitioner-researchers.* Oxford: Blackwell.

Schoepf, B.G. (2004). Mapping the AIDS pandemic in Eastern and Southern Africa: A critical overview. In E. Kalipeni, S. Craddock, J, Oppong & R. Ghosh (2004), *HIV and AIDS in Africa beyond epidemiology* (pp. 15-27). Oxford: Blackwell.

Simpson, G., Mokwena, S., & Segal, L. (1991). *A preliminary assessment of the impact of the peace accord code of conduct on police behavior.* Retrieved December 15, 2005 from http://www.wits.ca.za/csvr/papers.90htm

72

Shisana, O. & Louw, J. (2006). Translating research into policy: the case of orphans and vulnerable children in South Africa. *Journal of Social Aspects of HIV/AIDS*. 3 (2), 450-456.

Stewart, S. & Pettipher, R. (2000). A framework for understanding inclusion. In E. Landsberg (2000), *Addressing barriers to learning*. (pp.3-23). Cape Town: Van Schaik.

Stewart, W.D., & Shamdasani N.P. (1998) Focus Group Research: exploration and discovery. In L.B. Bickman & D.J. Rog. *Handbook of Applied Social Research Methods*. (pp. 473-502). Thousand Oaks: Sage Publications.

Taylor, R. (2002). Justice denied: Political violence in Kwazulu-Natal after 1994. *African Affairs, 101,* 473-508.

Terre Blanche, M., & Durrheim, K. (1999). *Research in Practice.* Cape Town: University Press.

Theis, J.T., & Grady, H. (1991). *Participatory rapid appraisal for community development. A training manual based on experiences in the Middle East and North Africa.* London: IIED.

Tladi, L.S. (2006). Poverty and HIV/AIDS in South Africa: an empirical contribution. *Journal of Social Aspects of HIV/AIDS,* 3 (1), 369-381.

UNESCO (2003) *Overcoming exclusion through inclusive approaches in education.* Paris: UNESCO. Retrieved September, 23, 2005, from: http://www.unesco.org/education/inclusive

Van der Riet, M., Hough, A., & Killian, B. (2005). Mapping HIV/AIDS as a barrier to

education on the methodological and ethical challenges to child participation. *Journal of Education, 35, 74-97*

Van Vlaenderen, H. (1995). *Participatory research for rural development: The use of RRA and PRA.* Rhodes University: Grahamstown. Unpublished paper.

Vass, J. (2002). *Relations between labour dynamics and HIV/AIDS prevalence.* Retrieved April 3, 2004, from http://www.hsrc.ac.za/research/output.

Viljoen, R. (2004). *Vulnerable children in South Africa.* South Africa: University of Pretoria. Unpublished thesis. Retrieved June 12, 2006.

Whiteside, A., & Sunter, C. (2000). Aids: The Challenge for South Africa. Cape Town: Human and Rousseau and Tafelberg.

Wildeman, R.A. & Nomdo, C (2007). Implementation of Inclusive Education: How far are we? *Occasional Papers Idasa- Budget Information Service.* Retrieved March 30, 2007, from www.idasa.org.

Appendix 1

NRF RESEARCH PROJECT: LEARNER INTERVIEW SCHEDULE

1. Background information:

Learner's code name: _____ _____ Iminyaka (Age): _____ _____

Ubulili (Gender): ⊔ Intombazane (Girl) ⊓ Umfana (Boy):

Isikole *(School)*:..Ibanga *(Grade)*:................

2. Ubani ohlala ekhaya nomntwana/ Hlikihla lapho kumele uhlikihle khona nenani laloko: *(Who lives at home with the child, tick where appropriate and indicate number of each):*

Family	Yes	How many?	Which of these people live with you most of the time?	Who do you hardly see? (who do you not see very often?)
Umama Mother				
Ubaba Father				
Ugogo Grandmother				
Umkhulu Grandfather				
Babekazi Paternal aunt				
Ubaba omncane omdala Paternal uncle				
Udadewabo kamama wengane Maternal aunt				
Umalume Maternal Uncle				
Usisi Sister				
Umfowethu Brother				
Umzala Cousin				
?? Stepfather				
Unkoskazi kababa wengane Stepmother				
Umama ekunakekelayo Foster mother				
Ubaba okunakeke layo Foster father				
Umakhelwane Neighbour				
Okunye (Chaza) Other (specify)				

3. Amalungu ekhaya lakho / Household Membership:

3.1 Bangaki abantu abahlala ekhayalakho? Kekezela inani olikethayo (How many people in total currently live in YOUR household? Circle correct number)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |

| 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |

3.2 Bangaki abantu abangaphansi kwemnyaka emibili? (How many of these people are below the age of 2 years?)

3.3 Bangaki abantu abaphakathi kwemnyaka emibili neyisikhombisa?(How many of these people are aged between 2 and 7 years?)

3.4 Bangaki abantu abaphakathi kwemnyaka neyisikhombisa nengu eyishuminambile? (How many of these people are aged between 7 and 12 years?)

3.5 Bangaki abantu abaphakathi kweminyaka eyishumi nambili amashumi amabili? (How many of these people are aged between 12 and 20 years?)

3.6 Bangaki kulabantu abasafunda isikole?   (How many of these people currently go to school?)

4. Financial sources

4.1 Where (from whom) does the money come from that is used to buy food?

4.2 How does he/she get that money?

4.3 Ukhona emndenini wakho othola okunye kwalokhu? Beka uphawu endaweni ehambisana nawe. (Does anyone in your own family get one of the following…Tick whichever ones apply to your family members.)

Imali etholwa abazali abangashadile (Single care grant)	
Imali yokugada umtwana (Foster care grant)	
Isondlo sengane/ Imali yokuna kekela ingane (Child care grant)	
Impesheni yokukhubazeka (Disability grant)	
Imali oyithola ezihlotsheni ezisebenza edolobheni (Money from relatives who work in town)	
Amakhomo okuzidayisa (Income generating project)	
Iholo lenyanga (Salary - monthly)	
Iholo lesonto (Wages)	
Umdayisi (Hawker)	
Imali kahulumeni noma udekle/ Impesheni (Pension)	
Don't know	

5. Housing Issues

		Umuzi wami u....? (My house is a ....?)
1	**Imjondolo** *(Shack - wood, iron and cardboard)*	
2	**Ikamelo lokuqashisa** *(Single room attached to another person's dwelling)*	
3	**Izindluzo daka/ Orondo Bodaka** *(Traditional mud and daub hut)*	
4	**Isakhiwo sezitini/ Amabloxi** *(Brick building)*	
5	**Both 3 and 4 above. (both mud/daub and brick)**	
6	**Asinakhaya/ Anginakhaya** *(No home, we do not have a home).*	

6. Household resources

Beka uphawu kulokho onakho ekhaya ohleni lokuqala, bese ubeka uphawu kulokho ocabanga ukuthi imizi eminingi endaweni yakini inako: (Tick whichever you have in your own home)

		Unakho lohu ekhaya lakho? *(You have this in YOUR own house?)*		
1	**Ekhaya /indlu yokudlela ikishi lilodwa** *(A separate kitchen)*			
2	**Ekhaya indawo yokugeza iyodwa** *(A separate bathroom)*			
3	**Ekhaya sine indlu yokuzikhulula/ thoyilethi logadi / yomgodo noma yesitsha** *(An outside pit or bucket toilet)*			
4	**Ithoyilethi langaphandle/ Ngaphandle** *(An outside flush toilet)*			
5	**Sine thoyilethi/ indlu yangasese elingaphakathi elishawayo** *(An inside flush toilet)*			
6	No toilet			
7	**Ugesi** *(Electricity)*			
8	**Umabonakude/ TV** *(Television)*			
9	**Iwendawo lokuxhumana / Ucingo** *(LandTelephone)*			
10	**umakhale khukhwini/ Iselula** *(Cell phone)*			
11	**Amanzi ompompi** *(Running water)(tick which one)*	**In your house**	**In your yard**	**Communal tap**
12	**Imoto** *(Car)*			

7. Nutrition

7.1 What meals did you have yesterday?/ Yiziphi izidlo ozidlile izolo? (breakfast/lunch/supper)

7.2 What did you eat in those meals?

7.3 Did you bring food to school to eat today? YES   NO

7.4 Did you bring money to get food to eat today? YES NO

7.5 Who gave you that money?

7.6 In the past week, how often have you and your family had no food? (tick which)

For one day	For two days	For three days	For four days	For more than four days

8.   *Ucabanga ukuthi yiziphi izinkinga izingane emphakathini wakho ezibhekene nazo? (What do you think are the problems that children in this community have?) Let the child give his/her own views, and tick in the table.*

    ....

Asinako ukudla okwanele (Not enough food)	
Baningi abantu abafayo (Too many deaths)	
Udlame (Violence)	
Ziningi izigebengu (Plenty of criminals)	
Izinkinga/Nezikole azilungisiwe kahle / inkinga ezikoleni (School problems)	
Insangu nezinye izidakamizwa (Dagga & Other Drugs)	
Ingculaza (HIV/AIDS)	
Ziningi izidakwa (Alcohol -including Ijuba)	
Kunezifo (Problems of sickness)	
Ukuhlukunyezwa kwezingane (Child abuse & neglect)	
Bayathakatha (Muti, Witchcraft - Black magic)	
Okunye (Other) (specify)	

9. School

9.1 Did you get exercise books at school this year?	YES	NO
9.2 Did you get text books at school this year?	YES	NO
9.3 Did you have your OWN text books, or did you share	OWN	SHARE
9.3 Did you get pens/pencils at school this year?	YES	NO

9.4 What else did you get from school this year?		
Is there a library in your school that the children use?	YES	NO
9.5 do you have a desk and chair in your classroom?	YES	NO
9.6 How many of you sit at your desk?		
9.7 Do you have an educator in your class?	YES	NO
9.8 Is your educator ever absent?	YES	NO
9.10 How often is she/he absent?	Once a week	Twice a week
	Three times a week	Most of the week

10. School attendance

10.1 Do you go to school most days? Uya esikoleni zonke izinsuku?	YES	NO
10.2. When do you not go to school? Yiziphi Yiziphi izinsuku ongayi ngazo esikoleni?		
10.3 Why do you not go to school?		
10.4 Last term, how many times were you absent from school? Never, once, more than five times	Never	Once
	More than 5 times	More than ten times
10.5 What were the main reasons why you were absent from school?		
10.6 Are you sometimes late for school?	YES	NO
10.7 Why are you sometimes late?		
10.8 How much are your school fees? Imalini imali yesikole		Don't know
10.9 Can you pay school fees? Ungakwazi ukukhokha imali yesikole?	YES	NO
10.10 If no, why not ? Kungani ukhokha noma ungakhokhi?	YES	NO
10.11 Who pays your school fees?		
10.12 Have you paid school fees for this year?	YES	NO
10.13 If no, why not?		
10.14 What has the school done about this? What has happened? Kwenzekani uma ungayikhokhi imali yesikole?		

11. What do you like about your school?

Thank you for doing this interview with me.

Appendix 2

	FOCUS GROUP 1	FOCUS GROUP 2	FOCUS GROUP 3	FOCUS GROUP 4
Theme:	*School*	*Self*	*Sickness*	*Experience of HIV/Aids*
Introductory tasks/ icebreakers	Code names; Name & action game Establish group norms Confidentiality pledge	Greeting game Remember group norms Put on code-name tags	Finding animal pairs (cards) through noises Put on code-name tags	Circles cut into pieces find people in group Put on code-name tags
Activities in Focus group (FG)	**TOPIC 1:** Motivation for going to school **Method:** FG discussion	**TOPIC 1:** Telling life story **Method:** Timeline/Road of life drawing	**TOPIC 1:** What is sickness? **Method:** Drawing someone who is sick & FG discussion	**TOPIC 1:** Knowledge of HIV **Method:** FG discussion of statements
	TOPIC 2: What you like/dislike about school **Method:** FG discussion.	**TOPIC 2:** Self concept: what you like & dislike about yourself **Method:** FG discussion	**TOPIC 2:** Assessing knowledge and stigma re HIV/AIDS **Method:** FG discussion & 3rd person projection onto photo	**TOPIC 2:** Accessing support **Method:** 3rd person projection onto picture/photo
	TOPIC 3: Level of participation in class **Method:** Line ordering exercise & FG discussion.	**TOPIC 3:** Worries and strengths **Method:** Bean exercise & FG discussion	**TOPIC 3:** HIV/AIDS in your area **Method:** FG discussion	**TOPIC 3:** Feelings & experiences of HIV **Method:** Body Map Drawing
	TOPIC 4: Popularity and marginalisation **Method:** 3rd person projection onto pictures/photos	**TOPIC 4:** Resilience factors **Method:** Written sentence completion		**TOPIC 4:** Perceptions around relationship. (For grade 9's only) **Method:** FG discussion
	TOPIC 5: What is helpful & difficult at school? **Method:** FG discussion Ranking exercise and bean exercise			**TOPIC 5:** Reflection on group process **Method:** Group drawing and reflection/FG discussion
Closing tasks	Reflect on something good about today	Reflect on hope for future	Where will you be in 2010?	Affirmations & power circle
Indicators	Motivation; Attitudes Participation, Homework; Support system; Absenteeism, Popularity/ stigma	Support systems, Health: emotional state Mortality Resilience factors	Support systems Knowledge and awareness of HIV/AIDS Stigma	Support systems Knowledge and awareness of HIV/AIDS Health: emotional state

Appendix 3

Sample of parent research programme information and permission forms (English and *IsiZulu* versions).

UNIVERSITY OF
KWAZULU-NATAL

PIETERMARITZBURG CAMPUS
033-2605753

Dear Parent/Guardian

Research Programme at Primary School

Child's Name:

The Schools of Education and Psychology at the University of KwaZulu-Natal are conducting research into the factors that may assist or create difficulties for children in terms of their education. We believe that there may be various ways in which children's learning may be affected. We want to try to understand these factors so that we can provide the government and other with information to assist with policy development and intervention. We hope that the information that we obtain during the course of this research will help to lessen the difficulties that some children experience in accessing education and progressing with their schoolwork.

The Richmond area has been selected as the site where the research will be conducted. The Mayor of Richmond and other key stakeholders have expressed their support for this programme. Since, we do not have the time to speak to everyone involved, we have had to randomly select a couple of schools and then just a few learners from each school to participate in this research programme.

We want the children to take part in an individual interview with a trained assistant, and in three or four group discussions about the factors that affect children's school progress. The individual interviews will last about twenty to thirty minutes and the group discussions will be about one and half hours each. These will take place during normal school hours, and we will ensure that this process does not negatively affect your child's schooling. We would like to do all of these activities in the first two weeks of next term (end of July and early August 2004).

All information will be kept confidential. Any articles that are published from this research will ensure that the anonymity of the community, school and individuals is maintained by not using any identifying information. It is unlikely that your child will find the discussions distressing in any manner. However, if they feel a need to deal in more detail with any stressful situations, we will ensure that they are put in touch with the appropriate service agency.

By chance you and your child has been selected to participate in the research. We are asking for your permission for him or her to take part. With this in mind, we ask that you give us permission for your child to participate by signing and returning the attached form to the school as soon as possible. We will also be asking your child individually if they would be willing, but obviously need your permission as a first step.

Yours sincerely

Fundisa Tshauka
Thabile Mbatha
Vuyi Zondi

I, (Please write in your full name) ....

☐ agree

☐ disagree

Child's name...Grade.......................

School...

Understand all the issues in the letter, and agree to participate in the research process.

Signature:..

Date: ....

Mzali
Uhlelo locwaningo

Igama lomntwana:...
Izikole zezemfundo nezengqondo zaseNyuvesi yakwaZulu Natal ziqhuba ucwaningo mayelana nezimbangela ezingasiza noma zidale izingqinamba kubantwana mayelana nemfundo yabo. Sikholelwa ukuthi ukufunda kwabantwana kungahlukumezeka ngezindlela ezahlukahlukene. Sizama ukuqonda lezizimbangela ukuze sizidlulisele kuHulumeni nabanye ukuze lolulwazi lusize inqubo yokuthuthukisa nakokunye. Siyathemba ukuthi lolulwazi esizoluthola ngesikhathi senza lolucwaningo luzosiza ekwehliseni izinkinga abantwana ababhekana nazo emfundweni nakwinqubekela phambili emsebenzini wabo wesikole.

Indawo yaseRichmond ikhethiwe yaba yisizinda lapho lolucwaningo luzokwenzelwa khona. Umphathi dolobha waseRichmond nabanye abantu abamqoka baluthokozele loluhlelo. Njengoba singakwazi ukuthola isikhathi sokukhuluma nawo wonke umuntu ohilelekile kulolucwaningo. Sibone kungcono ukuba sithathe izikole ezimbalwa, kuzona sithathe abafundi abambalwa abazohileleka kuloluhlelo locwaningo.

Sifisa kulabantwana, umntwana nomntwana axoxe nomsizi oqeqeshiwe kulolucwaningo. Bese kuthi amaqembu amathathu noma amane kulezizingxoxo axoxe mayelala nelezimbangela eziphazamisa inqubekela phambili esikoleni. Lezingxoxo zithatha imizuzu engamashumi amabili kuya emizuzwini engamashumi amathathu, bese kuthi izingxoxo zamaqembu zithathe ihora elilodwa kuya kwelilodwa nesigamu. Lokhu kuzokwenzeka ngezikhathi zokufunda. Sizokwenza isiqiniseko sokuthi luluhlelo aluphazamisi ukufunda kwabantwana ngendlela engazuzisi. Besifisa loluhlelo luqale emasontweni okuqala amabili zivuliwe izikole (ekupheleni kuka-Julayi nasekuqaleni kuka-Agasti 2004).

Lonke ulwazi olutholakele aluzonekelwa noma ubani. Kuzona zonke izincwadi ezizobhalwa mayelana nalolucwaningo, kuzokweziwa isiqiniseko sokuthi laba abakade bethinteka ocwaningweni, okuwumphakathi, isikole, umntwana obekuxoxwa naye, amagama azovikeleka angavezwa. Ngeke kwenzeke ukuthi umntanakho azithole ecindezelekile kulezizingxoxo nganoma yiyiphi indlela, kodwa-ke uma umntanakho ezithola ecindezelekile kulezizimo sizomxhumanisa nabaqondene nalomsebenzi.

Ngandlela thize wena nomntanakho nikhethiwe ukuba nibambe iqhaza kulolucwaningo. Sicela imvume yakho njengomzali ukuthi uvumele umtanakho abambe iqhaza kulolucwaningo ngokuthi usayine ubuyisele ifomu ozoyithola esikoleni ngokushesha uma kungenzeka. Ngokufanayo sizocela umntwana ngokwakhe uma efisa, kodwa imvume yakho mzali.

Yimina ozithobayo

Fundisa Tshauka 0724264371, Vuyi & Mary van der Riet 033 2606163 uMqondisi wohlelo locwaningo
Mina (bhala igama ngokugcwele)...

(Faka uphawu esikweleni ohambisana naso)

☐   **Ngiyavuma**
☐   **Angivumi**

Igama lomntwana ....Ibanga.................

Isikole... ukubamba iqhaza ohlelweni
locwaningo olwenziwa iNyuvesi yakwa Zulu-Natal.

Osayindile:..

Usuku:..

Kubalulekile ukuthi uphendule. Qhaphela uma ungaphenduli siyothatha ngokuthi uyavuma
ukuba umntwana abambe iqhaza ocwaningweni.

Siyabonga

Appendix 4

Learner research programme information and consent forms
Dear Learner

We work at the University of KwaZulu-Natal, and we want to find out about the difficulties learners have in their education. We want to find out about these problems because it can help us and the government to make plans to address these problems.

We are working in the Richmond area, in 9 different schools, with Grade 3, 6 and 9 learners. Your school is one of the schools which we have chosen to work in. We cannot work with all the learners, so we chose a few names from the class list, and you were one of the chosen learners. We would like to tell you about the research, so that you can decide whether you want to participate in it or not.

We want to focus on why you go to school, what you like about it and what is difficult, what might be some of the problems you have in attending school, and problems you know that other learners have. We would like to find these things out by talking to you on your own (in a short interview, 20 minutes), and then also to meet with you and a group of learners. These groups are called focus groups. We would like to have four meetings with you in this group. Each of these meetings will take about 1 and a half hours. We will discuss with you what would be the best time to have these meetings.

In the interview, we will ask you about your family, where you live, your school, and some of the problems you might have there. In the groups we will ask you about why you attend school, why some learners don't attend school, what you enjoy about it, what you don't like about school. We will also ask you about how you participate in class and what makes this easy or hard. In the groups we will also play games and do some drawings. In the groups we will also ask about what you know about sickness, and illnesses like HIV/AIDS.

It is very important for you to know that what you say in the interviews and the focus groups will be kept confidential. This means that if you tell us something, no one else will know what it is that you tell us. We will not tell your parents or your teachers, that it is you who has said something. In fact, in the groups, we will play a game where you give yourself another name. If there are things which people talk about in the groups which you find upsetting, we will talk about these things.

It is also important to know that when you hear things in these groups, you must not go and tell other people who were not part of the group. This means that you are keeping the group discussion confidential, and this helps all the learners in the group.

We want to make sure that we record exactly what you say, so we would like to use tape recorders and a video camera in the group discussions. These will be kept very safe and will not be shown to anyone outside of the research team.

If you agree to be in this process, you may also withdraw at any time if you don't want to be part of it any more.
If you have understood all of these things, and if you want to be part of this research project, then please read the next sheet.

Yours sincerely, Fundisa Tshauke and Vuyi Zondi

Schools of Education and Psychology

P/Bag X01 Scottsville
PIETERMARITZBURG, 3209
South Africa
Phone: +27 33 2605853
Fax: +27 33 2605809

**UNIVERSITY OF
KWAZULU-NATAL**

I, (Please write in your full name) ....

Understand all the issues in the letter, and I agree to participate in the research process.

I am in Grade _____ at _____School.

I sign my name here: ....

This is the date today: ....

Appendix 5

Confidentiality pledge

PROMISE OF CONFIDENTIALITY

I understand that the issues discussed during the focus group discussions held by the staff of the Schools of Education and Psychology at the University of KwaZulu-Natal may be of a private nature. I therefore promise that:

I will not talk about the information that I hear from other children in the groups.

If I feel upset by what has been said, then I will speak to the researchers about this.

NAME (In capitals): _____

SIGNATURE: _____

WITNESS'S NAME (In Capitals) _____

WITNESS'S SIGNATURE: _____

RESEARCHER'S SIGNATURE: _____

DATE: _____ / _____ / _____