

UNIVERSITY OF KWAZULU-NATAL

SCHOOL OF ADULT & HIGHER EDUCATION

AN EXPLORATION OF THE IMPACT OF HIV/AIDS ON THE  
LIVES OF LEARNERS FROM THE MPUMALANGA  
COMMUNITY WHO ATTEND AN FET COLLEGE IN  
KWAZULU-NATAL

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In partial fulfilment of the degree of Master of Education

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## DECLARATION

I, the undersigned, Thiloshnee Dookhi, hereby declare that this study is my own, and that it has not been submitted for a degree or examination at any other university and that all the sources I have used and quoted have been acknowledged by complete references.

Dookhi

Signed

December 2010



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## ABSTRACT

This study explores the extent to which the HIV/AIDS epidemic has imposed challenges on the lives of learners from the Mpumalanga community who attend an FET college in KwaZulu-Natal.

The research lies within a combination of the interpretivist and constructivist paradigm. This paradigm allowed the respondents to get involved in the research. The researcher was able, through the data collected, to gain an understanding of the challenges experienced. Although many factors contribute to the situation, all the factors are entwined by the immense poverty experienced. This inhibits the ability of affected learners to pursue their studies, which can cause them to drop out altogether.

Four community leaders and nine learner respondents formed the respondent base.

In an attempt to understand the state that this community was in, with respect to the HIV/AIDS epidemic, the perceptions of the community leaders were first sought by interviewing them. A questionnaire was then completed by the learners respondents to establish their biographical data. This was followed by respondents taking photos to capture the lives of learners from the community. A final discussion, in part as a focus group discussion and part as an interview, was then held. This is a qualitative study because it attempts to understand the phenomenon experienced by these learners.

The following trends were identified because of this study: Most respondents experienced the lack of employment and the resulting poverty as the greatest challenges affecting their lives. These challenges make medical care unaffordable and cause family members to become caregivers when the infected family members become too ill to take care of themselves. In some cases, learners attending an educational institution have to sacrifice their education due to a lack of income. In the case of females, they become sex workers in the pursuit of money and often they become mothers before they should. People deteriorate into alcoholics when they can no longer face the life they live. The worst impact is that children become orphans when their parents die because of an AIDS-related disease.

## ACRONYMS

The following acronyms have been used within this document

Acquired human immunodeficiency syndrome	AIDS
Actuarial Society of South Africa	ASSA (model)
African National Congress	ANC
Further Education and Training	FET
Growth, Employment and Redistribution	GEAR
Highly active antiretroviral therapy	HAART
Human immunodeficiency virus	HIV
Inkatha Freedom Party	IFP
Sexually transmitted infection	STI

## TERMINOLOGY

**Affected children** is defined as “Children affected by HIV and AIDS for the purposes of this study include:

- Children infected with HIV or HIV-positive children;
- Children directly affected because one or both of their parents have died from HIV-related illnesses;
- Children directly affected because one of their parents and/or caretakers is infected with HIV; and/or
- Children indirectly affected by HIV/AIDS because they are living in families that foster children directly affected by HIV/AIDS.

[UNICEF, 2008, p. 6]

**Home-based care** refers to the “Provision of basic nursing care needs by formal or informal caregivers to people in their own homes.”

[CAPEGATEWAY (2004) Retrieved on 12 December 2009]

**Squatter** refers to an illegal resident.

**Sugar daddy** refers to a “a rich usually middle-aged or old man who bestows expensive gifts on a young person in return for companionship or sexual favours

[Collins (2003), Retrieved 1 October 2008]

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## **Chapter One**

### **Introduction**

#### **1.1 Introduction to the study**

The need to empower learners so that they can complete a qualification and thereby enhance their employability is crucial. The public FET sector offers programmes to school leavers, matriculants and adult learners who either want to acquire a skill or to re-skill themselves. However, the opportunity for educational activities is being threatened by various impacts. These impacts are created in the lives of learners as a result of the challenges that the HIV epidemic poses in their lives, ultimately eroding any chance of their completing a qualification. This chapter highlights the context of this study, the aim of this study, the methodology used and the structure of this report.

#### **1.2 Context of the study**

I have been a lecturer in the FET sector since 1997. In 2002, 152 technical colleges (now known as FET colleges), were merged to form 50 FET institutions across South Africa. The institution I worked at merged with two other colleges forming eight campuses. FET colleges are situated within communities in order to make education more accessible. I lectured at a campus in Pinetown during the time of this research study. The college where I worked has a central administrative office with a senior management team, headed by the rector, who manages the central office as well as each campus. There is a campus manager at each campus, who reports to the senior management at the central office.

This research was conducted at an FET institution in the township of Mpumalanga in the Hammarsdale area. This is a town located about halfway between Durban and Pietermaritzburg, approximately 40 minutes from Durban by car.

Mpumalanga Township was established in 1968 because of two immediate imperatives – the need to provide accommodation for the workers and their families employed in the Hammarsdale border industry, and the desire to regulate the large “squatter” population renting on African owned freehold land. Mpumalanga was constructed as a model working-class township underpinned by a vision of Zulu nuclear families

headed by men who worked in local industries. Bonnin (2006) Retrieved 4 July 2008.

The inhabitants of Mpumalanga township are predominantly Zulu-speaking. They belong to one of two political parties, namely the IFP and the ANC. During the Struggle, they were very hostile toward each other. In the mid-1980s and early 1990s, they clashed due to the political unrest that captured South African informal settlements. According to Ndebele, in an article by Mbola, (2007) Retrieved 4 July 2008, Mpumalanga was the first township under the guidance of Meshack Hadebe (ANC) and Sipho Mlaba (IFP) to initiate strategies to stop the violence. These two political leaders joined hands and guided this township to end the violence that had ravaged it.

The township has since become a safe and peaceful place where its inhabitants are proud to live with their neighbours irrespective of their political affiliation. Unfortunately, the preceding years of violence robbed the community of facilities like schools, shops and clinics, which had been burnt down during the violence. Many businesses closed down during the violence, reducing the opportunities for employment for these inhabitants and left many people unemployed. Unemployment caused great financial difficulties. The inhabitants had to find alternate means of earning an income, usually informal trade or informal farm labour. These alternatives were not successful for very long since many people were trying to earn money in these ways. Soon the community was laden with poor people who had very little means of earning any income.

The number of families who have become victims of poverty has spiralled and a drive through this township is proof of this. As I drove into the township, I saw how derelict the buildings were. Homes that were destroyed had been rebuilt using scrap metal and wood.

### **1.3 The rationale for this study**

This research explored the impact of HIV/AIDS on the lives of learners from the Mpumalanga community who attend an FET college.

It sought to understand the manner in which the circumstances created by the prevalence of HIV/AIDS in that community affects the lives of learners at the college. It necessarily involved an understanding of these circumstances and this

understanding was developed through descriptions of the circumstances (developed through various techniques) as witnessed and experienced by the FET learners who constituted the research respondents.

My interest in the welfare of the learners and not only their education within a classroom grew as I developed a deeper understanding of their plight, with an aim to intrinsically motivate them for success within their qualification. As the HIV facilitator at the campus, my contact with learners on a personal level was regular. This interaction elicited information concerning their roles and responsibilities after a day at college.

After a few months, the challenges as a result of the HIV/AIDS epidemic and endured by these learners became evident. The college is strictly limited by national policy regarding the way state money and learner fees can be utilised. There are limits as to how responsive the college can be in its attempt to assist its learners. Many learners are referred, beyond the college, to community centres like The Open Door Crisis Centre (a crisis and counselling centre) and an HIV/AIDS care facility in Pinetown called The Dream Centre, where patients receive free counselling and free HIV testing.

Literature on this situation is lacking. Available literature only discusses interventions at higher education institutes. These interventions are spearheaded by HEAIDS (the higher education AIDS programme), a coordinated intervention that is focused on strengthening responsiveness to the national HIV epidemic, which is drastically threatening the learner body nationally. At the FET institutions, such interventions are unavailable. There is a tremendous need for a nationally driven policy and co-ordination programmes to ensure that affected learners have access to the necessary healthcare and daily support facilities. In the absence of developed policy and relevant literature, there was a dire need to investigate and explore the learners' lives to fully understand which challenges affect them when they contract HIV or when a family member contracts HIV.

The research assumed that the research respondents, as learners of the college and members of the Mpumalanga community, have grounded insight into the challenges faced by all learners from the community who attend the college. Circumstances in the community (township) were not themselves the subject of the research but were merely instrumental to understanding the challenges. The respondents were not

always reporting their own experience of the challenges but were representing the challenges which they perceived confronting their fellow learners from the community. In short, the research was based on the effect the challenges have on the lives of the respondents. In some instances, the respondents reported their own direct experience of the circumstances and challenges they faced but this was not invariably the case.

Many learners from this township attend the college to acquire an education and then a job. This education is an attempt to emancipate themselves and their families from the extreme poverty that has besieged them. However, many barriers exist preventing this outcome. The eventual completion of a qualification is a major accomplishment in this community crippled by difficulties.

This study sought to draw data from community members who work in the Mpumalanga area and learners who live in the township and attend an FET college. The aim of collecting this data was to explore the impact of HIV/AIDS on the lives of learners attending the FET college in the Mpumalanga community. The research attempted to identify:

- the challenges learners experience as a result of the EPIDEMIC;
- the impact these challenges have on their lives;
- the assistance they need to improve their circumstances; and
- the assistance they require from the college, which will ensure that affected learners complete their qualification.

#### **1.4 The aim of this study**

The aim of this study was to investigate the reasons why HIV-affected and -infected learners drop out of a qualification. A search for literature on this matter to assist with interventions became almost impossible. Literature and available interventions only cater for higher education institutions. The Department of Education (DoE) has very few plans in place that cater for its learners to the degree that higher education institutions do.

In an attempt to find possible explanations for the challenges affected learners have to endure, four research questions were identified:

1. Which challenges does the HIV/AIDS EPIDEMIC pose for learners living in Mpumalanga and attending the Elangeni FET college?
2. How do these challenges impact on the learners?
3. What do they think could assist them to better deal with their lives if they are experiencing any challenges as a result of the HIV/AIDS EPIDEMIC?
4. What do the learners want Elangeni college for FET to do to better respond to its learners' needs in respect of these challenges?

### **1.5 Methodology**

This study is situated within an interpretivist and constructivist paradigm. An interpretivist paradigm reflects an "interest in contextual meaning-making, rather than generalised rules, involving individuals and small groups in 'naturalistic' settings"(Janse van Rensburg, 2001, p. 16). According to Bruner, a constructivist paradigm reflects that learners undergo an active process of learning where they constructing their ideas and concepts based on their current or past knowledge and experiences. Bruner (1996)

I used a qualitative study format because it is an "Qualitative research is an inductive approach to discovering or expanding knowledge. It requires the involvement of the researcher in the identification of the meaning or relevance of a particular phenomenon to the individual." (Brockopp & Hastings-Tolsma, 2003, p. 4).

The research techniques or methods included interviews, questionnaires, Photovoice and discussion.

### **1.6 Structure of the thesis**

Chapter One provides a background for the reader to gain an understanding of the rationale for conducting this study. It provides the context for the reader to understand the reason why this path of study was chosen. It also explains the historical and political background of the chosen township. Thus the reader is presented with the context for the study, the rationale for the study, the methodology used, the aims of the study, and the structure of this report.

Chapter Two reviews the writings of various authors whose works have relevance to this study. This study focuses on how the challenges experienced by learners

affected by HIV/AIDS impact on their lives, thereby limiting their chances of completing the qualification for which they have enrolled. The literature suggests various themes relating to these challenges, which link with the data collected in Chapter Four and analysed in Chapter Five.

Chapter Three presents the research methods employed in this study. In this chapter, the research process is documented for the reader to understand the path this research followed to collect, collate and analyse the data.

Chapter Four documents the data collected by presenting a narrative account of each respondent's responses. Some data was collected through interviews, while other data was collected through discussion. The data is presented in a manner which allows the reader to follow the trend of thoughts, emotions and challenges the learners experience, either directly or indirectly. It is an attempt to allow the reader to peruse the respondents' encounters.

Chapter Five presents an analysis of the data. This identifies the various challenges and themes indicated by the data. The greatest challenge is the lack of income. This lack of income snowballs into the impacts identified in this study. The discussion goes further to discuss the assistance the affected learners need. It also clarifies strategies the college can implement to respond to these learners' needs more meaningfully. It highlights recommendations for the college to consider in its role as the service provider to such learners.

## Chapter Two

### Literature Review

#### 2.1 Introduction

This study focused on the relationship between FET learners affected directly or indirectly by HIV/AIDS and their learning experience in a context circumscribed by conditions of poverty. Literature relevant to the research, which establishes the central relationship between HIV/AIDS and poverty both as a significant cause and consequence of the epidemic and the resultant implications and effects on education, will therefore be presented.

The effect of HIV/AIDS on a family within the context of poverty has a three-pronged spiralling effect. In the first instance, it often forces learners to abandon their education in order to earn an income to support family members. In the second instance, lack of education limits employment choices, which particularly in the case of women, can lead to prostitution and further exposure to HIV/AIDS. In the third instance, it becomes a source of inter-generational poverty.

The extent of the impact created by such poverty is realised by affected families when the parents have reached a stage in their illness where they can no longer take care of their families or themselves, or where their condition deteriorates, resulting in death. Consequently, the eldest child in such household experiences a changed role within the family. This child's role shifts from being a child to being the person responsible for the management and income generation of this household.

A consequential factor of the preceding impact is that these children, faced with this bewildering change of circumstances, will often sacrifice their education in order to make ends meet. This argument is supported by Gachuhi (1999) and Ganyaza-Twalo and Seager (2005). These authors discuss the occurrence of learners who are withdrawn from school to stay home in order to care for their ill parents or to supplement the household income when the parents or breadwinners can no longer earn an income.

It is important to note that Ganyaza-Twalo and Seager (2005) conducted a poverty project under the auspices of the HSRC (Human Sciences Research Council) and

thereafter compiled a report called the "Literature Review on Poverty and HIV/AIDS: Measuring the Social and Economic Impacts on Households".

A further reality is the lifestyle that the affected learner, from a poverty-stricken household, could embrace due to this lack of family support and guidance. Often such learners are forced to choose a life of promiscuity, coupled with alcohol use and eventually alcohol abuse. In a study by the University of California (2001), people who experience trauma through various kinds of emotional struggles, resort to numbing this trauma by using alcohol and drugs. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2002), this use of alcohol often leads to sexual risk-taking. Although HIV awareness and education can educate and deter learners from these social evils, they often succumb to these social evils due to the relief these substances bring to their struggles. NIAAA (2002)

"At further education and training (FET) colleges, almost 50% of learners drop out, and of those who remain, only 57% pass. So only about 29% of those who enroll eventually pass" (Paton, 2010, p 33,). These statistics are startling and reveal the magnitude of the crisis. In trying to reduce the dropout rate, one needs to clarify the role played by HIV/AIDS in contributing to these statistics so that the challenges that impact on these learners and which result in learners dropping out of a qualification can be identified.

The discussion of the literature analysed follows.

Various policies pertinent to the study are first discussed. The literature is then presented as per themes relevant to the understanding of HIV/AIDS. The themes identified include:

- poverty;
- loss of education as a result of poverty;
- vulnerability to the disease as a result of poverty;
- intergenerational poverty;
- alternate means of earning an income;
- becoming an orphan, learner to caregiver then breadwinner;
- alcohol use and abuse;
- HIV awareness and management through education; and
- the FET sector.

This analysis investigated the challenges created in the lives of learners and the resulting impacts experienced because of the disease. It further analysed assistance that can address these impacts and bring relief to these learners both in a broad societal sense as well as within a responsive approach from the FET sector.

## **2.2 Policy documentation analysis**

According to a report written by Setswe (2009), in 2008, the Department of Health put in place a decisive and concerted response in an effort to decrease the rate of new infections, namely the National Strategic Plan (NSP). This has identified HIV prevention, treatment, care and support (TCS); research, monitoring and surveillance (RMS); and human rights and access to justice (HR & AJ) as the key areas it will address in order to reduce the rate of infections and to provide interventions to assist affected and infected people.

The Further Education and Training Colleges Act, No. 16 of 2006, provides for the governance and management of FET institutions. This Act was promulgated so that FET institutions could be more responsive in their delivery of quality education for the learner, with the appropriate knowledge, practical skills and vocational competencies necessary for a learner to facilitate employment and proper application within that employment, and access to higher education if necessary (Department of Education, 2006)

The Act also articulated further policy development around various faculties within an FET institution. One such faculty, which has significance to this study, is the Learner Support Service Unit. The intention for each college to have such a unit that will manage all areas of learner support.

Two documents govern the learner support service, namely the Learner Support Framework: DoE and the Learner Support Manual: DoE. Both these documents have been designed and issued to FET institutions by the Department of Education. College policies also exist as overarching policies for the entire institution. Various interventions to support delivery of education are prioritised in this document, and one such intervention is counselling (Department of Education, 2007).

### 2.3 Poverty

A number of articles demonstrate a significant correlation between unemployment, poverty and equality. The authors of those articles express concern that in South Africa, the AIDS epidemic has become a major threat to the development of society and the economy in general Natrass (2004). They further express concern over poverty as expressed by Natrass (2004), Ellwood (2002), Caldwell (2000), Krause (2000) and Lyons (1998). They all assert that poverty is a key factor responsible for the spread and impact of HIV. Ellwood (2002), Caldwell (2000) and Krause (2000) express concern that the spread of the disease will further burden the economy, leading to an even greater number of citizens relying on the state for financial and other assistance. The inability of the state to provide for these needs exacerbates the level of poverty endured.

From these authors, two trends are evident:

- AIDS leads to an increase in the level of poverty that HIV-affected people endure; and
- poverty leads to an increase in the prevalence of AIDS.

These points are relevant to this study in understanding the impact of the epidemic. They assist to highlight the core challenge as poverty, with various resulting challenges and their impacts.

However, poverty is also seen as directly causing a learner to drop out of college when he or she becomes responsible for the household. This is reported by Gachuhi (1999) and Ganyaza-Twalo and Seager (2005). The roles for which these learners become responsible reduce the time they spend in educational activities. If they had completed a qualification and secured formal employment, they would not need to depend on the informal economy for employment. The income that they will generate from activities associated with this latter sector will not generate sufficient income to uplift this family from the poverty they will find themselves in (Gachuhi, 1999).

The ensuing discussion focuses on the numerous challenges created by poverty, leading to the eventual sacrifice of education.

#### **2.4 Loss of education because of poverty**

A marginalised learner from a poor socio-economic background will suffer many consequences of poverty. One major consequence of that poverty is the sacrifice of education due to the changes in the learner's role within the family. This sacrifice refers to the challenge a learner may experience when his or her parent(s) can no longer maintain their role as the head of the household (as the support system for the family and/or breadwinner). This learner will often have to leave college and find employment in the informal sector due to the lack of a skill or an education (Gachuhi, 1999).

While it has been established that the challenge of the parents' deterioration due to their illness is responsible for the changes in roles, the learner can also no longer afford tuition fees, uniform where applicable (in cases of specialised courses like Hospitality Studies), transport and food.

Muthukrishna (2006), in her study of the Richmond area, studied how socio-economic issues affect learners and create challenges for learners to access education. In her work, she mentions the many barriers that she encountered. The most significant barrier in her study – and one, which also applies to this study – is that of poverty. Various impacts emanate from this challenge, which show a relationship to the community targeted in this study and the learners from the institution in this study. Muthukrishna shows in her study that, while poverty worked as a challenge that learners were experiencing, this challenge translated into the inability to afford tuition fees, uniforms where necessary or transport to and therefore cannot access education.

#### **2.5 Vulnerability to the disease because of poverty**

Poverty encroaches on everyday life and renders the households it affects vulnerable to challenges of poor nutrition, employment and the resulting reduced income.

The South African Bill of Rights promises that every South African citizen will have, amongst other things, access to housing, education, healthcare, food, water and social security, etc.

Government policies to address social inequalities through the following two interventions have also not been able to offer the support that people need to

address the poverty they find themselves in. Two policies were designed in an attempt to address these inequalities, namely:

1. **Reconstruction and Development Program (RDP)** – “Progressive macroeconomic strategy established by the ANC-led Government of National Unity in 1994 to improve the quality of life for the majority of the population by expanding provision of housing, jobs, basic services, education, and health care.” (South Africa, Overcoming Apartheid Building Democracy: Retrieved 9 July 2010)
2. **Growth, Employment, and Redistribution strategy (GEAR)** - 1996 “government macroeconomic strategy that replaced the Reconstruction and Development Program of 1994. GEAR was designed to find a balance between meeting the basic needs of the people and finding the resources to finance those needs. It included tax cuts, government fiscal and monetary discipline, financial liberalization, and privatization of parastatal corporations.” (South Africa, Overcoming Apartheid Building Democracy: Retrieved 9 July 2010)

Unfortunately, these attempts have not succeeded. Our government has not managed to accomplish its goal of job creation.

The inability of government to assist poor families has resulted in making such families vulnerable to the impact that poverty creates. This vulnerability and the way it exposes these households to more poverty will be discussed.

Various elements exist which make families vulnerable. Poverty increases their risk of exposure to the HI virus resulting in the disease claiming more victims. The issues articulated around the challenges that poverty causes in the lives of families, comprise the reason why poverty is seen as the core of this disease worldwide (Tshabalala-Msimang, 2001). While families know the consequences of neglecting treatment and care if they are HIV positive, their plight of poverty forces them to do so (Tshabalala-Msimang, 2001).

The poverty that these families experience exposes them to further challenges such as poor nutrition. While medication is pivotal in improving the health of an ill person, the person also needs good nutrition for the successful management of his or her

HIV condition or their condition will worsen. Natrass and the World Bank make similar statements:

- Poor homes can access neither food nor medication due to the costs involved (World Bank, 2000).
- "Given that malnutrition is a function of poverty, there is thus good reason for assuming that poverty helped hasten the spread of HIV in sub-Saharan Africa." (Natrass, 2004, p. 29).

In an attempt to align the role of government to its responsibility to provide for its people, Natrass (2004) further discusses the expectations that citizens of any country have of the government they have elected. These are expectations that the government will provide them with the necessary services they require in order to lead a normal and functional life. Although market and socio-economic forces prevail which may prevent the policies of a government from working, Natrass (2004) maintains that certain fundamental basics should be guaranteed for the people of the country.

## **2.6 Intergenerational poverty**

Literature on poverty, and in this case intergenerational poverty, will now be discussed. A number of articles have been written on the concept of intergenerational poverty. While we have progressed through the years and amassed a high degree of civilisation in society, poverty is still a great concern and a threat and continues being so.

In an attempt to understand this intergenerational poverty, a definition is necessary. As defined by the Commission on Poverty, "Intergenerational poverty refers to the poverty induced by the socially/economically challenged background of a person's parents." (CoP, 2005, p. 2), Intergenerational poverty therefore refers to the manner in which a family, who secures employment in the informal sector, will always generate just enough income to provide for the basic necessities. In so doing, the family's lifestyle will be limited by their budget. The challenge of intergenerational poverty is of concern to various authors whose works are discussed below.

In circumstances of poverty, healthcare will be unaffordable. Many families need medical care or caregivers due to HIV and its spread. Often, when a parent of a learner gets too ill and cannot work, a gap is left due to lost income. In order for the

family to survive, older siblings in that family will be forced to sacrifice their education in order to be a caregiver or to generate the lost income for this family. In the HSRC Literature Review of Poverty and AIDS, Ganyaza-Twalo and Seager (2005) discuss intergenerational poverty as a result of how it will “reverse the roles of the members, exacerbate poverty, rob children of their parents thereby creating more orphans, infringe on the basic rights of the child in areas such as education, food, nutrition, health and others”. (Ganyaza-Twalo and Seager 2005, p. 2)

A learner whose qualification is incomplete will be forced into the informal sector for employment. Very often, these learners' parents have also found employment in the informal sector. The learner will endure similar challenges of income generation, due to the type of employment he or she secures. Like their parents, such learners too will only be able to generate enough money to provide for the basic needs of their families. This cycle of poverty will be perpetuated, generation after generation.

Ganyaza-Twalo and Seager (2005) have undertaken to compile numerous papers based on the poverty project mentioned earlier in this chapter. It becomes evident from this report, how disadvantaged communities have grappled with this sad consequence of poverty. Often children lose the opportunity of education in order to care for their ill parent or to generate income when income is needed. This leads to a loss of income on two levels.

The further consequence of their poverty is that their everyday living is threatened by inadequate income and therefore limited food “indicating that poverty is chronic and intergenerational” (Muthukrishna, 2006, p. 42)

Muthukrishna (2006) and Ganyaza-Twalo and Seager (2005) claim in their reports that the scenario that results due to the illness of the breadwinners, is the very reason why these households will never have a chance to rise above poverty. They suggest that education can be the only way one can attempt to rise above the tragedy of poverty. However, the authors also found that education is the first commodity that is abandoned when income is limited.

## **2.7 Alternate means of earning income**

Poverty is cruel in a further sense where it is responsible for impoverished women choosing the sex trade in an attempt to earn an income in the absence of employment. This means of earning an income is another impact created by the

challenge of poverty. While poverty cannot be held as the cause of the sex trade at the intergenerational level, every next generation will have members who believe that this is a way to earn an income. Many people believe that rather than battle to earn an income and barely provide for your family, accessing income through the sex trade and ensuring the education of younger siblings who will then not have to forsake their education is a way out.

Using sex as a resource "to gain economic benefits" is discussed by Rose-Innes (2006, Retrieved 12 May 2007, as a major contributory factor. She argues that women place themselves at undue risks when they use sex as a means to earn an income or extract money from sugar daddies. She says that these situations result in women contracting the virus and often spreading it through the numerous sexual encounters they engage in. Bhatsara (2008), Retrieved 12 May 2007, who asserts that women who find themselves unable to provide for their children or siblings find transactional sex a means to secure an income, further affirms this. This in turn leads them to engage in unprotected sexual transactions, which in turn expose them to HIV.

The above two authors are concerned about the manner in which women are forced into sexual encounters due to their poverty-stricken conditions. Very often, where there is a female in the family, that person is automatically expected to take on the role of caregiver. She would have to forsake her education and tend to the family member who is in need. Often the female learner's ability or interest in education is ignored and only her ability to be a caregiver or breadwinner to the ill person is considered. These young girls are often enticed into the life of prostitution to provide for their siblings. Once the person enters this sector of income generation, she will be exposed to the virus.

This exposure is risky because many men do not want to engage in protected and safe sex. The male-dominated culture prevalent among South African males has left women disadvantaged in numerous ways and these women are "by far the most affected" (Aggleton, Hart & Davies, 1999, p. 55). Bhatsara (2008), Rose-Innes (2006) and Aggleton et al. (1999), discuss this issue of how women are thus affected. This dominant culture and its resultant prejudice on women are compounded by "cultural, social, economic and political contexts of women" (Chirambo & Caesar, 2003, p. 25). These prejudices are used in favour of a male having control over a women as well as giving her no choice in the sex she will have to have with her partner.

Nattrass (2004), says that women are forced out of necessity to sleep with men in exchange for money so that they can provide the minimum essentials for their children, although they thereby place themselves at risk of contracting the virus.

Chirambo and Caesar (2003) further support the belief that, when education is sacrificed in the life of a female, her dependence on men for money may increase because her choices for generating an income independently become limited. The tendency for gender inequalities and sexual abuse is then increased. This will reduce her ability to rise above the challenges of her poor socio-economic situation, which will also affect her children. The life she will lead as a sex worker will then mould her life. It will determine the kind of people she encounters. This will further expose her to risks, which will eventually lead to her becoming ill with this virus, and to her eventual (usually premature) death. Her death will create more vulnerable orphans due to the epidemic. This now leads us to the next challenge created in the path of HIV, namely that of orphans.

## **2.8 Becoming an orphan**

The eventual death of the parents causes complications in the lives of learners as such learners enter the role of orphans. After the death of an HIV positive parent, many further consequences result. The following discussion will focus on a few authors who have done noteworthy work into these consequences.

De Capua (2010) and Ellis-Christensen (2009) are two authors who cite the following consequences of financial difficulties that arise due to most money being spent on medication prior to the death of the parent, a need to generate income, reduced acquisition of education and the lack of parental mentoring in the life of the learner.

- “reduced schooling or abandonment” (De Capua, 2010, Retrieved 9 July 2010);
- Ellis-Christensen (2009) maintains that the parental involvement and relationship shared with a child contribute to academic success of the child. In the absence of such involvement, learners may make decisions that could expose them to poor results, no education, risk of contracting HIV and getting ill.

When HIV-positive parents become ill and can no longer work, the families experience a combination of challenges. The first is that the parent becomes ill and

has to be taken care of, and hence, the need for a caregiver and the definite loss of parental involvement in the life and academic life of the learner. Ellis-Christensen (2009) reports that the loss of parental involvement in the life of a learner prevents the learner from doing well in school.

In Bitzer's book, he discusses Tinto's work where the phenomenon of learners dropping out of secondary school is analysed. Bitzer (2003). Tinto argues that the educational outcome a learner will accomplish will be determined by the learner's social and academic experiences. Tinto also believes that the learner who is exposed to and has positive influences and experiences will be experience success.

This will increase the number of learners who complete a qualification.

When learners have to take care of ill parents, they usually interrupt their education, until they eventually drop out completely. In a research report published by the international organisation AVERT (2009), many impacts are experienced as a result of parents' illness or demise. Two such impacts will be mentioned here:

1. "Children are forced to abandon their education" (AVERT, 2009, Retrieved 9 July 2010).
2. The elimination of spending on certain categories of goods by poor households where "The most likely expenses to be cut were clothing (21%), electricity (16%) and other services (9%) ... and almost half of households reported having insufficient food at times" (Steinberg, M., Johnson, S., Schierhout, G., Ndegwa, D. (2002), p17).

The death of ill HIV-infected parents can create many problems in the life of their families. The deaths often leave behind orphans who have to fend for themselves and their everyday existence. If these are learners, the family's loss will also result in them not being able to afford school fees and uniforms.

## **2.9 Learner to caregiver then breadwinner**

When parents fall ill, the eldest children become responsible to take care of such parents.

With the progression of the illness, the demand for care also increases. Children are often withdrawn from schools to care for sick adults, further compromising their basic right to education. The deprivation of education could place the household at further long-term risk for poverty, lack of

skills and disempowerment. The latter, as discussed by Whiteside, A. (2002), results in a cycle of household impoverishment that may take decades to reverse.

On the death of the parents, the children have to take over as providers for themselves and their younger siblings. Becoming head of the household has further complications. Such learners will have to sacrifice education completely in order to earn a meagre income for their daily survival.

Unfortunately, when one enters the job market without any education, then you are at the mercy of any potential employer. These un-educated people have to find means of earning an income and these means are in some ways responsible for the quality of life they eventually lead.

According to Lee (2004), women are more vulnerable to the informal trade. In her article, she explains how informal trade has long been found to generate just enough cash for basic survival and therefore such traders usually never amass enough capital to change their earning potential for the better. Lee (2004) therefore claims, "Women street traders tend to be restricted by their lack of education, access to resources and bargaining power compared to men. Therefore they remain, often permanently, at the survivalist level." Lee (2004), retrieved on 9 July 2010.

Perberdy and Dinat (2007) explain the circumstances around informal and domestic labour and the consequences of it. Employment where one lacks a qualification or a skill, usually domestic work, leaves you at the mercy of your employer who will demand labour to his or her benefit and pay the labourer a wage that is so low that it is barely enough for the labourer to sustain him/herself and his or her family. The growth potential of such employees is non-existent. Overall working conditions of domestic workers are hard with long working hours per day.

The above discussion shows that, when a person sacrifices education to take on the role of an income earner, the consequence of such an action leads to the worker having little or no growth potential in the activity used to generate an income.

## 2.10 Alcohol use and abuse

The cycle of poverty and hardship has a further outcome in the form of alcohol abuse. A study conducted by Kaljee, Genberg, Minh, Tho, Thoa and Stanton (2005), report how these people resort to consuming alcohol to “numb” the feelings of trauma and hardship experienced as a result of infection with HIV, illness or death. Respondents in Kaljee et al.’s study (2005) claimed that they “drink because of sadness in a love relationship or sadness because of the family situation.” (Kaljee et al., 2005, p. 76) A study by the University of California (2001) concluded that people use alcohol when they experience “emotional numbness or estrangement” (University of California, 2001, p. 3).

Unfortunately, since alcohol is cheap and an easily available substance, it becomes people’s drink of choice. It is their way of finding a means to forget the trauma and hence they drink themselves into a drunken stupor. Alcohol is an attempt at “affordable entertainment and because of its legal status, is the recreational choice of drug for many.” Machirori, 2007, Retrieved 12.12.2009. This author’s work has relevance to this research, especially because alcohol is a substance that can easily cause dependent behaviour among regular users.

As noted by the National Institute of Alcohol Abuse and Alcoholism NIAAA, (2002), Retrieved 27 June 2007, excessive consumption of alcohol often leads to “sexual risk-taking by affecting the judgment and reducing inhibitions, thereby diminishing perceived risk or excusing behaviours otherwise considered socially unacceptable”. Such behaviours could lead a person to engage in unprotected sexual activities and thereby expose him or her to the HI virus.

Narconon (2005), an organisation focused on drug rehabilitation, prevention and education, explain in one of their articles how drugs and alcohol damage one’s body and make you predisposed to opportunistic infections. “Lifestyles featuring systematic and heavy drug and alcohol abuse, damages the immune system” Narconon, (2005), Retrieved 26 November 2009. Narconon goes on to say that this abuse makes users predisposed to infections, which could lead to harmful ailments and eventually AIDS.

As has been discussed earlier, the illness and eventual death of the parent throw most families into disarray. There is a breakdown of the family unit. Decisions made become characteristic of a person without proper guidance from a parent. In his

article, Henn (2005) discusses how functional families provide proper guidance to their children by offering the children love and support and in doing so guide the children to make decisions that are responsible and which allow them to contribute to society in a useful manner.

### **2.11 HIV awareness and management of HIV through education**

A lack of awareness appears to be profoundly responsible for the spread of HIV/AIDS because people are unaware of how the virus infects a person, how to manage the disease from a medication perspective, as well as how to care for an HIV-positive person. In most cases, this lack of awareness and knowledge is responsible for various decisions which learners make and which put them at risk. If we can improve the quality of HIV education, we will have a more educated youth who will have valid information available to them to make informed decisions.

South Africa is repeatedly quoted as being the worst hit country in the face of this disease. The high prevalence as discussed by Dickens (2005) is "because of a lack of awareness and proper education, people don't know about the dangers of the disease". Dickens (2005), Retrieved on 10 July 2010

Whilst the above argument offers a reason for the continued spread of the disease, namely a lack of information, the prevalence rates discussed are silent on what the actual prevalence among learners is.

According to an article by Bateman (2009), no research is available to date which can offer statistics on the prevalence rates of HIV among post-school learners. The absence of such information makes it difficult to anticipate what support will be necessary to provide interventions to assist these learners.

Dr Asmall (2009) argues that information on prevalence rates of HIV among learners would assist with the establishment of programmes to provide support to educational institutions and their learners in specific. "We want to establish the reality so that institutional HIV/AIDS programmes can be tailor-made for the unique campus communities they serve," she added. Dr Asmall, (2009) Retrieved 9 July 2010.

Stigmatisation is another issue relating to the need for information. Many families report the high degree of stigmatisation to which these families are subjected. One author, Ojwee (2009) retrieved 4 December 2009, in an article on stigmatisation in Gulu, a district in Uganda, discusses how learners drop out of school due to

stigmatisation. He discusses how stigmatisation makes life difficult in many areas of a learner's life. People are nasty to HIV-infected people or people living with HIV-infected families. Ojwee (2009) recommends a de-sensitisation of people so that HIV is not a cause for stigmatisation as it currently is.

Deacon and Stephney (2007) report that children who are affected by HIV/AIDS are teased, are isolated from other children, and presumed to be HIV positive. These authors also discuss how these children are robbed of sustained supportive relationships due to the stigmatised behaviour and hence exclusion of these children. They also report that awareness through education has been a common method so far used to overcome the stigma-rich reactions to HIV-affected people.

During this literature search, it became evident that literature on available interventions needs to address issues around HIV awareness, the prevalence rate, which will link to the support programmes that will best assist learners affected and infected by HIV and decreasing and eventually eradicating stigmatisation. The next section will discuss the interventions necessary to address the needs of the FET sector to enable the sector to address the needs of its learners.

## **2.12 The FET sector**

Until 2009, FET institutions were within the Further Education and Training band that operated under the Department of Education. It belonged to the schooling sector within Further Education. In 2009, FET institutions were relocated to the Higher Education sector. Two issues will be discussed here:

1. The many interventions available at higher education institutions, while similar interventions within FET do not exist.
2. The number of learners who do not complete a qualification is also problematic, and the way HIV affects this rate is of concern.

Firstly, the interventions that are in place are discussed. The interventions within the Higher Education band are peculiar to higher education as they stood prior to the incorporation of FET institutions. HEAIDS is a higher education HIV/AIDS programme in response to this epidemic in SA. It provides centres where treatment and palliative care are offered to learners and staff, for specific HIV treatment and management as well as general ailments. It is subsidised for these learners and it is

available on the campuses where the learners are enrolled. "The overall purpose of the HEAIDS programme is to

reduce the threat of HIV and AIDS in the higher education sector and to mitigate its impact " HEAIDS (2010), Retrieved on 10 July 2010.

The current Minister of Higher Education, Dr Nzimande, in a recent address commended the work done by various partners involved with the HEAIDS initiative. In his address Nzimande (2010), he noted that there is a stabilisation of the disease; however, he acknowledged that there is still a lot of work to be done. His concern was that teenagers and young adults up to 25 years old are among the most infected. He acknowledged that the curriculum must address HIV and the HIV services offered. He also acknowledged that workplace programmes need to be enhanced to ensure that this large section of the youth is better equipped.

However, it must be highlighted here that none of these interventions are available to institutions within the FET sector. This leaves a great gap in how the FET sector can address its learners' needs.

To address the second issue of concern over why FET learners do not complete a qualification, the work of Paton (2010) and Piot (2002) will be discussed. According to Paton (2010), learners drop out of college due to a myriad of reasons, but the most important reason is a lack of finance. Piot (2002) states, "The epidemic reduces the demand for education, as children are withdrawn from school and college in response to rising household expenditure and to provide care for family members." . (Piot 2002, p. 9))

In many cases, income is reduced as a result of the various contributing factors as has been elaborated on earlier in this review.

Paton (2010) further discusses funding that has been identified to assist learners with the financial challenges they endure. The NSFAS (National Learner Financial Aid Scheme) was devised to fund learners and therefore takes care of funding as an obstacle for successful completion of a qualification. This intervention did not result in any significant difference in raising the rate of graduation of "poor, black learners" (Paton, 2010, p. 36). It was identified that the bursaries offered through the NSFAS were insufficient for learners. "The resulting recommendation is that poor learners need to be fully funded" (Paton, 2010, p. 36)

### **2.13 Conclusion**

Ultimately, education should lead to the eventual upliftment of communities and a decline in the HIV-infection rate. The present challenges in the way of disadvantaged learners accessing education are hindering their ability to rise above this dilemma. The following chapter will attempt to explain how this research was designed to elicit information directly from these marginalised learners in an attempt to gain an in-depth understanding of their plight.

## Chapter Three

### Research Methodology

#### 3.1 Introduction

In the preceding chapter, a literature review was conducted to examine the various obstacles HIV-affected learners may experience, and how these obstacles make it difficult and sometimes impossible for them to complete the qualification for which they have enrolled. The chapter further highlighted challenges that affect learners in the hope of gaining insight into the hardships learners at an FET college may experience.

In this chapter, an outline of the research methodology process used to conduct this study will be discussed. The chapter describes the framework that was used to conduct this qualitative research within an interpretivist and constructivist paradigm. The methods of data collection included interviews, questionnaires and Photovoice.

The research respondents, as inhabitants of the community as well as learners at an FET college, had a grounded insight into the challenges learners from this community endure. Their understanding of the challenges FET learners face, equipped these learners to report their perceptions of the circumstances in the community and their perceptions of the effect this has on the learners at the college. On perusal of the next chapter, Chapter Four, one notices that the respondents were in some cases reporting their own experiences, but this was not invariably the case.

#### 3.2 The research methodology used in this study

##### 3.2.1 Qualitative research

This qualitative study aimed to understand the challenges experienced by learners, which hinder their ability to access education as well as to complete a qualification. This required the collection of data in an insightful manner in order to access the experiences of the respondents and to understand the challenges they endure, which make education inaccessible.

Qualitative research is concerned with identifying and understanding the social factors affecting people. This research was concerned with the social burdens, which

possibly contribute to learners' decisions to drop out of the course they may be following. Qualitative research is not defined by a structured procedure; rather, the researcher enters into the research using a flexible schedule of how the data will be collected. The researcher may choose to adapt the schedule as he or she goes along in order to influence the data and thereby ensure that the data being collected is relevant to the purpose of the study.

The purpose described above reflects Creswell's (2008) view of the purpose of qualitative research. He believed that qualitative research will result in the participants of a study to present rich information which will be influenced by their experiences and the meaning they attach to these experiences.

Bhengu (2005) says that qualitative research is an attempt to allow us to make sense of the world around us. This is so because within qualitative research, the meaning and understanding of the truths experienced by the learners evolve through the dialogue between the researcher and the respondent in order for the researcher to construct the reality of the situation experienced adequately.

The current research was concerned with the social burdens, which possibly contribute to learners' decisions to drop out of the course they may be following. I wanted to understand the challenges that affect HIV-affected learners and which hinder their progress to complete a qualification. I believe that a better understanding of the limitations experienced by these learners could lead to the college being able to consider more responsive and suitable interventions to enhance the rate of completion by learners in various programmes at the college. The information required for this study is based on the emotional, social and cultural background of the respondents. A qualitative study is useful to understand the respondents against this background. Bhengu (2005) goes further to explain that in such a research design, (qualitative design), one can ask questions and collect information through images and discussions and thereby make meaning of the information gathered. This information can then be analysed and compared to existing research.

### **3.2.2 Interpretivism and constructivism**

According to Bhengu (2005), "positivists and empiricists aim to predict, control and explain, while interpretivist/constructivists aim to understand and reconstruct". (Bhengu, 2005, p. 61) Therefore, this study was positioned within an interpretivist and constructivist paradigm.

#### **3.2.2.1 Interpretivism**

The focus in an interpretivist paradigm is that each person is looking for the meaning of life and of his or her experiences. Researchers working within an interpretivist paradigm analyse the meanings people confer upon their own actions and the actions observed of others.

Authors Cohen, Manion and Morrison (2007) and Crotty (1998), in their discussions of interpretivism, assert that the interpretivist paradigm generates an understanding of people's experience. Cohen et al. (2007) argue that the interpretive paradigm uses one's subjective experience to understand one's world, while Crotty (1998) says that interpretivism uses one's historical and cultural view of the world to interpret it.

Cohen and Crabtree (2006) describe the interpretivist paradigm as follows: "What we know is always negotiated within cultures, social settings, and relationships with other people." Cohen and Crabtree (2006) Retrieved on 22 November 2009.

This study focused on the participants' experiences as learners affected by HIV and their perceptions of the challenges HIV creates in the lives of learners. It is positioned within this paradigm due to the information an interpretivist approach can extract out of this study. In this paradigm, the researcher is not looking for laws but rather for meaning and an understanding of the world of the participants in this study. The social and cultural context within which one lives, the influence of one's family and the relationships experienced all shape the way one experiences reality. "The ontology here encompasses the belief that the world is socially constructed. There are truths and not just one truth" (Rule, 2006, p. 3)).

The researcher is looking for insight to understand what is important to the learner and the learner's everyday experiences. This research is positioned within this paradigm in an attempt to understand the conditions, which hinder the learners' attempt at completing a qualification they embark on.

### **3.2.2.2 Constructivism**

In the context of education, constructivism deals with the manner in which people construct their understanding of their experiences through reflection on such experiences. It is an attempt to explain how learners experience learning as building knowledge from the experiences they have lived. It is these individuals' experiences which mould the way in which they will experience learning.

The following two quotations serve to consolidate the above understanding of the researcher further. According to Fleury (1998), constructivism can be defined as a ideas about the production of knowledge by groups and individuals.

Kauchek and Eggen (1998) offer the following understanding that constructivism is a view of learning in which learners use their own experiences to construct understandings that make sense to them, rather than having understanding delivered to them in an already organised form. Learning activities based on constructivism put learners in the context of what they already know, and apply their understanding to authentic situations.

This study can also be seen within the constructivist paradigm because it is influenced by the argument that a learner who is affected by HIV may value learning but may experience his or her learning in a manner that is influenced by his or her life experiences. These life experiences will determine the life skills such a learner will have to develop. This will be centred on accessing food, clothing and shelter and may limit the learner's educational experience and the meaning around which he or she centres learning. In a sense, such learner will construct a meaning of his or her learning through the tarnished understanding he or she may have due to his or her life's journey.

### **3.3 The research**

In this research, four community members were interviewed first, and then nine learners were recruited as the respondents for this study. The community members were interviewed to gain an understanding of the world of the learners within the Mpumalanga community. The purpose here was to understand the social reality of these marginalised people. This would allow pertinent answers to be elicited from the respondents and would also allow the opportunity to direct the conversation toward

certain realities that exist, which are not always easy to extract in a structured questionnaire.

The second step in the research encompassed the completion of a questionnaire (Appendix One). This questionnaire was handed to each respondent who then completed this in the presence of the researcher. The purpose of the questionnaires was to generate biographical information about the respondents.

Thirdly, respondents took photos they felt would contribute to the study. Aspects to be photographed had to contribute to the insight the researcher would gain into the challenges within this community and which consequently affect FET learners. These photos (Appendix Two) were then discussed to assist the researcher in gaining this insight. These discussions were held as focus group discussions as well as interviews.

The ultimate purpose of this study was to identify the impact that HIV/AIDS has on the lives of learners from the FET sector in the Mpumalanga area, as well as determine the reasons contributing to learners not completing the qualifications for which they have enrolled. These reasons may be crucial to understanding their erratic attendance and often poor performance as well as their high dropout rates.

These phases of data collection will now be further discussed in detail.

### **3.3.1 Phase One: Interviews with community members**

Four community members were interviewed to gain an understanding of how HIV and AIDS affect people who should be accessing education in this township.

Interviews were conducted to get the community members to describe their understanding of the challenges endured by learners in this community in their own words ( words of the four community members.

This method was useful for the researcher because it allowed the respondents to do most of the talking, interrupting them only when it was necessary to clarify a point being made. This is in line with Leedy and Ormrod (2001) who assert that the researcher who listens to the discussion during the interview, gains from witnessing the various expressions, questions and other subtle clues, evident on the interviewees at the time.

While there was a guideline which was designed to ensure key areas were definitely covered in the interview, this approach gathered far more information than was anticipated. The respondents' discussions explained their perception of how learners are affected by HIV and why they drop out of college.

The interviews with the four community members lasted two hours each. The intention of interviewing four community members was to establish information to guide the researcher's understanding of whether the impacts experienced by learners do in fact keep affected learners from completing a qualification. It was also supposed to guide the development of a questionnaire that would be used to establish biographical details from the respondents who volunteered. However, the interviews with the community members identified a background context of what the community of the Mpumalanga township experience as a result of the high incidence of HIV infection among the community members and the impact this has on the learners from this township.

A study by Paniagua, O'Boyle, Wagner, Ramirez, Holmes, Nieto and Smith (1994) informed the questionnaire design. These authors identified a pool of AIDS-related items that researchers and clinicians may use to develop AIDS questionnaires for children and adolescents. A total of 164 items were identified in their study, and these were then categorised under five main headings:

1. Factual knowledge
2. Misconceptions
3. Attitudes
4. Perceived susceptibility and
5. Perceived self-efficacy.

These categories were modified for the purpose of the current study.

### **3.3.2 Phase Two: The questionnaire**

The second phase of the study was the completion of a questionnaire. The questionnaire (Appendix One) served the purpose of identifying biographical information of the respondents and their relation to the college.

The goal of the questionnaire was to establish biographical data of the respondents, their knowledge and an understanding of HIV/AIDS as well as their awareness of

interventions available at the college, their management of their HIV status, their understanding of risk behaviour and finally assistance and relief required to assist affected and infected learners. While there were six subsections to the questionnaire, the last subsection attempted to identify what type of assistance or support affected learners would like. The data identified there attempted to find answers for the third and fourth research question of this study, namely what assistance learners would value in general and then what assistance learners need the college to offer to its affected learners.

HIV is a sensitive issue and therefore there was concern that not many respondents would be willing to make themselves available for participation in this study. Eventually nine respondents were confirmed for this study.

A notice was pinned up advertising for respondents from the Mpumalanga campus to participate in the study. The intention was to use six females and six male respondents. Unfortunately, a second modification was necessary when only seven females and two males responded to the advert. The lecturers on campus repeatedly discussed the study in their lectures and requested learners to volunteer. After a further week and no new volunteers, the research continued with the two males and the seven females who had already confirmed their participation in the study.

The nine learners all lived in the Mpumalanga area and attended the FET college. These nine respondents were aged between 16 and 35.

A comprehensive questionnaire comprising six subsections and 28 questions was administered (see Appendix One).

On completion of the questionnaire, the data was collated and analysed to identify any leading questions that could contribute to Phase Three of the research (the intended focus group discussion).

### **3.3.3 Phase Three: The Photovoice**

Phase Three was designed to obtain a deeper understanding of the challenges learners experience in accessing education through an understanding of what the reality of their lives are. Each respondent was assured that any information he or she disclosed would be used with the strictest confidentiality at all times.

According to Wang & Redwood-Jones (2001), "Photovoice is a powerful photographic technique that enables people to assess the strengths and concerns of their community and communicate their views to policy makers." (Wang & Redwood-Jones , 2001, p. 560)

According to Wang and Burris (1997), it is a tool that enables the public to voice its opinion on important issues through the use of photos and discussion. It is a technique of gathering data in an innovative way where the community get involved by capturing the rich environment and cultures and traditions within the community they live in.

The technique of Photovoice was chosen and explained to each respondent. A disposable camera was then handed to each respondent. The purpose of the camera and the basic principles of the Photovoice technique were also discussed. A brief introductory lesson on the use of the camera and basic photography tips was given. The content of the lesson was consolidated by providing notes to each respondent. A period of two weeks was allocated for them to take their photos. It was highlighted that the purpose of this method was to capture images of their actual everyday life. Each learner was asked to capture 10 photos in his or her home or community that he or she would like to share to provide an understanding of the challenges he or she is exposed to.

This technique was chosen because it offers a better understanding of the experiences of the learners within their community, thereby allowing the researcher to see snapshots of the events and experiences in this township. Wang, Morrel-Samuels, Hutchison, Bell & Pestronk, (2004) in their report discuss the benefit of using a camera so that respondents can capture their everyday lives and realities and then engage in discussion around this. As Wang et al. argue, it is the critical group discussion that the researcher wants to elicit from the respondents to understand their perceptions of the pandemic and its impact. Photovoice participants attempt to bring to the researcher a view into the life and lifestyles lived by many.

This technique allowed respondents to roam through their township and capture events and situations, which they believe would assist the researcher to gain an enhanced understanding of factors which prevent learners from attending class and from studying and which eventually cause learners to drop out of college.

Photovoice as used in this study was a catalyst in identifying the challenges that learners are faced with and hence the impact these learners as HIV-affected learners endure. This was achieved through the eye of the photographer who was also the respondent. It can be assumed that the respondents' choice of which photos to take was guided by their understanding of the pandemic and its effects.

The use of the camera, as supported by Denzin and Lincoln (2000), is an instrument that elicits rich information, which concretises the observations that fieldworkers use continually to redefine their theories. According to Becker (1974), when we photograph, we re-create our unexamined perceptions and our taken-for-granted perceptions. According to De Lange, Mitchell, Moletsane, Stuart and Buthelezi (2004), visual arts approaches can be very effective in facilitating an active approach to looking at youth sexuality, and in this instance, exploring the youths' perceptions of HIV and AIDS and its impact on their lives.

“ The goals of photovoice are

- for participants to record and reflect their community's strengths and concerns,
- to promote critical dialogue and knowledge about important community issues through group discussions and photographs, and
- provide a forum for the presentation of people's lived experiences through their own images and language.” (Wang & Burris, 1997, p. 370).

The limitations of this method include:

- “the commitment of time required by the respondent to take the photos;
- complex situations can be difficult to present through a photo; and finally
- the visual image of a challenge or “an issue of concern” may lead the respondent to experience negative feelings about the content of the photo (Palibroda, Krieg, Murdock & Havelock, 2009, p. 17).

This phase attempted to gather data to respond to the first two research questions, namely to identify the challenges and impacts experienced by HIV-affected learners.

This will be discussed briefly later in this chapter and in detail in Chapter Four.

### **3.3.3.1 The discussion of the photos**

Once these photos had been developed, a discussion was held with the respondents. The actual intention was for the respondents to have the option of participating in this discussion in a group situation. Unfortunately, a change to this plan was necessary since not all respondents made themselves available for the scheduled focus group discussions. The focus group sessions were to be set up through the campus manager. This proved fruitless on four occasions as only four of the nine respondents arrived for the discussion. On the fourth occasion, it was decided to conduct a smaller focus group session and to set up a cellular phone link with each of the other five respondents. Text messages were sent to these learners in order to set up appointments individually with each of learner. This proved more successful because each appointment was honoured. Individual interviews replaced the intended discussion session. All nine respondents interviews have been reported separately by sifting and grouping each individual's responses.

The use of the focus group technique was an ideal method to encourage the respondents to share their experiences.

Wang and Burris (1997) both state that photovoice is a qualitative technique that enables the researcher to gain very rich and valuable information that would otherwise not easily be brought up by the respondent. When a respondent hears other people relating similar situations to his or her own, he or she is then willing to divulge his or her experiences. Unfortunately, this could not be accomplished with all respondents.

After the individual, informal interviews had been conducted, an unstructured informal environment was set up where the respondents were encouraged to share their experiences of the research or direct questions at their facilitator.

The respondents' experience was central to this interview as they were seen as the experts of their lives. Cohen and Crabtree (2006) both discuss this as a benefit of an informal interview.

This method also has value within an interpretivist paradigm. The researcher gains insight into the respondents' understanding of the issues in question. The researcher also gains insight into what meaning these issues have to the respondents due to their experiences.

A guideline of key focus areas was designed for the discussion. Each respondent was asked to choose a few photos with which to start and to direct the discussion during the interview. The discussion which ensued was based on the stimuli created by the photo. Probing questions were asked where respondents appeared to lack the confidence to talk freely about the photos they had taken. This is a benefit of using an informal, unstructured method. When the need arises, clarity can be gained through further questioning. Those who contributed to the focus group discussion appeared to talk more freely than those who had individual interviews to discuss their photos. The individual interviews were equally beneficial. Here again, respondents chose a few photos and then the discussion began around these photos. However, as the interviews continued, even those respondents in the individual interviews loosened up and became fairly informative in their contribution to the discussion.

This phase of the research revealed the majority of the data for this study.

### **3.4 Analysis of data**

The analysis of the data is a "process of systematically searching and arranging the interview transcripts and the materials that are accumulated to increase the researchers understanding of them and to present what is discovered to others" (Bogdan & Biklen, 1992, p. 153).

In this study, a qualitative analysis was conducted. According to Terre Blanche and Durrheim (1999) qualitative research is relevant where the purpose of the research is to study phenomena as they unfold in the real world situations without manipulation. Categories emerge from the participants, rather than being identified a priori by the researcher (De Vos, 1998)

Firstly, the responses from the questionnaires were analysed. Each questionnaire was read and a short summary was written per respondent in broad terms of his or her age, course of study and other general ideas that would help the researcher gain an understanding of who the respondent is. The six categories were then listed and the responses from the questionnaire were summarised under each category for use later in the study. This will be elaborated on in Chapter Four.

All discussions held with the community members and the nine learner respondents were recorded during the research stage. These discussions took the form of

interviews, except in the case of four respondents. These four attended all four appointments that were scheduled to conduct the focus group discussion, but the other five learners did not. Eventually, the latter five were interviewed individually.

The focus group discussion took three hours while the individual interviews with the five respondents each took approximately 90 minutes. The group discussion with the four respondents in the focus group was longer to accommodate all the participants discussions of their photos. The individual interviews were shorter because the discussion went quicker due to the respondent discussing only his/her photos. The information extracted from the individual interviews was very similar to what was discussed in the focus group. The only difference noted was that the amount of prompting necessary to get the respondents to chat was less in the group discussions than during the individual interviews.

This was the case because in the individual interviews each learner appeared hesitant to discuss their photos at first. More prompting was necessary until they became comfortable enough to open up and talk freely. In the group session, the four respondents had met the researcher on three previous occasions. These meetings did commence on these three occasions because of the five respondents who did not honour these meetings. This familiarity allowed these respondents to feel more willing to contribute and therefore discussed their photos freely. They felt comfortable to contribute to discussions on photos of other respondents. This cross discussion did not occur in the individual sessions and therefore, the information was sourced quicker.

Once the focus group discussions and the interviews had all been concluded, time was spent reflecting on the data collected. This reflection assisted in letting the researcher think about the information gathered and to begin to generate a general understanding of the data.

Once the data had been read, notes were made in an attempt to make sense of all the information. The exposure to the hardships that these learners endured themselves or witnessed through the experiences of friends and family was traumatising and difficult to get to grips with. This time of reflection and looking back at the proceedings of the days of actual data collection was very valuable in an attempt to understand and internalise the data collection. This is supported by Voce (2005) who states that the researcher should engage in reflection immediately after

the interviews to consolidate the discussion, to ensure that data collected obtained is useful and to just consolidate his/her own thoughts as the researcher.

The raw data was then transcribed. This was time-consuming and challenging but necessary so that an initial interpretation of the data collected could be attempted. It was difficult to separate the responses of each respondent from the focus group session. After a few attempts, it became clear which respondent was talking at each point and then the transcription went quicker. Having read Voce's (2005) work, I decided to follow this method. According to Voce (2005), looking for patterns in what was said during the interview, cross referencing between various statements in the data, integrating what was said by different respondents, are all ways of analysing data.

Thereafter, the responses from the questionnaires and the outcome of the interviews with the community members and the learner respondents were compared.

Pseudonyms were chosen in order to protect the identity of the respondents. The questionnaire served to create a context for each respondent. The data collected from the community members served only to create a context of the township in relation to the pandemic and its impact. The data from the photos were collected so that these specific photos would assist in recreating the challenges experienced by the affected learners.

A fair amount of data resulted from the various phases of the data collection in this study. The data needed to be categorised in order for its meaning to be analysed. De Vos, Strydom, Fouché and Delport (2002) also propose this as a method of data analysis. They state that the data should be analysed, broken down, conceptualized and put back together to form themes.

The data was very carefully scrutinised in an attempt to get a sense of what themes were evident in the data. Thereafter, all the responses that were pertinent to a theme were grouped together and categorised, as proposed by De Vos et al. (2002). Concepts and ideas that were identified were then formulated into specific themes to further interrogate the data. The purpose of the data analysis is to reveal "what is inside the ordinary lives of the participants by identifying activities and categorizing them" (Erickson, 1992, p. 216).

Further elaboration on the outcome of this analysis is contained in Chapter Five.

### **3.5 Researcher**

In this study, the researcher was, apart from being the researcher, a teacher who interacts with community members, learners and the management and staff of a college on a regular basis. This study was conducted in an attempt to understand the situations experienced by HIV-affected learners. Ideally, I should have been able to live in the target community to fully experience the challenges in the lives of these learners. In the absence of that opportunity, the research as described created the best opportunity to provide the information required.

When I had initially begun my career in the FET sector, attendance of lectures by learners was maximal. Most learners who enrolled for a qualification also completed the qualification, with the exception of only a few. Over the years, this scenario has changed with very few learners nowadays completing a qualification in comparison to those who enrol. As I am the HIV facilitator on campus, many learners share with me their difficulties regarding why they do not study or attend lectures. This knowledge generated an interest in the factors that prevent learners from attending classes and the things that cause them to drop out of a qualification.

I have been the HIV facilitator at the FET college for the previous four years. This role exposed me to two distinct situations that plagued the learners. The first was the responsibilities that befall learners due to the illness of a parent and then the circumstances surrounding such learners' decision to drop out of college. The second situation involved the risks that learners are exposed to either through willingly engaging in unsafe sexual behaviour or by being forced into it.

The first situation involved the loss of income due to the illness of the breadwinner, and then the need for a caregiver when the patient became too ill to stay home alone. This is linked to other consequences, but most importantly learners' decision to leave school to cope with their new responsibilities.

The second situation exposed me to several learners who approached me because they needed to check their status but were too scared to do so without someone who could accompany them and support them through the process. In some cases, they had behaved irresponsibly, but in many cases, the learners had been in relationships where they were forced into unprotected sex and in some cases even group sex.

They often agreed out of fear of being beaten if they refused to have sex. Many cases of sexual abuse by family members were reported and therefore the learners were worried about their status.

These sad situations stirred a curiosity in me to find out what other challenges these learners are affected by and how these challenges shape their lives. However, even more importantly, I wanted to identify what assistance could be provided to assist these learners so that they could complete their qualification.

The research confirmed my understanding of the factors preventing them from attending lectures and studying. Various socio-economic difficulties have been identified by the learners in this study. These difficulties include limitations in a person's ability to provide for his or her family when an HIV-positive parent becomes too ill to work. Then there is the need for healthcare and the difficulty in accessing such healthcare due to reduced income generation. The family becomes affected because they will have to take care of this ill parent and often take over most roles this parent had filled. When there is no other adult in the family the eldest child in this family will be the one to assume the role of the head of the household. This is where my learners have been most affected. In many cases, it became apparent that these learners do not attend lectures because they have to fulfil their new role, and in so doing they have to sacrifice attending classes. As they proceed in their new role as head of the household, they also experience reduced time and money for educational activities. While this is only one area of challenges that they endure, it must be pointed out that reasons other than those stated here may also play a role. However, these other possible reasons (such as a change in interest in a field during the programme, relocation to other towns, etc.) have not been identified within this study. Learners only offered reason associated with the above factors discussed.

These factors will further be discussed in greater detail in Chapter Five.

### **3.6 Ethical considerations**

At the acceptance of the proposal for this study, the application for ethical clearance was completed and submitted. Although a fair amount of time passed, toward the end of 2007, ethical clearance to conduct the study was granted.

De Vos, Strydom, Fouche & Delport (2002) stress the importance of gaining permission to enter the campus that has been decided on. Permission was sought from the Department of Education, the campus manager of the campus where the research was to be conducted. In obtaining permission to enter the campus, the researcher assured the participants of confidentiality and anonymity and described to them the intended use of data.

Due to the protection of confidentiality of all respondents, pseudonyms were chosen for each respondent. The data collected from the photo discussions formed the main data for the study. The respondents sought permission from individuals to capture their images as well as to use these photographs for the purpose of research presented in this dissertation. The data collected from the community members served only to create a context of the township in relation to the pandemic and its impact. The questionnaire served to create a context of identity for each respondent. The main frame of reference for the study was generated out of the data from Phase Four, namely the photo discussions.

In an attempt to uphold the credibility of the study, I used the same procedure to procure interviews with all four community members. I asked the same questions to steer the discussion. Only where necessary, in an attempt to redirect the discussion, did I further question the community members based on the nature of the information I had not elicited out of the discussion. All respondents were given their own individual cameras to capture photographs. This ensured that there was no sharing of cameras and this would limit group discussion and exchanging of ideas of their perceptions.

In terms of the credibility of the learner respondents, I asked impartial and bias-free teachers to market the study and attract possible participants, because I was aware that I could have influenced learners due to my interest in the study.

Respondents who volunteered to participate in the study completed the same questionnaire. All learners were given disposable cameras. All the photos taken were developed. The choice of which photo to discuss was left to each respondent to choose. This was done so that the researcher did not choose photos based on the content, but rather that the respondents chose photos based on the content coupled with their reason for having taken the photo.

All transcripts were returned to respondents to verify that these were transcribed as a true reflection of what had transpired during the interviews and discussions.

This research has resulted in a rich grounded specific context which it explores through its varied methods of data collection, as discussed above. According to writings by Cohen and Manion (2007), careful attention was paid to detail during the abovementioned data collection and during the analysis of the data to ensure the trustworthiness of the research process.

As suggested by Holloway and Wheeler (1996), the researcher first attempted to gain the trust of all respondents in order for the data collected to be credible. It was explained by the researcher that the respondents only need to give information as it is known or experienced by themselves within their community from the context of being a learner at the FET College.

Respondents who participated in the study all live and interact in the community where the research was conducted. As such, the data contributed by these respondents either was based on their life experiences within their community, through their own experience, or shared experiences with people around them who are closely related to them. Their discussions all resulted in similar concerns and problems being discussed. As such, one can assume that it is a reasonably accurate portrayal of the particular context to which it relates, i.e. affected learners from this community attending the FET College. This assumption can further apply due to the varied methods of data collection used to ensure that it accurately reflects the perceptions which were recorded. The respondents were given the opportunity to read the transcriptions and so assist in ensuring the validity and reliability of the data being a true reflection of the respondents contribution to the research. The findings of this study cannot be generalised due to its applicability to this context as mentioned above.

### **3.7 Conclusion**

In this chapter, the research process has been documented for the reader to understand the path this research followed to collect, collate and analyse the data. This was a qualitative study, conducted within a combined interpretivist and constructivist paradigm using interviews, a questionnaire and Photovoice as data collection methods. The following chapter will present the findings of the empirical investigation.

## Chapter Four

### Findings of the Research

#### 4.1 Introduction

In order to understand the impact of the challenges that the FET learners experience, this study embarked on gathering data from two different sources. The first source was four community leaders from Mpumalanga township. The second source comprised a group of nine learners from an FET college. The original intention was that the interviews with the community leaders would provide an understanding of the context of the study against which the data provided by the nine principle research participants could be understood. It was hoped that this information would guide and inform the construction of a questionnaire which would then be administered to the second group of respondents (the learners). However, as the research unfolded, the learner questionnaire had to be developed ahead of the completion of the initial survey of community leaders. The information gathered from the community leaders was then used instead to augment the understanding of the impact of HIV/AIDS in the community. The information collected set an understanding of the contextual background against which the principal data collected from the nine learner participants could be understood.

Once the initial data collection had been concluded, the second principal phase of the research began. Here, three data collection methods were utilised. These methods included a questionnaire, photos and discussion. The questionnaires were designed to elicit biographical information and were completed by each of the nine respondents. Thereafter, each respondent was issued with a disposable camera. The respondents were asked to use this camera to photograph their homes or community and anything that they would like me to see to better understand the challenges they were exposed to regarding the challenges and impacts of HIV. Finally, a discussion was held to discuss what these photos meant to the respondents and in relation to the challenges and the impacts that HIV/AIDS has created.

Although mentioned before, it is important to remember that this research assumed that the research respondents, are also learners who attend the college and reside in Mpumalanga community. These respondents therefore have a grounded insight into the challenges faced by the learners from Mpumalanga who attended the college. This has informed the research and also formed the basis of the research.

One must remember that the circumstances within this township served only to create an understanding of the challenges experienced by the FET learners. A further point of clarity is that the learners were not reporting their own experience of the challenges in all instances. On perusal of Chapter Four, one notices that the respondents were reporting their perceptions of the circumstances in the community and their perceptions of the effect this had on the learners at the college. In some cases, they were reporting their own experiences, but this was not invariably the case.

This chapter reports the research findings. In the first instance, the views of the community leaders are presented. In the second instance, the findings in respect of the nine principle research subjects are presented, in each case by combining the biographical data, the photographs they took and the discussion which ensued after the photos had been processed.

Each respondent was given a pseudonym. The four community members were called Umphatha (meaning "person in charge"), Themba (meaning "hope"), Unesi (meaning "nurse") and Nomathemba (meaning "hope" but feminine) respectively. The nine respondents who are learners at the FET college were referred to as Stacey, Sandy, Zandy, Mandy, Harry, Barry, Tracey, Laura and Sarah.

#### **4.2 The community leaders**

Umphatha was, at the time of the study, a ward councillor, who had an overall perspective of the township and the facilities that were available in relation to the needs. Themba was a teacher from a high school, who had been responsible for promoting HIV awareness on behalf of the Department of Education (DoE) and who had developed policies around HIV while working at his school and with the DoE. Many learners regularly approached him for assistance at this school. He has since been asked to be the HIV facilitator at the school, a role he had unofficially held for many years. Neliswe was also a teacher from a high school. She was in a similar role as Themba. She was the facilitator at this school. At that stage, she dealt with over 150 HIV-affected learners at a school with a population of approximately 900 learners. Nomathemba was a lecturer at an FET college, Mpumalanga Campus. She had previously worked at various high schools in the community. She was, at that stage, working closely with the FET learners and therefore understood their challenges. She was tasked with assisting them where she can.

The four community members were interviewed separately, all at their places of work. These four community leaders shared similar explanations about the facilities in the township. At the time of conducting the research, all four respondents said that the community was very poor and because the facilities available were few in relation to the vast need that existed, they did not serve any useful purpose.

All four respondents mentioned in their interviews that the unrest previously experienced in the community, increased the severity of the impact of poverty on this community. While each respondent focused on slightly different issues, the sum total of what was said referred to a high level of poverty and ignorance and a lack of knowledge relating to the disease.

All four community members expressed concern at the high rate of infection of people in this community. The fate of migrant workers and the consequence of multiple relationships were mentioned by Umphatha. He also expressed concern over the number of females who often turn to prostitution to earn an income.

Nelisiwe explained that many learners who had been raped were HIV-positive as a result. These learners tried to hide their plight. Often, knowledgeable teachers only identify these learners when there are outward signs like blisters. By then they are too ill to be helped.

Umphatha highlighted the destruction created as a result of the unrest. Homes were destroyed and survivors had to build shelters from debris they could find. The resulting poverty was a consequence of political instability created by a rift between the IFP and the ANC. This unrest was debilitating and had far-reaching consequences. Many families had lost family members and in most cases this meant a loss of income. Often the support system of the family was destroyed, with the young members of the family left with ailing grandparents. This meant that the grandparents had to find an income as well as take care of the children. In some cases, the survivors were young adults and capable of earning an income.

These challenges led to an inability to access basic essentials like food, clothing, water, shelter and education. Themba also spoke about young people sacrificing their education, but he mentioned it in the context of learners dropping out of school due to the insensitive scholars who victimise and stigmatise learners infected or

affected by HIV. Themba said that dropping out of school robs learners of the option of claiming the support grant, which is available if a learner remains in the schooling system until the age of 25.

Nelisiwe explained that her learners often end up losing out on education because of the role they play as caregivers to their ill family members, and upon the death of ill family members, these learners are forced to give up their education to become breadwinners. Nomathemba also said that her learners are often embarrassed and humiliated by the nurses at the clinic.

Themba's learners had shared similar experiences with him. The cruel victimising behaviour of the nurses had discouraged them from going to the clinics.

Umpathatha estimated that Mpumalanga consisted of just over 200 000 people. There is no hospital in this community. They either have to travel to Pietermaritzburg or to Chatsworth to get to a hospital. Both these hospitals are at least 40 minutes' drive away and even longer by public transport. Public transport is also very expensive. He said that there are clinics that operate in the area but, unfortunately, these are understaffed.

Nelisiwe expressed similar concerns about the distance from the hospitals. Often she and other teachers take ill children in their cars to the hospital. Both these participants expressed their concern at the lack of facilities and the ill-mannered staff at the available clinics. Nelisiwe also questioned home-based care. She was disappointed that not enough supervision exists to ensure that the people employed to provide home-based care actually do perform their duty.

Nomathemba has also been approached by learners who had tested negative and who then later, without having had unprotected sex, tested positive. Her experience has led her to question the efficiency of the nurses in practicing safe and sterile procedures whilst conducting their jobs.

As a teacher, Themba was most concerned about the impact that HIV is having on the youth. He is adamant that the present campaigns have failed to educate and guide the youth to honest, morally sound and safe living habits. The campaigns have also failed to educate the youth about the disease and its management.

Themba explained that most teachers and people in the community too, show no support or help because they do not see it as their problem. The community ostracises HIV-positive people. Families often isolate the patient from the rest of the family. This alienation often makes the patient give up the battle to live. It is this ignorance that Themba was concerned with, and wanted to change.

Nomathemba explained in her interview that the learners sometimes just need a supportive shoulder. They do not know whom to turn to for this support. This psychological need cannot be filled by a teacher. It is far too draining for that teacher.

Themba and Nelisiwe shared a similar belief that education can change this. If the community is properly educated about the virus, they will better understand the virus and how to protect themselves from it.

Themba believes that the FET colleges is strategically placed within this township. He believes that if our learners can go out and talk to the people, host sporting functions to get the youth together, arrange seminars with HIV survivors who can share their success stories, then maybe this community can start to rise above this pandemic. Without the youth getting involved, the message will be lost. It has to come from the youth because they can best influence their peers.

#### **4.3 The learners**

Having completed Phase One, the intention was to get six male and six female participants to complete the questionnaires. However, only two male respondents and seven female respondents were available. I chose to continue with the participants who were available and willing and I proceeded to conduct this phase of the study. The next phase consisted of three stages, which were closely linked and were conducted with individuals who went through the entire data collection process.

I reported the data collection in the following manner:

Each respondent's data has been grouped and reported as per the following points:

1. Biographical details of the respondent extracted from the questionnaires (included as Appendix One).
2. The photos collected and grouped per respondent (included as Appendix Two).
3. The discussion during a focus group and an interview session with reference to the photos collected by each respondent. Stacey, Sandy, Zandy, Mandy

were interviewed during the group discussion, while Harry, Barry, Tracey, Laura and Sarah were interviewed individually.

4. In the following transcriptions, I report in précis form what each respondent had said, using his or her own words where appropriate. The opinions expressed in this report are those of the respondents and not that of the researcher.

#### **4.3.1 Stacey**

Stacey is a 27-year-old female who at the time of the study was a level 2 Management Assistant learner in the NCV programme at the college. She lives in Mpumalanga and has a family consisting of eight people. She lives with her mum, her two siblings, her three nephews, her son and herself. Three of these people attend a school while Stacey is the only FET learner. She is very vibrant and shows a keen interest in issues related to HIV. She belongs to the ANC Youth League where she has been trained as counsellor. Her knowledge and understanding of HIV is evident in her ability to engage in a discussion on the topic.

Nine years ago, Stacey started having headaches and dizzy spells and went to the clinic. When they treated her headache, they took her CD4 count, which was 94. The World Health Organisation recommends that patients with HIV who have CD4 count <350 cells/mm<sup>3</sup> irrespective of clinical symptoms should start with ARVs. WHO (2009). She started with the ARVs. Now she is well and active. Her son is also on ARVs. Collecting the ARVs has become a challenge because of the disruption it causes to her schooling. Once every two months she has to go for herself, and then on another day for her son. She ends up losing 14 hours of education per month.

Stacey feels that the college does not provide sufficient assistance in the line of HIV services. The college utilises a computer program called Learnscapes; unfortunately, the content of this program does not help her much because she is a trained HIV counsellor. She is able to compare the training offered by the college to that which she received through the ANC Youth League. In so doing, she finds the college program ineffective and lacking in the information it offers.

Stacey said that, while homosexuality may exist in the township, it does not contribute directly to the spread of HIV. Drug abuse too exists in the township, but

here again Stacey does not believe that it has as great an influence on the spread of HIV as alcohol abuse does.

She believes that the college could offer more services that could benefit the learners, like counselling for infected or affected learners and workshops to educate people about the disease and its management.

Stacey chose ten photos to discuss, labelled 1 to 10 in the attached appendix. She spoke about a few important issues related to her photos, which she felt, created an understanding of HIV in the township. In these photos, a number of socially compromising behaviours were depicted. Dual relationships leading to multiple sexual partners, income generated through prostitution, incompetent nursing staff as well as understaffed clinics, teenage pregnancies, alcohol abuse, and a lack of information and knowledge with regard to safe practices when HIV positive, proper use of ARVs, eating nutritious foods and defaulting on ARV treatments. She believes that people need information regarding accessibility of bursaries for studies, grants for orphaned or HIV-positive learners, safe breastfeeding practices, information on patient care, proper nutrition, the importance of taking the ARVs correctly, etc. Stacey shares her observation that a common factor in all of these factors is poverty.

Stacey discussed a man (photo 1) looking out his window from a flat in Durban. To her, he represented men and women who go out to urban areas to find work and thereby feed their families back in the peri-urban and rural townships. These people have a responsibility to provide for the family they leave behind in the township. With time, these people begin a life of their own in the city where they work. In most cases, men and women who live in the city have a partner in the city and one back home. This multiple relationship pattern leads to the spread of the virus.

Stacey also spoke about the women in the township who lead lives that depend on the money they can extract from the men they date. Fancy cars, clothing, good food and alcohol are all reasons many women date men who have good jobs. This was depicted by the car in photo 2.

Photo 3 showed a few nurses. Stacey said that they should be at work. She said that there was a grave shortage of staff at these clinics, but the staff was also not properly trained. Often trainees were employed to work in these clinics. These trainees had not yet taken any oath nor had they signed the patient confidentiality forms yet.

These trainees need to be given minor jobs. Stacey suggested the trainees should be responsible for checking blood pressure or sugar levels. They could register the patient and fill out the patient card. They should not treat patients. Stacey said that these trainees experiment on their patients. She did not explain why she believed this. Stacey was adamant that she was not an experiment; she was a tax-paying citizen of South Africa and therefore needed proper healthcare.

Stacey pointed to photo 4, highlighting the issues created by teenage girls who fall pregnant in order to claim a child support grant and then have to leave school. At the time of the study, there were at least three girls who were pregnant in each grade in high school.

Stacey wanted to highlight the HIV-positive mother breastfeeding her baby in photo 5. These mothers have little or no information about the virus. They give birth through normal delivery, which increases the chance of the baby contracting HIV. They are fine because they then apply for the child support grant.

Looking at photo 6, Stacey pointed out the number of shebeens like this corner house tavern in this township. Women are raped, in most cases by HIV-positive men, at these shebeens and they take the virus back home because they cannot tell anybody that they had been raped.

Photo 7 highlights the level of alcohol dependence in this community. Here a man is seen sitting with two beer bottles and a condom. Men get inebriated and then go back home demanding sex and refuse to use condoms. Even if they do use condoms, they cannot use them properly, because they are inebriated. In Stacey's opinion, the spread of the virus through irresponsible sexual behaviour is heightened by the dependence on alcohol and the lifestyle these people then lead.

Stacey pointed to photo 8, to show how medication is stored. Stacey felt that people do not understand the importance of taking their medication correctly. This is again an indication of a lack of information.

Photo 9 showed a cabbage that has been planted in a garden. Stacey felt that this was great because it meant that people would be able to eat the vegetable later.

Stacey said, "In our community if a child loses his parents, an aunt or an uncle will take care of the child. Therefore, in most cases the orphans do not go out and seek information to help them secure a child support grant." She said that, should the information informing the family that the child qualifies be available, they would ensure he or she applies for the grant.

In photo 10, we see the clinic. Stacey reported that numerous people wait in the sun to receive medical care from nurses who show no compassion for the ill. She said that they shout at these people if they are HIV positive. She explained that, if patients enquire at the window to see an HIV/AIDS counsellor, the nurses shout at the top of their voices. She also claims that they do not respect the privacy of these patients. She feared that other people sitting in the queue might be from the patient's community and will know his or her family or neighbours and they will then talk because they can hear everything that is going on.

Stacey spoke about a lady she knows who was very ill with HIV and had to crawl to the taxi rank and hire a taxi to take her to hospital. When she received treatment, she started to recover and returned home when she was well. Now she does not let a day go by without exercising, eating healthy and knowing every bit of information she can get her hands on regarding her condition. Because she can no longer work, her son comes home from school and then tries to do odd jobs around the neighbourhood to make money.

Stacey also found that most mothers who take care of their sick children do not know what their child is suffering from. Usually, the children do not disclose their status either. These mums will bath their child with no gloves and wash their open wounds and sores and in that way get infected.

Stacey told about a woman who lives near her. She explained in detail this woman's predicament. The woman is 32 years old and has four children. Her eldest son was in Grade 10 when she became ill. He had to take care of all the household chores as well as his mum, before he went to school in the mornings. He was very smart, but his grades started to drop. He went to his neighbour for assistance. He explained that because of the pressure of his tasks and the stress, he was not coping. He also explained that he could not share this with his teachers because nobody knew that his mum was so ill. One of the teachers at his school lived closeby and the neighbour whom he had spoken to went to the teacher and explained to her about his plight,

and only then could the class teacher do something. The health workers also knew of his plight. Stacey then called them and told them about his problems. They just did not react. If one complains to the municipality about them not doing their job, then they accuse that person of destroying their jobs and of being jealous and envious of their jobs.

#### **4.3.2 Sandy**

Sandy is a 31-year-old female. She grew up as an orphan. She lost her parents due to HIV. She was at the time of this study a level 2 Management Assistant learner in the NCV programme at the FET college. She lived in Mpumalanga at that stage and had a family consisting of four people, namely herself and her daughter, her sister and her sister's daughter. She was the only learner in this family.

Sandy explained that she was not well informed about HIV and was actually scared to get tested, although she said that she always practices safe sex. She wished that she could get more information that was correct and trustworthy. She often hears stories from her friends and she did not know how valid their information was. She wished that the college could provide the information so that she could have easy access to it. Although Sandy felt that alcohol, drugs and homosexuality all contribute to the spread of the virus, alcohol abuse is directly related to the spread of the disease.

Sandy took six photos, which she wanted to discuss. Her photos dealt with issues of alcohol abuse, HIV orphans, understaffed clinics and the college as a place of relief for its learners.

In the first photo (photo 11), she wanted to show how young teenagers are when they start going to the shebeen to drink. These are youngsters around the age of 13 who are at the shebeen after dark. They are drunk, having spent the last few hours drinking. They are orphans from her area who have dropped out of school. They live alone in their house. People may come to their home for short visits and then leave.

In photo 12, there is an orphan in a wheel chair. His family have all passed away as a result of HIV/AIDS. He is very young, poor and has no one to help him. He cannot bathe himself because his limbs are very weak from poor nutrition and no medical care.

In photo 13, Sandy showed two men drinking. They had returned to the township after work, but rather than go home they went to the shebeen to drink.

Sandy said that alcohol was a part of all aspects of life in this township. Every social gathering has alcohol. Sandy said that the young girls get drunk too. Often, they will have unprotected sex when inebriated. They then end up falling pregnant. Soon after that, they drop out of school to take care of the baby.

In some cases, Sandy said, parents or brothers or sisters support their younger siblings and send them to university, but if they fall pregnant, they are expected to stay at home. She explained that she and her friends all know of girls who would have been very successful because they were intelligent but sacrificed their education because of alcohol and sex.

Pointing to photo 14, Sandy discussed three orphaned boys who hang around Boxers, the local supermarket. These boys have no money, they cannot go to school and they do not have the information they need to apply for a grant; therefore they beg. They will always be at the mercy of the community who are so involved in their own struggles that there will be little or no help for these youngsters.

Sandy also took a photo of a clinic (photo 15). She explained that the clinic is always very full. The patients have to sit in the sun for long hours. In some cases, they get even sicker while waiting here. Now they have put up some tents, which are meant to provide shade. These tents are equally hot but it is better than what it used to be.

Sandy spoke about a family she knew. They had lost a son and a father due to HIV. The father used to be the breadwinner. The son became the caregiver for the father. As his father became more ill, the son had to take over the role of earning money for the family. He started repairing cars at home after school. Eventually his grades started to drop and he soon left school. His dad passed away. He started to get ill and got tested only to find out that he too was HIV positive. His condition started to deteriorate. Months later, he became too ill to work and he was presenting with all the symptoms, which his father had. Only then did his mum and his sisters realise that he too was HIV positive. However, in his case, it was too late; he passed away three years after his dad had died.

Sandy expressed her concern that this scenario happens too often in this township.

Sandy also took photo 16, of our college (photo 16). The college premises are huge, but it is not all usable due to the lack of maintenance to the buildings. Large parts of the building are damaged. Sandy believed that some of these parts could be cleaned up and used to start a soup kitchen, which could be limited to enrolled learners and their families. In this way, learners who do not have food could at least get a meal at college. Sandy felt that there are sufficient unused gardens on the college premises. There are also many learners studying farming courses at this college. These learners could grow their own vegetables and in this way, low-cost nutritious food could be prepared. There are also learners at the college who are trained by the ANC youth league as counsellors and HIV facilitators. The college could start a programme where these people could be utilised to assist the enrolled learners with counselling. The learners could get help to tackle their challenges and hopefully find morally acceptable ways of dealing with these challenges. An incentive could be offered to the counsellors so that they would be prepared to come forward and help their fellow learners. The college could serve as a form of relief to its learners who are infected and affected by HIV.

#### **4.3.3 Zandy**

Zandy is a 19-year-old female, who at the time of the study was a level 2 Management Assistant learner in the NCV programme at the FET college. She lives in Mpumalanga and has a family consisting of eight people, which includes her mum, her siblings and herself. She is aware of the consequences of contracting HIV because a few family members have already died from the virus. She was worried that she did not have enough updated information about the virus. Zandy was also scared to get tested although she knew that she practices safe sex. Zandy believed that alcohol abuse is a problem in the community, while both alcohol and drug abuse is a serious problem in the township.

Zandy took five photos, and she focused on issues of poor infrastructure in the township, poverty, teenage pregnancy, HIV orphans and teenage promiscuity.

Zandy spoke about her cousin's daughter, a schoolgirl who had fallen pregnant, but due to family politics, her cousin would not allow the child to go to Zandy for help. As older members of the family, Zandy could have offered her advice so she could still go to school after she has had the baby, but unfortunately, in this case, that would not happen. She would drop out of school and have the baby. This scenario occurs in

most families and in almost all these cases, the mum never returns to school to complete her education.

Zandy spoke about a dumping area in photo 17. This dump is not fenced, and as a result, people who are forced to pass the dump will be exposed to the bacteria that will grow in this dump, and get sick. If one is HIV positive, your condition will worsen because of the exposure to the germs. Zandy said that these people battle to eat nutritious food, their immune systems are weak and in general, they are not in good health. There should be money allocated to the township to develop it. Zandy was convinced that, if Mpumalanga township was developed, then this would mean that government had accepted this as a place where people live. They would then build roads, houses and schools and all the other facilities necessary to for the township to better address the needs of the community. The municipality should allocate money to upgrade the basic facilities in this area. The municipality should allocate money for the upgrade this township then. All the municipality needs to do is to build proper sewage pipes, manholes, and a proper dumping site and have trained people to manage the dumping site.

Zandy spoke about a lady digging in a bin for food to feed her grandchildren (photo 18). She was left with her daughter's children because the daughter had died of AIDS. She too was HIV positive. Her daughter got very ill after she gave birth to her second child. She was 19 at the time when she had her second child. She was attending the finishing school when she died. When she got ill, her mother used to take care of her and eventually her mother also became infected. The daughter did not know her status and therefore her mother took no precaution when treating her.

In photo 19, Zandy portrayed a pregnant girl. The father of the baby was a taxi driver. She only had him as a boyfriend because she needed money from him and he would only give her money to have skin sex (unprotected sex).

Zandy pointed to photo 20, depicting a schoolboy. She said that the schoolboys like to have affairs while still at school. A schoolboy, who is involved in this kind of social circle, will not do any homework because when he finishes school he goes to hang out with his friends. Often, these boys will not attend school and get their girlfriends to stay at home with them. They will go to any friend's house where the mother and father work and where there is no one else at home. They will spend the day there

and then go home when they have to. They do not value their schoolwork. They only want to be "cool".

In photo 21, Zandy shows a child who is always begging outside Boxers. Boxers is the only large supermarket in the township. He does not have parents because they have died of HIV/AIDS. He often goes hungry. Sometimes the school gives him food, but they do not always have food for the poor children.

Many of Zandy's friends go home to do chores. She is also expected to clean up the house when she gets home. She and her sister run a laundry service for families in the township. In the morning, she and her sister go and collect the clothes from all the people. Zandy washes all the clothes, while her sister irons and returns the clothes. They have about ten families who use their service. Sometimes when she has a lot of washing, Zandy has to get up very early to wash the clothes. They normally finish their work around seven in the evening. By that time, their mother comes home. They have to help to cook and clean up after supper. Zandy does not like it but she has to do it. During breaks and free lessons she does her homework. Sometimes she cannot complete her work, but she always tries. They usually return the ironed clothes two days later. If not, they get paid less. This really helps her family lead a comfortable life where they can eat healthy meals and her mum can live a decent life and hold her head up high because they do not need to earn money.

#### **4.3.4 Mandy**

Mandy is a 25-year-old female who at the time of the study was a level 2 Information Technology learner in the NCV programme at the FET college. She lives in Mpumalanga and has a family consisting of three people: her mum, her sister and herself. She and her sister are both studying, but she is the only FET learner. Mandy is relatively well aware of current information on HIV/AIDS, which equips her to live her life in a responsible and safe manner. Mandy finds it difficult to focus on her studies because her family is very poor. She has no choice but to find ways to supplement the money her mother earns by doing embroidery on fabrics. Often Mandy does not attend college so that she can accompany her mum to Durban to sell embroidery in the suburbs of Durban. Usually they go for two days and together with the travel time, this means a loss of up to three days of school. Her friends understand, but her lecturers tease her and pick on her. They say she goes to Durban to see her boyfriend.

Mandy's mum and dad split up when Mandy was in Grade 8. Her dad had many sexual relationships with other women and her mum found out. She asked him to leave. He took all his stuff and all his money and left. Her mum might have HIV because of him, but Mandy does not know how to ask her mum to get tested. Mandy has decided that she will take her mum with her to get tested after her nineteenth birthday so that they can both be safe. In that way, they will set an example for her sister.

Mandy says she is proud of her mum and the values her mum believes in. She supports her mother in every way she can because of the sin-free life they lead. She knows she cannot get the education she wants because her mum needs her help on some days, but the honest livelihood is all that matters to her. She believes she will benefit in the long run.

To Mandy, what success means to a person is important. It means having money to get by doing things that are God-fearing. It means making decisions that are morally acceptable. Her mum has taught Mandy and her sister that they can eat a meal and have a roof over their heads and clothes on their backs without doing anything immoral. Mandy says that only people who lead absolutely moral lives will get through this life of hardship. Anything else will leave you to die. Getting money to them is a goal and they will do anything to reach that goal. To Mandy, money is only a means to an end. How you make the money is more important than the money itself.

Mandy has a boyfriend, whom her mum has met. She has slept with him. They both got tested first and they have been testing regularly since then. They always check each other's results to make sure they are both happy. This has helped them to stay committed to each other.

Mandy criticised the college for doing far too little about the severity of the problem the virus has created. She sincerely hopes that the college can see they could be instrumental in assisting learners who need support. Most learners spend the bulk of the day at college and as such should be able to access assistance at college. She suggested that a support group might help.

Mandy spoke about the lack of properly trained nurses at the clinics in the township. These nurses are not polite and often shout at patients, showing no compassion.

They only care that they must earn their money at the end of the month. This is true of all four clinics in the area.

Mandy also highlighted the costs involved in going to the clinics. The taxis are expensive and so is the hire of a car to go there; therefore, most people cannot go to these clinics.

Mandy only took three photos. In these, she laboured on a few issues close to her heart, namely honesty, HIV orphans and Mpumalanga – the place.

Mandy pointed to a lady in photo 22, who is a widow. Her husband died due to an AIDS-related illness. He was ill for a long time. She sells chips and sweets to make money in order to maintain an honest way of life.

Mandy spoke about the two orphaned boys in photo 23, whose mum died of AIDS a year before. These kids do not know their dad. They have no money and do not go to school.

Mandy concluded by pointing to photo 24, a beautiful picture of the mountains. She sometimes looks out the door at the mountains and thinks about how beautiful this land is with its hills and green grass and open land. Then she looks closer at the neighbourhood where shacks have been built so that people can have a place to shelter themselves from the harsh weather.

#### **4.3.5 Harry**

Harry is a 23-year-old male. He was at the time of the study a level 2 Information Technology learner in the NCV programme at the FET college. He lives in Mpumalanga and has a family consisting of eight people. These eight people comprise three children and five adults. There are three people in his family who are studying while he is the only FET learner. Harry is not aware of his status because he is afraid to get tested. One of his siblings is HIV positive. He battled with TB and has now stabilised with TB medication. He is currently on ARVs because he was quite ill. Harry is also not aware of what support services the college offers and as a result cannot say whether he is happy with it. He would love to be able to see the college employ a counsellor who can help learners who live with families who are infected.

Harry took out three photos, which highlighted the issues of alcohol and HIV orphans. Harry pointed out photo 25 and 26. Both these photos show incidents of alcohol abuse. The first photo shows a man, who lives with his two younger sisters and who has returned from work and came to the shebeen in the picture. One of his sisters is HIV positive and he knows that she will die of HIV/AIDS soon. He has lost hope because he is HIV positive too. He has no interest in getting educated. While he was not so good at school, he used to pass each year. His mum died of AIDS and he watched her, helpless and unable to do a thing to prevent her from dying. In photo 26, there are two men. These men also came to the shebeen after work. The photo was taken late in the evening to illustrate that these shebeens are frequented until very late. Both these men lost their parents when they were much younger. They are unsympathetic people. They do not care about anyone else. Whenever the topic of AIDS comes up, they say that they are Zulu men and they do not use condoms. They say that they will not use condoms because condoms come from the West.

Harry feels that, although people know what they need to do in order to protect themselves from the virus, they choose to ignore this. Harry says that every Saturday numerous funerals pass on their way to the burial area. They always bury people on a Saturday. One can see from the number of burials how many people are involved in this.

In photo 27, Harry points to a little baby who is HIV positive. Her mum passed away. The baby is very ill. She lives with her grandparents, who are very poor as the picture depicts. She has no chance of reaching school-going age. She will not survive because the grandparents are unlikely to administer the ARVs correctly and she will not get nutritious food so her immune system will not develop enough to protect her.

Harry also spoke about a man who had completed Grade 12. This person also lost his parents to HIV. He however has a very positive attitude and wants to make a success of his life. He sells chips and sweets in order to get by. Unfortunately, this man makes so little money that he often cannot afford a meal. Education will therefore never be an option.

Harry spoke about the number of people who give up hope because of their strange understanding of what life means. Their understanding is based on social pressures and on negative accomplishments like getting drunk or drugged or having sex as often as they can.

Harry also spoke about the responsibility people have to look out for other people who may not be in a position to help themselves. He knows a child who will make you cry, should he explain his plight to you. Harry feels that the community can make a difference. He says that we can share a plate of food or help someone to have a bath. Harry believes that just a simple token of support or care can make a difference to people who are destitute and alone.

#### **4.3.6 Barry**

Barry is a 35-year-old male. He was at the time of the study a level 2 Financial Management learner in the NCV programme at the FET college. He lives in Mpumalanga and has a family consisting of eight people: his siblings, his nephew, his niece and himself. He is the only learner at an FET college. Barry has a fair amount of knowledge about this disease. He practices safe sex, but does not know his status. He feels that the college can do a lot more to teach its learners about HIV and AIDS using properly trained counsellors and hosting regular workshops on HIV/AIDS. Informative charts can be posted around the college. Condoms can be provided in the toilets

Barry discussed three photos: 28, 29 and 30. He has captured situations where men and women under the influence of alcohol are involved in questionable behaviour.

In photo 28, a man is seen at the shebeen at around 19:30. He has returned from work but has come to the shebeen first to join his friends. They will drink their money away and then when they are drunk, they will want sex. They will want sex with prostitutes who work at the shebeens. These women are prepared to sleep with these men without condoms because in most cases, they already have the disease. Therefore, Barry explains, the disease will never be beaten because people will always live their lives for immediate gratification giving no thought about their health.

In photo 29, Barry discusses a teenager who claims to be 15 years old. He could be younger. He drives a Toyota Tazz. He is always surrounded by sexy-looking girls. He does not think anything about HIV, only sex, alcohol and drugs. He lives a very scary life. He steals cars and that is how he got the Tazz. He will not use it to go out of the township. He will get arrested because he can only bribe the township police, not those outside the township. He will drive around the township to pick up his girlfriends and then seduce them in his car. Barry explains that if you are a female

child, and your older brother is a rogue, he will be your role model and you will want a boyfriend like your brother – a rogue.

Barry also spoke about these places called cabins, pointing to photo 30. Here the men who are drunk take their girlfriends to sleep with them. Usually all the girls know that if they go there, they will have to sleep with all their boyfriends' friends too. They do it because these men give them money. Sometimes it does get out of hand, but the girl will have no choice but to let them all finish having sex with her. She bears the experience because she needs the money. Wearing a condom is never an option. These girls hide what they do for money.

Barry spoke about one of these girls who is his friend. She says she does not know how to avoid the abuse. She is desperate for her boyfriend to buy food for her and her three younger siblings. Where can she get money from because it is hard to earn enough for four people by just selling chips and fruit. So she bears the experience mentioned in the previous paragraph because then she can always have food on the table for her brothers and sisters and always make sure that they can go to school, even if it means she has to live her life in such an abusive or destructive way. Her mother also did this as she was growing up. Her mum used to clean peoples' houses. She did not do that for long because she realised that it did not earn her enough money. She started dating a man who influenced her into drinking alcohol regularly. He bought her everything she needed: clothes and food for the family. After a while, he introduced her to the cabins, but by then she was an alcoholic. She slept with these men. Before long, she had started to wither away from all the negative things she was doing. She died in 2003.

#### **4.3.7 Tracey**

Tracey is a 22-year-old female. She was at the time of the study a level 2 Management Assistant learner in the NCV programme at the FET college. She lives in Mpumalanga and has a family consisting of five people. These five people are her parents, her two brothers and herself. Two of these people attend a school and she is the third.

Tracey is faced with the harsh reality of being HIV positive. Most of her family is also HIV positive. They avoid discussing anything about their condition and the disease itself. She believes that her family is not well educated and therefore they do not fully

understand the disease. She has tried and find out as much as she can so that she will be able to help herself and her family.

Tracey knows that the college utilises a computer program called Learnscapes. This program is effective because it is just you and your computer so you do not feel shy. However, the limitation of this program is that the information is very general. Tracey wishes that the college would offer more courses on HIV/AIDS and that they would distribute condoms to the learners. She also hopes that the college can offer support groups for people like her and she thinks that there are many people like her. Tracey was concerned that there are far too many cases of rape that contribute to the spread of the virus.

Tracey took eight photos. Her photos covered issues like alcohol abuse, HIV orphans, poor sanitation, teenage pregnancy, poor nutrition and poverty.

She explained that when she took photo 31, it was around 21:45. The man in the photograph knew that the photo was being taken for the purposes of a research study. He wanted to pose correctly so that she could get a full picture of what he looked like in a photo. At that stage, he was inebriated and untidy. The girl with him was also inebriated. Tracey explains that it was very unlikely that the girl is his girlfriend. She is there because he will buy her alcohol. She will get drunk. When she gets drunk, she might do many things that she otherwise will not do. However, she would rather be there where she can escape the problems of her poverty-stricken life than at home.

Tracey spoke about an orphan in photo 32. She is 18 years old and sells sweets, chips and other odds and ends to earn a living. She has to sell things during the day and clean people's houses to make money to buy her food and pay for the room she stays in; therefore, she does not attend school.

Tracey pointed to a leaking sewer in photo 33. The township has numerous manholes in similar conditions. These sewers are the source of many germs and therefore illnesses. The children in the township do not see this as hazardous because they grow up under these circumstances; so, they have no reservations; they are happy to play around this filth.

In photo 34, Tracey depicted a young girl who is pregnant. Tracey says that this girl looks a lot older than she is. She does not know who the father of her child is. She is still sleeping with men for money even though she is pregnant. She does not know her status and is afraid to get tested.

In photo 35, Tracey captured a roadside stall that operates on the monthly grant payout day. The people collect their grant and then they pass this stall where they buy alcohol on their way home. They will then drink this alcohol and return to buy more until they have spent all their grant money. Tracey was angered and saddened at how people waste the little money they get (through honest means) on something like alcohol.

Tracey also took a photo, 36, of three girls. They all fell pregnant and had to drop out of school to have their babies. Only one of them returned to school after she had had the baby. She is very fortunate because her mother was prepared to look after the baby. Tracey thinks it was very wrong for her to fall pregnant because in so many ways she is still a child herself, but fortunately she has a supportive family. In this case, the baby will grow up with love and may have a chance at a better life. The other two had to leave school to take care of their babies and the fathers did not believe that the babies were theirs. In both these cases, these girls had to sacrifice their education, youth and freedom to become mums.

In photo 37, Tracey captured a lady who is very ill. She had become even more ill since this photo was taken. She spends her days sleeping and she is very weak. Tracey took this photo to illustrate that people who get sick just sleep. They get weak and more ill because they are not active and their bodies battle to work because they do not have any energy. They are also not taking any medication to help their bodies fight their illness. This lady was fine at first. She just started losing energy and then she started sleeping. She needed to go to the clinic and get treated but she just slept. Tracey and a friend helped to get her to the clinic. She could not make it up the stairs. She just fell down. She started to cry; enquiring what was happening to her.

Tracey wanted to point out that "people need to learn to go to the clinic when they see any change in their health. Never mind how horrible these nurses are but they need the treatment. Also, there are so many adverts and posters showing you the warning signs of various common diseases and ailments. If you sweat at night, if you

are restless, lose weight, etc., go and get help. The minute you lose weight, the minute you see your clothes are not fitting you, you know that something is wrong.”

#### **4.3.8 Laura**

Laura is a 21-year-old female. She was at the time of the study a level 2 Management Assistant learner in the NCV programme at the FET college. She lives in Mpumalanga and has a family comprising three people, her sister, her cousin and herself. She is the only learner in her home.

Laura knows her status and she is free of any diseases. She does not engage in any form of sexual behaviour. She believes in abstinence.

Laura believes that the college is trying its best to help the learners but would like to suggest that the college consider counselling rooms where learners can go in order to talk to someone when they are going through a problem they cannot handle.

Laura took five photos. Her photos covered the issues of HIV orphans, poverty and alcohol. Pointing to photo 38, she expressed her disappointment at the way in which patients are treated. She feels saddened that HIV-positive people, especially orphans, are abandoned like an old shoe.

Laura wanted to urge the community to help those who are in need. The inhabitants of Mpumalanga can beat the disease if we stand together as a community. There are small little things we can do to help people who are in need. “If you know what is going on in your neighbours’ house, how can you ignore it? Perhaps the person needs to be bathed, then wash that person. If they are hungry, share a little food with him. Just show that person some love. That will be support which could make a difference to that person and give him some reason, some motivation to wish to live and get well. Just go and take care of that person and let him know that someone out there cares about him.”

Laura spoke about a boy in photo 38. He is an orphan who lost his parents to HIV. “The community knows that he has nobody now; people in the community need to then identify little ways to help him and people like him. Each neighbour could share a little bit of their supper on alternate nights, or offer him some money in exchange for him to help out with their chores if they can afford to. Imagine if for every person the community helps, and who does finally complete an education and get a job,

each time that person comes across another person who is in a similar plight to what he/she was, they will also help them. A situation of what goes around comes around. Only this time it won't be curses and negativity, it will be guidance, assistance and support to a needy person who has become needy by no fault of his own."

There are health workers who have been employed to look after the sick people, but they do not do it. They go only to the homes they want to go to, not to those they are allocated. Even if you call them and complain that there is a sick person around here, and ask them to come, they will not.

Pointing to photo 39, Laura showed three boys at Boxers. The child on the extreme right is the one Laura wants to talk about. His mum and brother died of AIDS. He is disabled and his brother was disabled too. He receives a grant, which he and his friends use to buy alcohol. Only when he receives his grant does he see his friends. Once the money has been used, he is alone until the next grant day. He is depressed because his mum and his brother had died. He is always very untidy and has no interest in keeping himself or his room clean.

Pointing to photo 40, Laura speaks about the poverty in the township. This house is small. There are four adults and three children living here. Four of the family members here are HIV positive and they are all unemployed. The sad part is that the children living under these circumstances do not have much of a chance of a better future. There will be no one to take care of them once their parents die.

Laura explained that there is no orphanage, retirement home or hospice in the area. But there are many old and sick people who die and leave their kids behind. Nobody will want to help these children because people have their own challenges.

Laura spoke about a little girl, pointing to photo 41, who is playing with a beer bottle. "This little girl knows no better. She sees her mother drinking and smoking on a regular basis. This is her role model. Often when her mum is drunk, she will not give the little girl any food or a bath. The little girl is exposed to this immoral behaviour regularly. She will never know that there is a better way for her, unless some other person or family takes her away from such an environment and teaches her right from wrong. She will be bound by the life that her mother lives. Education is unlikely to be accessible because her mother will not register her at school. These children

should be taken away from such unfit parents and put in a safe place where the child will at least have a proper upbringing.”

Laura spoke about the social workers. These people are employed by government. At first, the social workers who come from other areas into Mpumalanga township show a lot of interest in the children they deal with, but after a short while, they lose interest in these children. This is possibly because of the non-compliance of the children who do not adhere to the agreements made with the social workers. If a rehabilitation centre existed, then these learners could be admitted and then compliance with agreements could be easier. These children could be removed from their normal dwelling place (where there are temptations to go back on agreements) and then perhaps the agreement would have a better chance of being honoured. However, as much as Laura would have liked to give these social workers the benefit of the doubt, she believed that they should be able to work around the non-compliance of the youth and still find ways to guide the youth to overcome their challenges.

#### **4.3.9 Sarah**

Sarah is an 18-year-old female, who was at the time of the study a level 2 Management Assistant learner in the NCV programme at the FET college. She was at that stage, living in Mpumalanga and had a family consisting of eight people: her parents, her sisters, her brothers and herself. Three of them were studying and she attended an FET college.

Sarah considered herself quite knowledgeable about the disease; however, she was disappointed that her family was not informed and they refused to become informed. HIV, sex and adolescence to name a few, were taboo topics. In many ways, this is the general trend among African families. This is ironical because African families seem most affected by the disease and the myths surrounding these issues. Sarah was also disappointed about the minimal effort made by government to inform people about the disease.

The college too, according to Sarah, has made very limited effort to make information available to its learners. A 16-hour computer program is all they have invested in. Sarah felt that the college have to consider full-time counsellors for learners. They should offer more information to learners to keep them abreast with current information on this virus and the treatment.

Sarah took ten photos. She captured the issues of a lack of proper information, poor infrastructure, poverty and HIV orphans as well as a lack of sound morals and values in society. She felt that these issues contribute greatly to the social misdemeanours in the community. These misdemeanours include those of child abuse, alcohol abuse and sexual misconduct.

Sarah spoke about the non-compliance of the social workers, home-based caregivers, and nurses. She expressed disappointment at their lack of commitment to their jobs and how they often show no respect, care or interest in the wellbeing of their patients. Sarah suggested a more stringent screening process of applicants when the government employs in these positions. The most important thing to know is whether this person is going to be of assistance to the community. That is what she is praying-for. She said she was also praying that these people can become more accountable in the way they hire these caregivers, and that these caregivers can be made to be more responsible for the job they need to perform.

Sarah also had numerous concerns surrounding issues of poverty. She took ten photos. Of the ten, seven showed issues of poverty, while three focused on alcohol use.

In photo 42, Sarah captured a 13-year-old orphan who had lost her parents to the HIV virus. Sarah takes her food when she can. The teachers at school arrange food for the orphan and one of them is trying to arrange a social grant for her. Sarah is heartbroken by the number of people in similar plights. She suggested that, if a few people get together and each contributed one rand, one needy person could at least buy a loaf of bread.

Sarah looked at photo 43, which showed a little child with her father. The father was very ill with AIDS at that stage. The mother was studying at the college. She had gone to college and would return during break to see to them. She was not aware of the poverty that her mum and dad lived in, nor was she aware of the inevitable death that will claim her father soon.

Sarah discussed a girl who was living alone in a room at the time the photo was taken. Photos 44 and 45 captured this girl's plight. She had very few belongings. Her cupboard was a box kept on its side. Her groceries were very few. She had a little bit

of oil, rice, sugar, mealie meal, a hot plate, a kettle, two buckets, a bed, a pair of shoes and her hair oil. She also showed all her savings – about R50. Her mum left them when she was young. Her grandmother had brought her up but she was always very abusive because of having to look after the child after her mum had run away. Her grandmother died recently. Her dad used to work away from home. He brought them money and groceries when he came home, but he too had died. She was now all alone, living an honest and decent life. During the day, she helped out at a crèche. She was saving money so she can go to Durban and find a better job there. Her spirit was amazing because she saw all the things that had happened to her as just little problems. Her faith was based on the fact that she was healthy and well and could fend for herself.

Photo 46 showed a toilet between houses, which Sarah felt highlighted the poverty and lack of infrastructure with which these people had to cope. A few homes used this toilet.

In photo 47, a girl could be seen, selling what she can, like all the other people seated in the row at a market place. They were trying to earn some money to support their families. No one in the girl's family had a job.

In photo 48, Sarah spoke about the people living in the house depicted in the picture. One of the family members was HIV positive, while the brother had already died of AIDS. Due to the poverty this family was faced with, one girl from this house had become a prostitute.

Sarah took photo 49 to show a man at a shebeen in the early hours of the day. She took photo 50 at midday to show another man who was quite inebriated having spent a few hours at the shebeen. In photo 51, Sarah tried to show the same drunken man in the late afternoon, still at the shebeen. No matter what time of day, alcohol is always available and consumed. These men offer their families lives of poor quality.

#### **4.4 Conclusion**

Having presented the above data, it is apparent that the people of Mpumalanga township live very challenging lives as shared through the participants' perceptions. The themes that I could identify include poverty, orphanhood, sex and the abuse of alcohol and a lack of knowledge. The various aspects surrounding healthcare and teenage pregnancies were also common concerns among the various respondents.

The issues of status, infrastructure and informal trade are also important. These respondents believed that the above descriptions of their photos served to inform me, as the researcher, how their lives are affected by HIV. While many of their comments in the data captured the lives of learners in the community, these respondents' lives are equally impacted by the challenges created by HIV. Learners at the FET colleges are subjected to the same challenges and impacts of HIV/AIDS. They lead lives affected in similar ways and they encounter fellow learners at the college who also lead lives equally affected.

The theme of poverty was highlighted strongly throughout this study. This theme appeared to have a prominent influence on the lives of these learners. The respondents knew that they are from poor families, but the impact that the challenge of poverty created appeared to exceed their means of overcoming the impacts they endure by far. One respondent mentioned her HIV status and her wish for nutritious food. She was aware of all the precautions she needs to take but she cannot afford the food. She finds it difficult to collect her ARVs because she needs taxi fare and has to miss out on a day's work at college.

Education is a tool to assist these learners to get out of the poverty. It is the tool to help the orphans, the needy, the sick, the sexual abused and the alcohol abuser. However, they fear that they too may have to forsake their education when their financial situation worsens.

These issues are further elaborated on in Chapter Five in an attempt to interpret and integrate the data into themes and to conclude my recommendations.

## Chapter Five

### Analysis of Data and Recommendations

#### 5.1 Introduction

This research explored the impact of HIV/AIDS on the lives of learners attending the FET college from the Mpumalanga community.

It sought to understand the various circumstances, which occur as result of the prevalence of HIV/AIDS within this community. An understanding of these circumstances is vital in order to develop an understanding of the manner in which these circumstances affect the lives of FET learners at the college. This understanding is developed through the description of these circumstances as witnessed by the FET learners or as experienced personally by the research respondents.

The research assumed that the research respondents, who are learners who attend college and reside in the Mpumalanga community, have a grounded insight into the challenges faced by learners from Mpumalanga who attend college. This formed the basis of this research.

One needs to note that the experiences shared by the respondents from within this township serve only to create an understanding of the challenges experienced by the FET learners. A further point of clarity is that the learners do not report their own experience of the challenges in all instances. On perusal of Chapter Four, one notices that the respondents are reporting their perceptions of the circumstances in the community and their perceptions of the effect this has on the learners at the college. In some cases, respondents reported their own experiences, but this was not invariably the case.

#### 5.2 Discussion of themes

The following themes emerged from an analysis of the data:

- poverty,
- orphans,
- loss of education,
- poor healthcare and healthcare facilities,

- sex and alcohol, and
- lack of knowledge and information.

These were the main themes that appeared to be of importance to all respondents.

### **Poverty**

Five of the respondents directly discussed poverty while the other four alluded to the consequences of poverty. Poverty appeared to be an underlying causal factor of various issues that have been encountered as contributing to the affected learner dropping out of an educational programme.

The poverty experienced by so many of the people in this community, is in a way responsible for the dangerous choices they make. The respondents all referred to the main challenge they experience as poverty and the resulting impacts caused by this challenge.

Ellwood (2002), Krause (2000), Caldwell (2000) and Lyons (1998) all express concern that the spread of HIV will further erode the ability of the state to cater for underprivileged and impoverished communities.

The resulting outcome is the inability of the impoverished learner:

- to afford healthcare; therefore, making use of services at clinics;
- to afford food, and therefore the decision to beg for food;
- to pay tuition fees, buy appropriate uniforms and lunch; and
- ultimately the inability to afford education.

Ultimately, the factors listed above have a snowballing effect leading to the decision to drop out of college. Learners further have limited access to information and knowledge and therefore make uninformed decisions.

According to Muthukrishna (2006), the school fee issue, coupled with poverty and its attendant consequences, can be engaged with by the state engaging in vigorous advocacy around how child support grants could be accessed. This identifies a means for government to accept liability to assist in the provision of such interventions that will empower and capacitate these affected families. This view supports the concerns expressed by authors like Caldwell (2000). Muthukrishna goes further to offer a suggestion that the state could consider including advocacy around

accessing of support grants as well as the interventions it could implement to help alleviate the circumstances that these learners endure. Many respondents acknowledge these sentiments in the perceptions they have expressed.

The challenge of poverty further encompasses:

- medical costs incurred by ill parents; and
- funeral expenses incurred due to the death of such parents.

These difficulties have a major impact on the surviving children who have to meet these costs and find ways to sustain themselves.

People who find themselves in these predicaments could find assistance if they have access to intervention programmes. For example, if they had access to seeds they could develop vegetable gardens, which could provide them with food. If food is accessible, then a learner can focus his efforts on other needs like shelter and most importantly education.

### **Orphans**

The respondents expressed their concern about the poverty that the orphans face when parents die. The respondents explained how these learners have to find informal work in order to increase the household income, often staying away from college in order to do so. The loss of a provider, of parental supervision, guidance and support is also a consequence faced by orphans.

This loss creates many orphaned and vulnerable learners. They are sometimes forced to find food in whichever way they can, often begging, sifting through bins and depending on the generosity of neighbours. The impact of food insecurity therefore becomes significant to these learners.

Learners who do not eat regularly and who cannot afford clothing eventually prioritise the need they experience most and will sacrifice their education to satisfy this need. Time that should be spent at college is used to find ways to overcome the impact of a lack of food and clothing in order to survive.

Ellis-Christensen (2010) maintains that children who receive encouragement and support from their parent(s) enjoy greater success than a child deprived of this. When there is no guidance to assist them in decision-making, they make poor decisions,

like consuming alcohol due to the influence of friends and engaging in transactional sex. The poverty they experience makes them vulnerable over and above having lost their parent(s). This in turn leads to the eventual loss of education due to the poverty.

### **Loss of education**

In order to discuss the loss of education further, it is necessary to emphasise the following challenges experienced by the learners. In most cases, these learners report that the death of their parent(s) results in learners –

- taking care of their siblings and themselves;
- taking care of the household that they live in;
- moving in with family who may be in a better position to assist them; and
- embarking on income generation activities.

The impact of taking care of younger siblings, the household and attempting to find an income robs these learners of their opportunity to attend college regularly. In many cases, it causes them to drop out of college.

Respondents reported that very often, when learners move in with other families, they become nannies, housekeepers and cooks for the family they move in with. They have no economic contribution to this household and can only contribute in this manner. Here again they often lose their right to education because they have to prioritise their duties in this household in order to have a place to stay.

A socially responsible attitude where members of the community feel compelled to offer assistance to these poor, orphaned learners is necessary. The respondents felt that the community should assist these orphans. They affirmed that all families experienced financial constraints; however, they felt that if a few people shared just a little, even just one rand each, like one respondent said, "We could buy inexpensive essentials for these orphaned children, like soap, a loaf of bread or some fruit." They propagate that a little relief is better than none at all.

### **Healthcare**

Healthcare provision is a great challenge. In an ideal country there is a natural assumption that healthcare will be provided with quality provision and easy access. Many respondents maintain that the clinics in the township are often understaffed,

deployment of managers with requisite skills at service delivery sites, and backlog of surgical operations (Mahlangu, 2009 , Retrieved 7 December 2009).

Although this is a recent move, it is at least a step in the right direction. With time and the proper implementation of the above, and proper monitoring of the intervention programmes, provision of healthcare can improve and benefit the poor. The outcome of this implementation was not to accessible at the time of this study.

### **Sex and alcohol**

A further impact reported by many learners is the choice they make to trade sex in exchange for money in order to cope with the financial constraints they face. Often they are befriended by sugar daddies and sugar mommies who offer them lucrative amounts of cash in order to afford the necessities they require in exchange for sexual relationships.

Respondents also discussed the socially inappropriate behaviour observed among many people in the township. They highlighted the behaviour of men and women who regularly consume large amounts of alcohol in an attempt to relax and forget about their problems. Men get drunk and then demand sex from sex workers at the shebeen and from women who drink with them at the shebeen (often these are high school and college girls who dress up to look older).

Respondents stated how teenage girls fall pregnant and forsake their education when they get involved in relationships with these older men. This is borne out by a UNICEF report (2002), which claims that men intimidate younger girls into “sexual relationships by offering much-needed school fees and financial support in return for sex.”

It has been recognised that teenage girls, who make themselves available to men in these circumstances do not achieve at school. Panday, Makiwane, Ranchod & Letsoala, (2009) discuss this occurrence among girls who perform poorly at school and are more likely to drop out of school, experience early fertility and less likely to return to school following a pregnancy.

While the report referred to above refers to the school sector, it also applies at the FET level, which overlaps with the high school phase from Grades 9 to 12. When

these girls give birth, they are not ready for the responsibility of a child. This lack of readiness means that they may find it difficult to cope with their new role as a mother. Often they drop out of school/college to cope with motherhood.

Most women who enter relationships in search of money do so because they have hungry mouths to feed, and commercial sex is the easiest and most guaranteed way of earning cash to take care of their children. Natrass (2004)

Most respondents reported that affected learners experience stigmatisation. They try to overlook it and try to continue with their education until the emotional and psychological burden of the exposure to the stigmatisation becomes too much to handle. It is then that they decide to drop out of college.

The ease of access to alcohol is one of the largest contributory factors leading to the high usage of the substance. The respondents believed that if government enforced stricter rules around the sale of alcohol, the amount of alcohol abuse that occurs would decrease.

#### **Lack of information**

In their discussions, the respondents mentioned that orphaned learners experience the following difficulties:

- accessing information on the qualifying criteria to qualify a learner to access a support grant; and
- the lack of information to inform them about the virus.

The respondents need more current information to educate themselves about the virus as they grow older and develop into adults. Respondents requested information about the virus, how it is spread, how it affects one's body, how to deliver a baby if the mother is HIV positive, how to breastfeed a baby if the mother is HIV positive and the importance of disclosing your status.

Following on from the work by Panday et al. (2009), it is only natural that people will experience their sexuality as they develop from their adolescent years into adulthood. Their morality and value of their role and goals in life need to be well nurtured and groomed so that they stay committed to safe and socially acceptable sexual

behaviour. Education and awareness in forums accessible to these age groups are therefore imperative, as also asserted by Panday et al. (2009):

Education is central to the development of young people as it prepares them for the world of work and for life. As young people spend longer periods in education, as part of the natural course of development, sexual experimentation and maturity is increasingly coinciding with secondary schooling.

The respondents also requested information about the virus, the diet one should follow if HIV positive, the need for proper nutrition and regular exercise, the importance of practicing safe sex, the importance of taking your ARVs correctly and the need for information on how to access grants and bursaries.

### **5.3 How do these themes relate to the research questions?**

The first question considered the challenges that the HIV/AIDS pandemic poses on the lives of learners attending a college for FET who live in Mpumalanga township, whilst the second question looked at the impact these challenges have on the lives of the learners. The two questions have been grouped together because these challenges directly create the impacts experienced by affected learners. The challenges are first discussed and the impact created by the challenge is then closely linked back to the challenge.

In examining the challenges, it must be noted that poverty has been identified as the overarching challenge experienced. Poverty occurs due to a learner's family being unable to generate a regular and sufficient income for the running of the household. The illness of the breadwinner erodes their income earning potential until eventually they can no longer support the financial requirements of this household.

The reduced income occurs over a period of time with the learner gradually assuming increasing responsibility for contributing to the household. Unfortunately, due to the learner being involved in education and training, his or her source for earning an income will be limited to informal, unskilled or semi-skilled methods of income generation. With the worsening of the parent's illness, there is an increase in the demand for this learner's time to be spent on income generation. The reduced time available for education becomes the impact that this challenge has on the learner.

This impact results in these learners dropping out of school. This limits their ability to secure occupations that could uplift them from the poverty they endure. Without an education, as Ganyaza-Twalo and Seager (2005) state, these learners are likely to live a life of perpetual poverty and lifelong dependence on the informal or semi-skilled sector of employment.

A further impact created by the challenge of HIV/AIDS is the death of the ill parent. On the death of the ill parent, the learner becomes an orphan. Orphanhood in a poor household almost always means that the parent has been unable to make provision for the children in the event of his or her death. The respondents reported that when both parents die, the learners become vulnerable orphans at the mercy of family and the community. In some cases, they get taken in by family who will expect them to assist with, or handle fully, the household chores in exchange for a place in the home. This is usually at the expense of the learner's education.

It was identified that many other impacts are created as a result of the death of parent(s), perhaps the salient impacts being:

- the dual role the learner has to assume as head of the household;
- where the learner is unable to manage this dual role, he or she may have to move in with family who may exploit him or her; and
- the inability or difficulty in accessing a support grant or getting information to inform the learner of qualifying criteria to access the support grants.

A further challenge experienced is the accessing of healthcare. The availability of healthcare, as discussed above, is minimal and of poor quality in disadvantaged communities around South Africa. Most respondents explained that they experience negative consequences as a result of the inadequate healthcare provision by the state in the township of Mpumalanga. Many resulting impacts plague these learners:

- If learners or a family member is HIV positive, they have immense difficulty accessing ARVs, which often force them to go to the clinics at the expense of a day's attendance at college.
- Learners have no confidence in the confidentiality of patients, which should be guaranteed because the nurses who run the clinics have no respect for this basic right of the patients. As a result, most learners avoid accessing treatment due to their fear of humiliation and the breach of confidentiality.

Another impact created by the challenge of poverty that HIV-affected households have to endure, is the search for income in the informal sector.

Respondents explain how they, their family members and friends complain about their search for jobs, which is often in vain. They attempt informal trading but this is not very successful. In the case of female learners, the respondents discussed with disgust, how little opportunities are available to them. The respondents also discussed the choice of sex trade as the almost inevitable choice of any female learner who becomes responsible for providing for herself and her siblings.

The final impact is the decision by learners to drop out of college. Education is usually forsaken for one or more of the following reasons:

- The learner becomes the caregiver at the expense of attending college due to the deterioration of the parent's illness.
- The learner has to find income to support the family, at the cost of sacrificing his or her education.
- The learner becomes an orphan and very often the head of the household. This dual role creates more difficulties concerning the generation of an income.
- The learner may take on roles within families that shelter and exploit him or her, which render it impossible for such learner to complete his or her education.

This final impact is possibly that which will trap the learner into a lifestyle of poverty resulting from his or her limited means of earning an income.

The third research question assessed what affected learners think can assist them to better deal with their lives.

The availability of proper home-based care has been identified as a further need. The literature supports such an intervention too. Respondents proposed that they would like the Community Centres and NGOs to develop an intervention that assists affected learners so that they can get help when they need home-based care for their ill family members so that their education is not interrupted. This intervention would overcome the gap that exists when the patient can no longer be left alone due to the stage of his or her illness. The respondents spoke about their wish for properly

trained nurses. Their concern was that without this, the community, and more especially the learners, avoid accessing healthcare.

Community- and college-driven programmes for alleviation of the challenges many learners endure can prove to be useful. The respondents suggested outreach programmes. Outreach programmes through churches and community centres are places where these affected families can access vegetable seeds, recycled uniform and clothing for needy learners, recycled bedding, etc., and it would also help ameliorate conditions for affected learners. Community members could also pledge support by offering old clothing and uniforms to these outreach projects when they can afford to. Campuses could also start a collection for learners. Many learners would be reached in this way. While they may not always have the need themselves, by providing this accessibility to clothing, learners will start to develop a relationship with the community centre or the campus so that their needs are no longer silent.

Adult volunteers, like teachers and community leaders or people from the community, can offer support and guidance to these needy learners by offering their time to help at these outreach projects. People who have skills could teach the youth these skills through outreach projects so that learners could empower themselves and thereby find alternate means of earning an income.

Information on how to access support grants was identified as vital. Many learners qualify for these grants but they are sceptical of the officials and therefore do not make any attempt to apply. Many people have had their applications rejected at the first step because of unfair and unethical behaviour of officials.

The need for current and regular information on HIV and AIDS awareness and prevention would be appreciated. Most information available is outdated and therefore unreliable. Respondents explained that peer education is an important tool in providing information to the learners.

The fourth research question looked at what the college can do to improve its response to the learners' needs in terms of these challenges.

The conflict of roles, the stigma, which learners orphaned through HIV experience, and the poverty that permeates their lives, will remain until a means is found to bridge the many gaps which are created by the loss of HIV-positive parent(s). Until

this is addressed, these situations will continue, leaving generations of orphaned and vulnerable learners. Empowering learners can overcome this imbalance. Outreach campaigns through community centres and churches can access uniforms and clothing and identify needy children who could then be clothed.

The FET colleges have already committed themselves as responsible partners to implement poverty-alleviation interventions in conjunction with the government.

At colleges, HIV-affected learners are often requested to approach the learner support services unit in order to identify interventions that could assist them. However, the assistance they get can be enhanced by making counselling more accessible through these offices. Counselling has been tabled as the most crucial aspect for learner support.

Learners related their wish for the peer-teacher programmes to be extended to make peer counsellors available. While the risk of stigmatisation is real in the context of counsellors on campus, and therefore in view of peers, the benefits of it assisting learners who need counselling outweigh the risk.

Many skills programmes, partnerships and learnerships were designed in collaboration with the FET colleges and the SETAs in order to empower impoverished communities, like Mpumalanga township. The FET colleges are drivers of the strategies of economic empowerment. They obtain learnerships from the industries or companies, which accredit colleges accordingly (Parliamentary Monitoring Group, 2009).

If affected learners can access assistance to overcome the realities of tuition fees, shelter, food and clothing, then these learners can attend these programmes. If the college can use its facilities to create and offer similar outreach programmes as was suggested earlier, then more learners will be successful in completing their qualification.

The NSFAS (National Student Financial Aid Scheme) is one such measure, which attempts to "ensure that learners who qualified for NSFAS assistance were not turned away from Higher Education Institutions because of an inability to afford the registration fees" (Parliamentary Monitoring Group, 2009). Learners who attend Mpumalanga campus or any other campus are encouraged to apply for study

bursaries to alleviate the financial burden of fees and related expenses that they would experience as orphans. In some cases, orphans who have been living on the streets have been enrolled at the college. This was facilitated by the Student Support Services Unit to uplift the plight of orphans. Respondents referred to these scenarios and requested that the college make more attempts to provide such relief for street kids, orphans, disabled youth and poor youth.

The role the college can play in assisting learners to access healthcare is very limited because the core responsibility of the college is the provision of education. However, there have been numerous efforts, which brought some assistance. The Department of Education (2006) has ensured that, through the Students Support Service Unit, which exists at all 50 FET institutions nationally, all needy learners will have the option of approaching the Student liaison officer (SLO) at their campus to discuss their situation. The SLO will then evaluate how the learner can be assisted. When learners requiring healthcare have difficulty in accessing that healthcare, the SLO contacts the relevant provider in close proximity to the institution in order to access the healthcare the learners may need. In some areas, however, there is no alternate healthcare facility. In extreme cases, the college will make funds available for the person to receive the necessary care from private providers.

While it is difficult to address socially observed tendencies like alcohol and drug abuse, learners report the need for the syllabus to better expose the harsh effects of alcohol and drugs on the human body. If this is done, more learners may be discouraged from using these substances and in so doing, the number of people engaging in this risky behaviour can be reduced. This relates back to Mr Nzimande's (2010) statement that the curriculum must address and cater for educating our learners on these issues.

It was found that the respondents have very limited access to information. They want new information on how to protect themselves and their families. According to a study conducted by the UN (UNAIDS, 2008), HIV has been dubbed the "disease of young people" with 45% of the new infections each year occurring among people ages 15 to 24. Therefore, it is significant that these youngsters are keen to arm themselves in an attempt to be protected. The college can facilitate the dissemination of such information.

A statement by Themba (one of the community members interviewed during the first phase of this study) is significant here. He stated that learners need to get involved if

this disease is to be defeated. A respondent said that learners from the FET sector should mobilise the people of the township in order to distribute information on HIV awareness. Therefore, learners can be a powerful source of peer education and awareness of HIV and this can lead to a reduction in the number of new cases of HIV infection. A properly designed programme and well-trained peer counsellors might be more powerful than any workshop or seminar as designed by the leading authors on this topic.

The following quotations serve to consolidate the above comments:

Peer education programs can be a powerful approach to educating youth and changing their attitudes. (Advocates for Youth, (202), p. 3).

The youth who will comprise the group of peer educators (hereafter, TAP members) receive extensive training, acquire solid information, and develop important skills to protect themselves from HIV/STI. (Advocates for Youth, (2002), p. 4)

There are many learners trained as HIV counsellors by the local ANC youth league. These learners can be accessed for assistance in lieu of peer assistance programmes.

#### **5.4 Recommendations**

Many impacts are experienced because of the HIV/AIDS pandemic. These include poverty, orphanhood, loss of education, poor healthcare, social misconduct and lack of information. These challenges have numerous impacts on learners who should be able to access education through the FET colleges.

The impacts experienced by the respondents comprise varying levels of poverty as a result of:

- loss of income due to ill breadwinners or loss of breadwinners;
- orphaned and vulnerable learners due to ill breadwinners or loss of breadwinners;
- lack of access to healthcare due to lack of staffing and resources;
- socially unacceptable behaviour choices due to inadequate guidance and limited means to access income; and
- loss of education due to reasons like teenage pregnancy, care-giving roles and income-earning demands.

Numerous ways can be suggested to help these learners. The respondents felt interventions planned by government can take rather long to implement. Those that have been implemented are accomplishing success, unfortunately though, they are providing relief in limited areas. In some cases, these interventions are not resulting in the desired outcome due to the vast areas of needs that exist. "Community responses play a critical role in averting destitution and crises, retaining children in school, providing psychosocial support, and promoting human and social capital development" (Mathambo & Richter, 2007, p. 10). Hence communities need to establish mechanisms that they can implement in order to bring relief.

It would be ideal if families could be influenced to get involved in community projects where care and support to orphaned and vulnerable children can be offered and thereby empower the community to better cope with their role as caregiver.

How then can the strategic position of an FET college within this community benefit the community in its attempt to reduce the impact that HIV has on the lives of its learners.

Colleges have been reaching out to the communities they serve, be they settlements of the big cities or far flung villages of the vast rural areas. This enables them to deliver education and training on the broadest geographical scale, to communities that would otherwise not be reached (Pretorius, 2007).

Therefore, "the Department of Education is stressing the importance of the Further Education and Training (FET) Colleges Sector and the need for public education to address scarce skills needs" (McGrath, 2005).

The college could allocate a room identified for use as a counselling lounge – not for HIV counselling since there are too many stigmas attached to this – but a room for general counselling.

The college could provide current information to its learners and so empower learners. The information they provide should inform learners about the needs of affected learners, outreach programmes available on campus and in the community, support grants available, and the qualifying criteria for accessing these grants.

The need for interventions was evident throughout this research, and while some of these interventions are already in place, an in-house healthcare structure (clinic) needs to be investigated. Where the college does not have the capacity to offer an intervention, NGOs are accessed to extend their service to such learners. Examples of these NGOs are Open Door Crisis Centre, New Start and Valley Trust. The state should provide the necessary support to the FET sector so that these facilities can be developed within the institution, like the HEAIDS programme at higher education institutions.

The use of a trained counsellor on each campus would be ideal. The learners experience challenges that arise out of their daily lifestyles as well as the harsh challenges as a result of HIV/AIDS as discussed extensively within this study. The availability of a counsellor on each campus would make counselling for more learners possible. At times when the counsellor may have fewer learners to counsel, such counsellor could embark on peer training among other interventions to maintain and manage the HIV awareness programme on campus. At the time of the research, a counsellor was employed by the college; however, it was not well publicised among the learners. There is also only one counsellor for eight campuses. The FET Act, No. 16 of 2006, makes provision that colleges must offer "learner counselling, career advice, academic support where the learner experienced difficulty with the subject matter, learner health and wellness, the appropriate program selection for a particular qualification, bursary applications and administration and the management of study centres" (Department of Education, 2006).

The availability of resources to teach the community the principle of gardening and seed preservation can be facilitated by lecturers. It would be ideal if these gardens could be started on various campuses. Unfortunately, not all campuses may have the space for such gardens. At present, many campuses have small gardens that the colleges' general assistants have started. These gardens serve to provide vegetables for their personal needs. We need to develop such projects on a larger scale so that they could serve and benefit more learners.

The need for home-based caregivers from the community is also vital. While this is not a college responsibility, perhaps there is a need for the development of a short skills programme to train willing community members. These people could then be deployed into the community to assist where learners need to attend college. The

FET sector could access programmes through the Health and Welfare SETA in order to train willing community members.

A further recommendation centres on the Hospitality department that four of the campuses have. These departments are all fitted with industrial kitchens. These kitchens could be used to cook the vegetables. Campuses would need to elect a responsible and willing person to manage the cooking process daily. This intervention could then provide a hot meal for the learners who come to college hungry. If the garden develops and flourishes, the food that is prepared could be extended to the families of these learners.

Apart from the HIV awareness programme that is ongoing on campuses, condoms should be made available to the learners. Accessibility to condoms will assist learners who do not frequent public buildings where condoms are often provided. Respondents also concurred that condoms should be provided for learners in college toilets.

## **5.5 Conclusion**

The aim of this research was to explore and understand the impact of HIV/AIDS on the lives of learners attending the FET college in the Mpumalanga community. The research attempted to identify the challenges learners experience as a result of the pandemic, the impact these challenges have on their lives, the assistance they need to improve their plight and the assistance they would like from the college, which will enable them to complete their qualifications.

It is evident from this study, that the respondents believe that HIV/AIDS creates numerous challenges in the lives of learners. These challenges are experienced as the many impacts discussed above. The following challenges and impacts overlap:

- poverty
- orphanhood
- loss of education
- healthcare
- sex and alcohol, and
- lack of knowledge and information.

While many learners experience these impacts, interventions are not commonly in place to address the alleviation of these impacts. This study showed that there is a great need for poverty alleviation. This is perhaps pivotal for the intervention required. However, as unfolded in the research, such a solution is complicated and difficult to design and implement.

The literature attaches value to the need for learners to persevere and complete a qualification. The literature suggests that in many cases the successful completion of a qualification, which will assist learners to generate an income from a sector that offers a more stable income than the informal sector does. While there are national strategies in place for job creation and poverty alleviation, the relief experienced by these poverty-stricken families is limited, if any at all.

The study also showed that the colleges are in a strategic position to respond to the development of learners within a vocation. Such development will lead to learners securing employment.

However, the challenges discussed above need to be removed first, if this development is to succeed. While the removal of these challenges will be the ideal, these are long-term social injustices that will need a much more policy-driven and financially intensive solution. In the absence of such interventions, the college sector is positioned so that it may help in part with relief for these learners.

The implementation of the NSFAS bursaries and its extension to FET programmes attempts to overcome the challenge of tuition fees, which cause many learners to drop out of a qualification. However, a tuition fee is only one of the many challenges. Recommendations have been made for home-based care providers and outreach programmes, which can provide clothing and food to poor families. Such interventions will alleviate the challenges and over a period of time increase the quality of work these learners can access and thereby also increase their chances of overcoming the poverty-stricken life into which they have been born.

A success that the FET sector can boast about is that their syllabuses now include Life Orientation, a subject that focuses on developing life skills of learners so that they will be able to cope with the challenges they may endure.

This study was limited in its scope in that the respondents were learners from one campus at a single college within one peri-urban community in the province of KwaZulu-Natal. Hence, the conclusions drawn may not adequately and summarily reflect the situation at the other 49 FET institutions in South Africa. Therefore, the conclusions of this study are relevant only to the selected group.

Further research relevant to all 50 FET institutions is necessary to understand the challenges and the resulting impact of HIV on learners at all FET institutions properly. This research can be conducted to include the challenges and impact that HIV has on teachers within this sector too. Once such a vast study is conducted, there might be more information available on how the FET sector as a whole can assist learners overcome the challenges they endure.

**APPENDIX ONE**

<b>University of Kwa-Zulu Natal</b>
<b>Name:</b> _____
<b>Age:</b> _____
<b>Contact Number:</b> _____

**A) Background Information about student:**

1. Do you live in the Mpumalanga area?

\_\_\_\_\_

2. How old are you?

\_\_\_\_\_

3. How many people do you live with?

\_\_\_\_\_

4. Who are these people? Are they your parents, siblings, etc.?

\_\_\_\_\_

5. How many people in your family are studying currently in your family?

\_\_\_\_\_

6. Are there any school going kids?

\_\_\_\_\_

7. Does your family have any dominant features? What I mean is does your dad have any more authority than you mom? Is his role different and more important than your mom?

\_\_\_\_\_

8. Do the male children in your family have any more privileges than the female children?

\_\_\_\_\_

\_\_\_\_\_

**B) HIV/AIDS:**

I hope I am not being forward but if you feel uncomfortable at any point please say so and we will move onto something you are happy to talk about.

9. What do you know about HIV/AIDS?

---

---

Are you happy with the information you have and know about HIV/AIDS?

---

---

10. Is there anything you have noticed in your family regarding HIV/AIDS?

---

---

**C) Services the college offers with specific reference to HIV/AIDS:**

11. Do you know that our college provides certain HIV/AIDS services?

---

---

12. Has the college provided you with any knowledge on HIV/AIDS?

---

---

13. What form did this take?

---

---

14. Did you learn from it? Was it effective?

---

---

15. Would you recommend this to anyone?

---

---

**D) Management of yourself and your status:**

16. Do you know where to go should you need to be tested, counseled or treated?

---

---

17. Do you know your status?

*Do not disclose this to me unless you think it will help you to better assist me in gathering information about you as a student and what the college can do better to help you.*

---

---

18. Do you practice safe sex?

---

---

19. Do you fully understand what safe sex is?

---

---

**E) Risk behaviour:**

**There is a general view ( whether true or not), that homosexuals are at greater risk of HIV/AIDS infection.**

20. Are you aware of a small or large number of homosexuals in your community?

---

---

21. Do you think that these people are accepted in the community?

---

---

22. Do you think they are prejudiced against by the community?

---

---

24. Is drug use an issue at college?

---

---

25. Do you think they are accepted by the college body?

---

---

26. Do you think they are prejudiced against by the college body?

---

---

**F) Assistance/Relief from HIV/AIDS:**

27. Is the college doing enough?

---

---

28. What would you like to see the college doing to better help the situation?

---

---

29. What do you to help yourself?

---

---

**ADDITIONAL COMMENTS**

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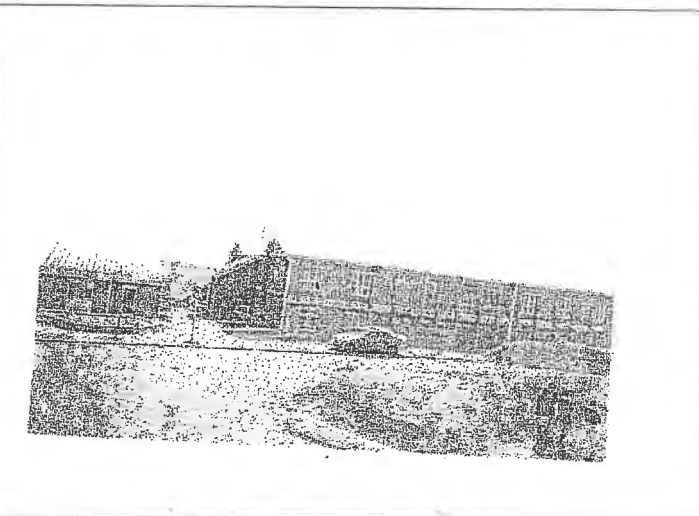

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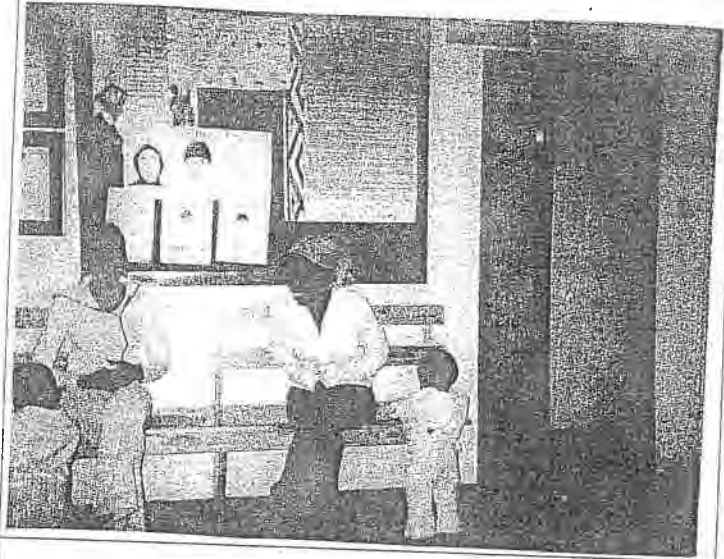
**APPENDIX TWO: CATALOGUE OF PHOTOS**

Photo	Title and Description	Photograph (copied and scanned)
1	<p><b><u>Working in the city</u></b></p> <p>The respondent took this photo of this guy looking out his window from a flat in Durban. The people, who live and work away from the urbanized areas, tend to be involved in multiple relationships. They sleep with women in the city and then return to the township and sleep with their partners here. They do not use any condoms and infect all the women they sleep with.</p>	 <p>A black and white photograph showing a man from the chest up, looking out of a window. He is wearing a dark shirt and has a serious expression. The window frame is visible in the foreground.</p>
2	<p><b><u>A fancy car – Status</u></b></p> <p>This picture shows us a fancy car parked in the driveway. This has the appeal of status for the ladies. They are attracted to men with these possessions and the like. If they can own this vehicle then surely they can afford to buy them what they need and give them money.</p>	 <p>A black and white photograph of a large, modern building with a glass facade, possibly a shopping mall or office building. The building is situated in an open area with some trees and a paved area in the foreground.</p>
3	<p><b><u>Understaffed clinics!</u></b></p> <p>This is a picture of a nurse who should be at the clinic working. She is at the college with her children sorting out stuff. But when you go to the clinic there will be less staff. Understaffed clinics are a challenge as this contributes significantly to how long people need to wait for treatment at the clinic.</p>	 <p>A black and white photograph showing a woman, presumably a nurse, standing in a schoolyard with two children. They are near a building, and there are trees and a fence in the background.</p>

4

**Teenage pregnancy**

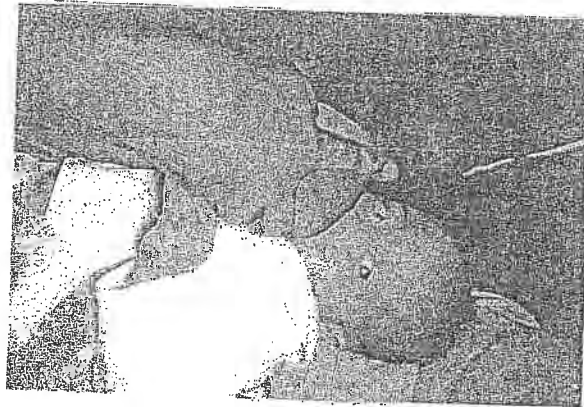
This is a picture of teenage girls at the clinic with their babies. They should actually be at school. Teenagers feel that they can fall pregnant and then apply and claim for the child grant. In this way the spread of the disease is caused through the unprotected sex.



5

**Breastfeeding by an HIV+ mum**

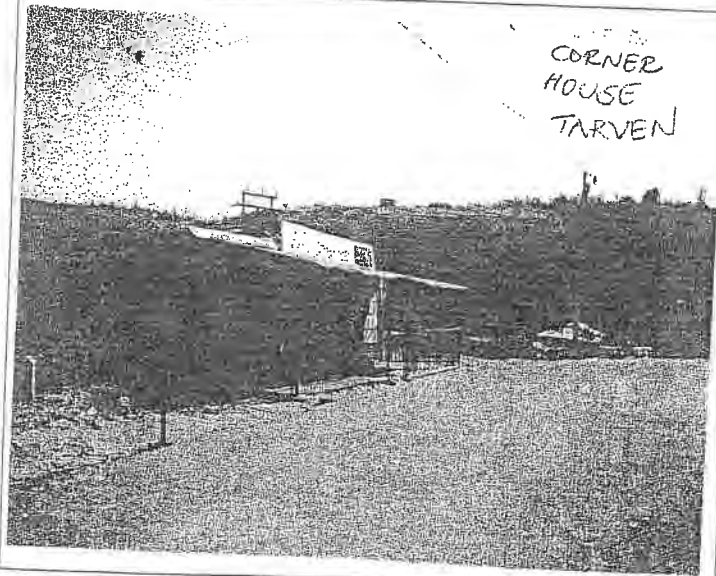
This is a picture of a mum. She is HIV +. She does not understand the consequences of breast feeding her child or ignores the consequences. The consequence is that she is passing the virus to her child due to her negligence of being ill-informed.



6

**A corner house tavern**

A picture of this tavern was taken. This respondent wanted to show how accessible the shebeens are and therefore how accessible alcohol is.



7

**Alcohol and sex**

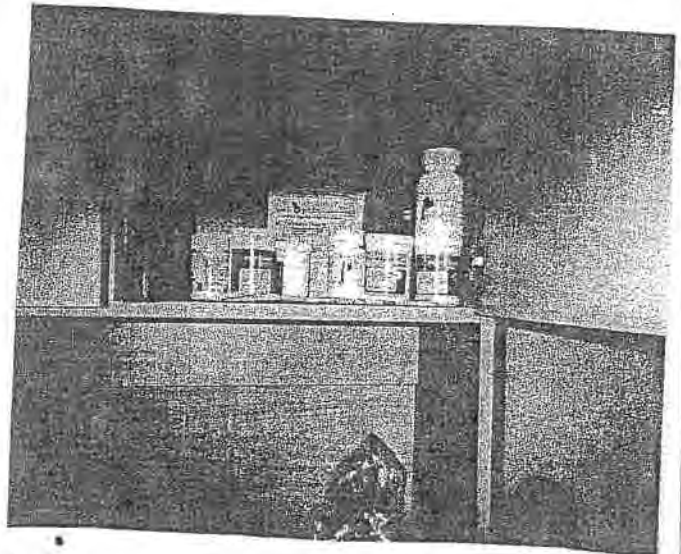
This is a picture of a guy with his beer bottles and his supply of condoms. The issue here is that alcohol will minimise the protection power of the condoms. Drunken people barely use the condoms correctly.



8

**Treatment default**

Collect their ARV's from the clinics, and do not take them. This cupboard shows extra medication which the person collected but did not drink.



9

**Nutrition: Home grown vegetables**

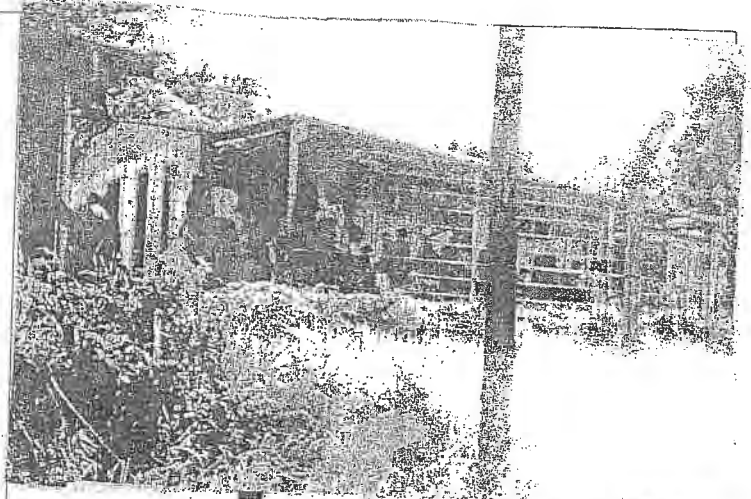
Here the student wanted to show that if people grow vegetables in their own gardens, they can use that to make a nutritious meal and thereby increase their immune system and reduce the progression of the disease.



10

Understaffed Clinics

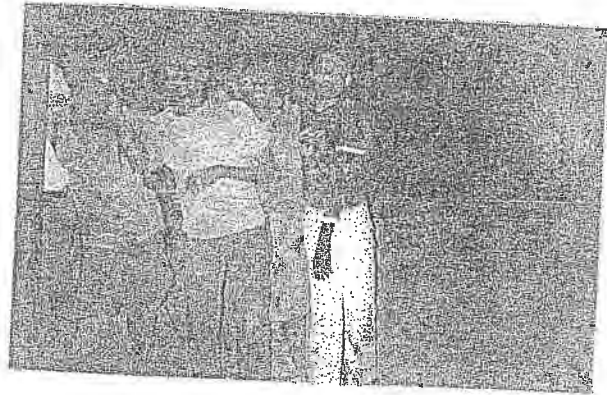
Crowded clinics  
Long queues at clinics discourage people from seeking treatment. The queues for treatment.



11

Alcohol

Youngsters too young to be drinking  
Here the respondent wanted to show the reader that this was after dark, these are youngsters around the age of 13 and they are all drunk having spent the last few hours at the shebeen.



12

Orphan – Handicapped

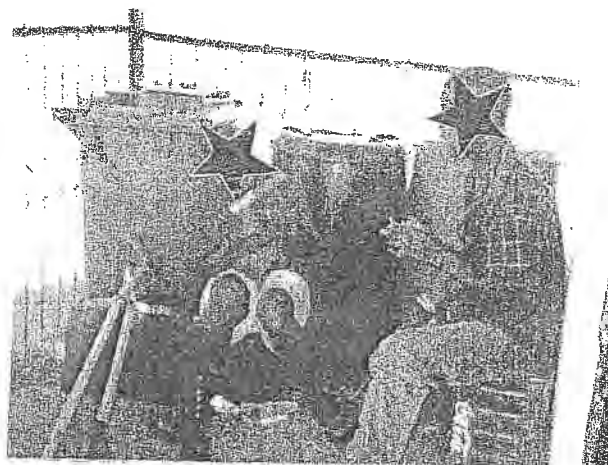
This poor lad is an orphan. He has very little use of his limbs. He has no one who will see to him and help him along through the day. He can not even bathe himself due t to the limited use he has of his hands.



13

Alcohol

What men do after work  
Here these men have returned to the township after work, but rather than go home they bring the money they have just earned and they drink it all away.



14

Orphaned

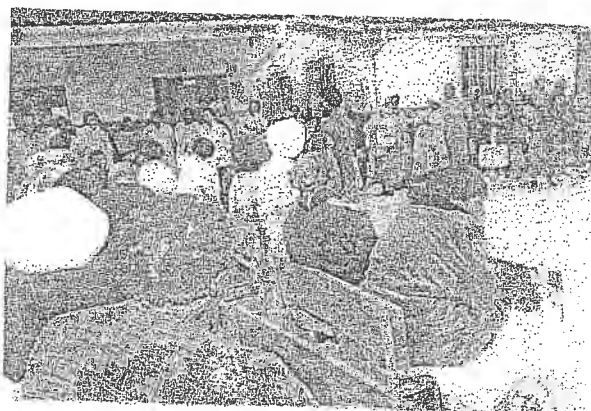
These three boys are often outside Boxer's. They sit here and they beg.



15

Understaffed clinics

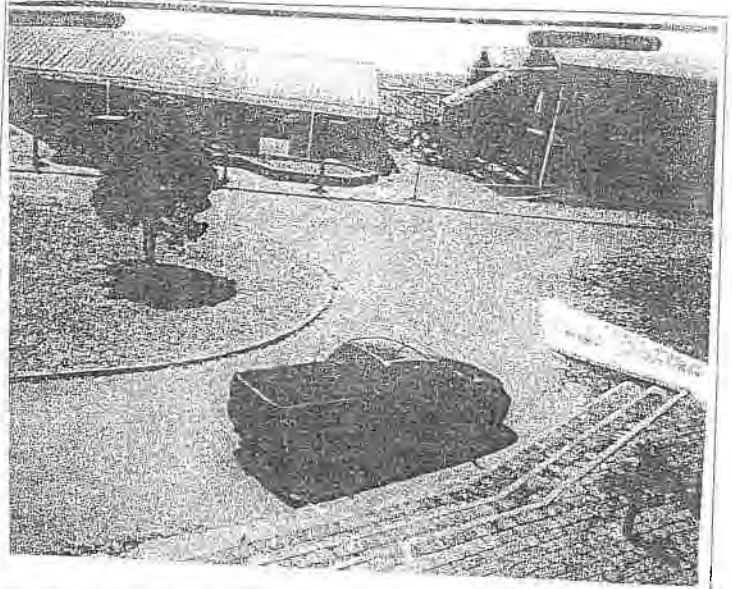
Long queue at the Clinic  
People here too have to wait for long hours in the queue waiting to be treated.



16

The college

Here the respondent wanted to point out the large grounds here at the college and suggested that the powers that be consider using this land as gardens until the correct purpose for them materializes.



17

Poor infrastructure

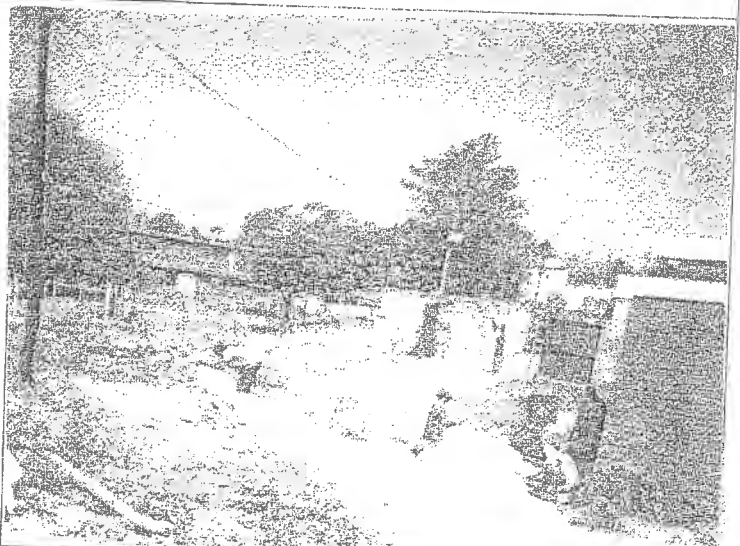
A dump site. This is an open dumpsite that is a very untidy sight as well as it is hazardous due to the germs that will hover around it the site.



18

Poverty

A lady feeding out the dump  
This lady is picking food out the bins and the dump so that she may find food for herself and her grandchildren.



19

Teenage pregnancy

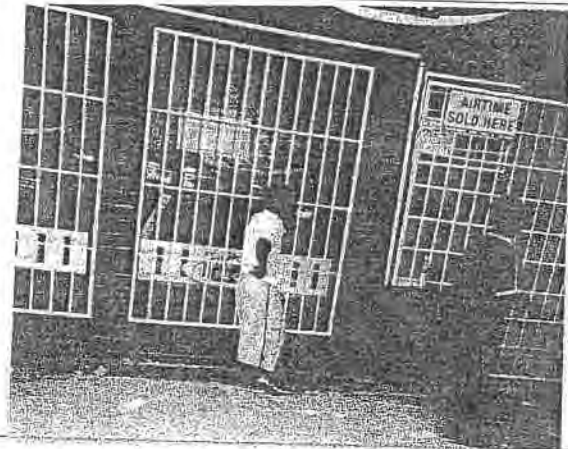
Here the respondent wanted to depict how willing this schoolgirl is to show of her pregnant belly. She will eventually have to leave school. One can wonder if she fully understands the consequences of her future role as a mum and a scholar



20

Orphan

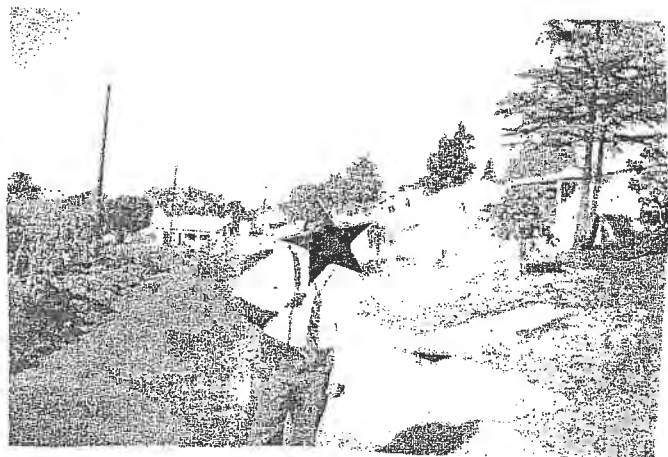
An orphan again  
Begs at Boxer's supermarket  
for food



21

Teenage promiscuity

A sexually active school boy  
He is eager to pose for this  
photo because he has many  
girlfriends and they are all  
also schoolgirls younger than him.



22

Poverty

A widow

This lady's husband died due to an aids related illness. He was very ill for a long time. She had to find ways to earn money. She sells chips and sweets to make money



23

Orphans

Two orphaned boys

Their mum fought to survive the battle against HIV but she died a year ago. These kids do not know their dad.



24

Mpumulanga

As nature intended it

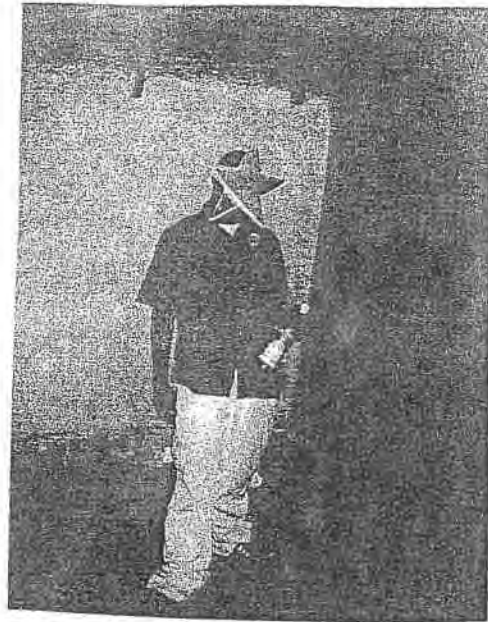
When this respondent looks out her window at the mountain she sees a beautiful mountain with all its appeal. She looks out and can easily forget that she is in this township. When she brings her self to look closer she is reminded of the challenges that this township is ridden with.



25

Alcohol

This man returned from work and has come to the shebeen to buy alcohol with the money he has earned. This should be used to buy necessities for his home.



26

Alcohol

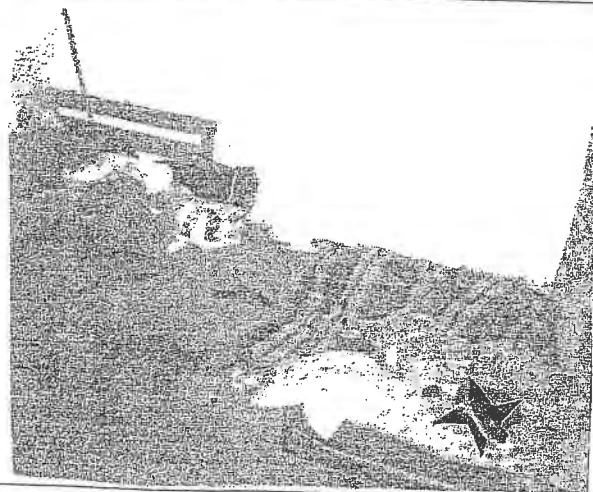
Late night at the shebeen  
These guys came to the shebeen after work as well. They too brought all their money to spend on alcohol. The photo was taken later in the evening to illustrate that these shebeens are frequented till late.



27

Orphan

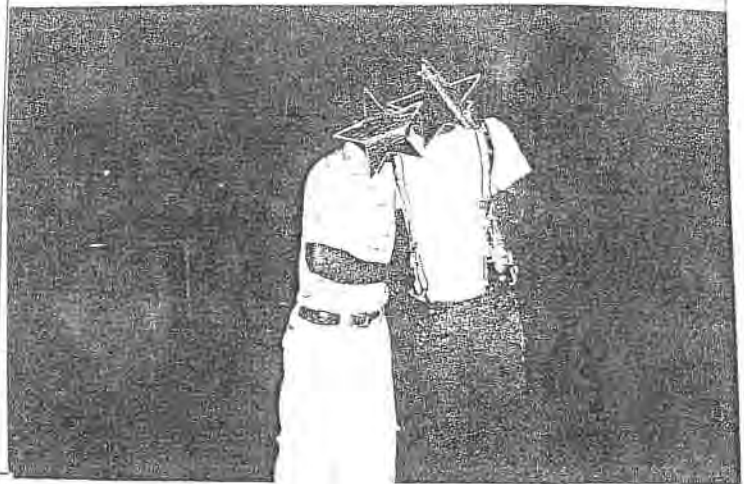
This is a little baby who is HIV +. She lives with her grandparents. Her mum passed away. She is also very ill. Her grandparents are very poor as the picture depicts. She has no chance of reaching school going age even.



28

Alcohol

Here this guy has returned from work to meet his friend and they have both come to the shebeen where they will spend the evening drinking here. Once they have had enough to drink they will then want to have sex. These two will then look for women who will sleep with them.



29

Alcohol

Teenage drunk

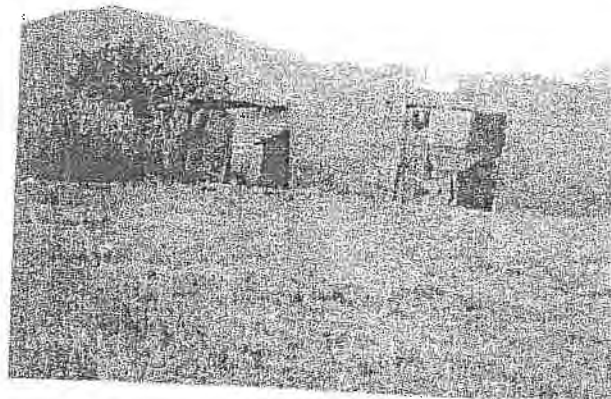
This person is about fifteen years old. He could be younger, but that is the age he claims to be. He drives around in a Toyota Tazz. This is a stolen vehicle. He does not use it out of the township. He has the police in the township bought of but can not take a chance and go out of the township due to the possibility that the police out of the township arresting him.



30

Teenage promiscuity

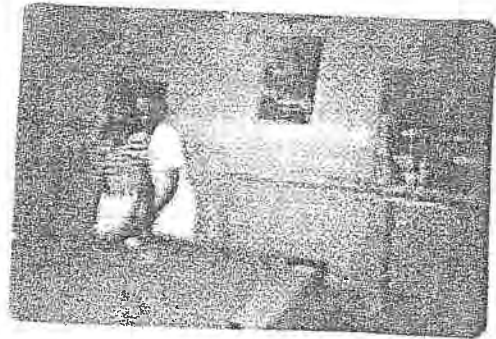
Amacabins-A place to have sex  
The drunken men who frequent the shebeens sleep with woman here. If one of the men in the group has a girlfriend, they will all sleep with her when she is at the cabins. They show gratitude by giving these women money



31

Teenagers and Alcohol

A couple at a pub.  
Posing for the camera  
Both are learners at  
Nearby FET College



32

Orphan

Eighteen and an orphan and poor  
She sells goods to buy food. Her  
parents  
died about 3 years ago.  
Both had HIV and died of AIDS.



33

Poor sanitation

A leaking sewer. The township has  
numerous manholes in similar  
conditions to this one. It is the source of  
many germs and therefore illnesses.  
The children in the township do not see  
this hazardous because they grew up  
under these circumstances. So they  
have no reservations, they are happy to  
play around this filth.



34

Teenage pregnancy

This girl is very young, too young to be pregnant. She looks older but she is a school girl. She is unaware as to who the father of her child is. She still has sex with men for money. They use her because they think she is easy.



35

Alcohol: Money for mahala.

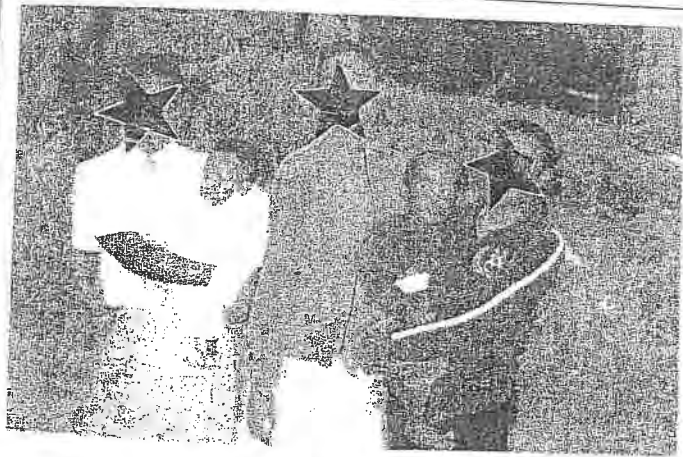
Here the grant payout has been in progress in the background under the roof of the building you see. This made me extremely sad to see. Because they go there to collect their grant. They applied because they had no job. Their grant was approved. Once they collect their money, they then go to the men selling alcohol under the tree where they drink away this money rather than buying



36

Teenage pregnancy

Again!  
These three girls all fell pregnant while at high school. They left school, had their babies, but only the one on the extreme left returned to school. She is lucky because her mum was prepared to help her out so that she can get educated still.

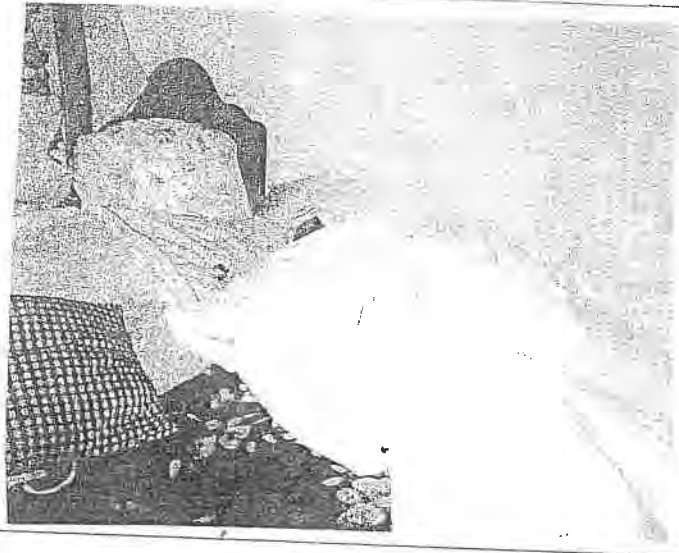


37

Poor nutrition and lack of information

Fading away

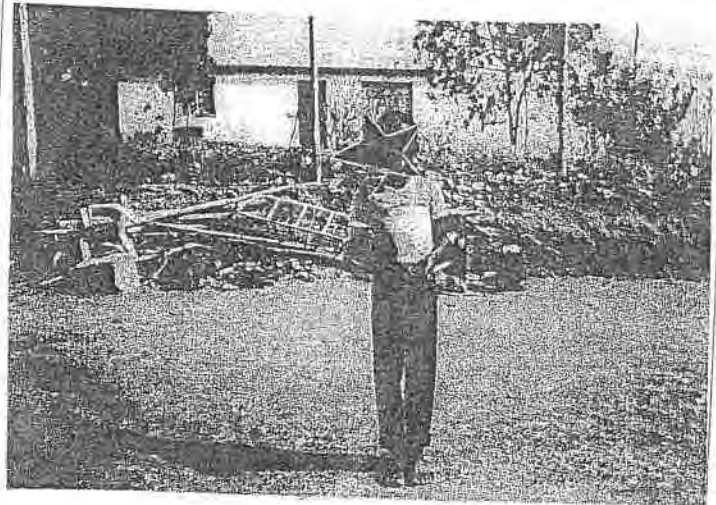
This lady is very ill.  
She has gotten even more ill since this photo was taken. She is sleeping her life away waiting her last hours



38

Orphan

Another HIV orphan  
This child does not have parents; they died due to aids related illnesses. He has nothing and no one.



39

Orphan

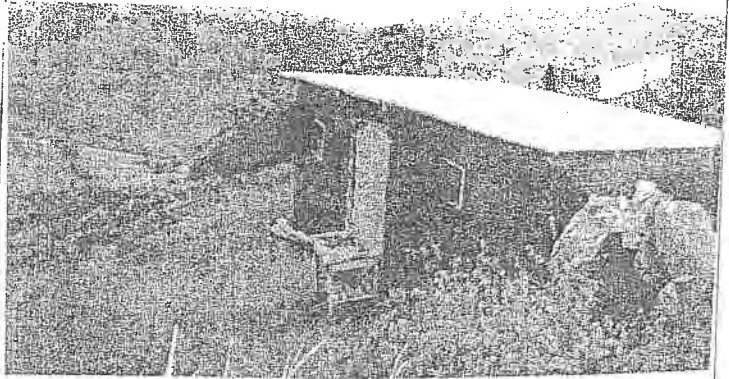
Boy on Right  
He is an orphan  
His mum and brother died.  
The mum was very ill and then she got TB.  
She never took her medication and she died.



40

Poor infrastructure and housing

Sub standard accommodation  
A small house housing four adults and three children. They all live here. Four out of these seven people are HIV positive. They are ill and have very little money to buy food.



41

Alcohol

A girl playing with an empty beer bottle.

This child's' mum spends most of her waking day drinking alcohol. She is never sober to take care of this pretty little girl. Her drunken mother is her role model. The mum <sup>(does)</sup> does not care about this little child. Will education be accessible to this poor little thing?



42

Orphan

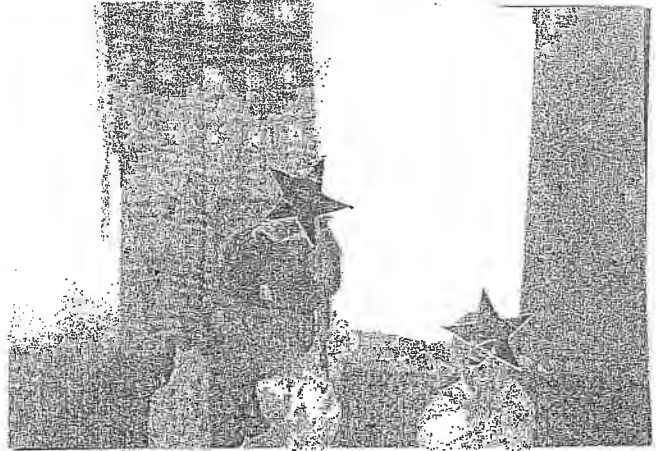
Another orphan  
Here this girl is left to fend for herself after the death of her family. She has no one to turn to and this can be difficult.



43

A single dad and his child

This little girl's mum is studying at the college. She has gone to college and will return at break to see to them. The dad is quote ill.



44

Orphan

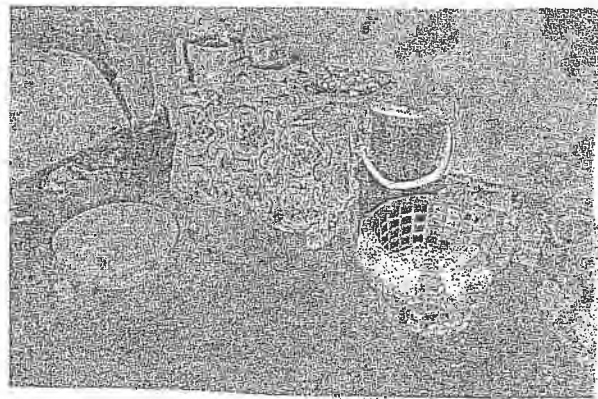
A youngster all alone  
This girl is also an orphan. She says that she is fortunate to have this room to stay in because many people like her have lesser than this.



45

Orphan

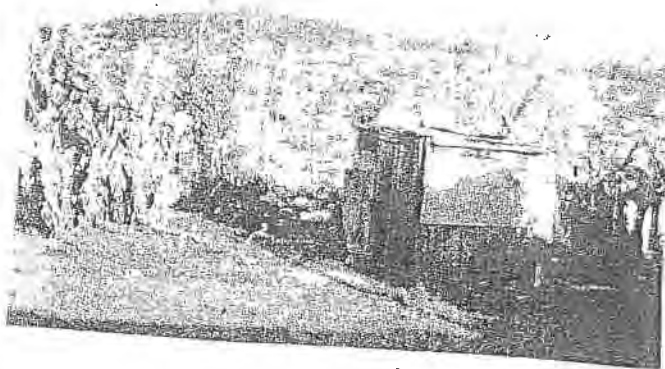
A youngster all alone  
Here, one can see her bed, her kitchen and her bathroom. These are all very minimal and all fit into one room. They have to. It is all she has.



46

Poor Infrastructure

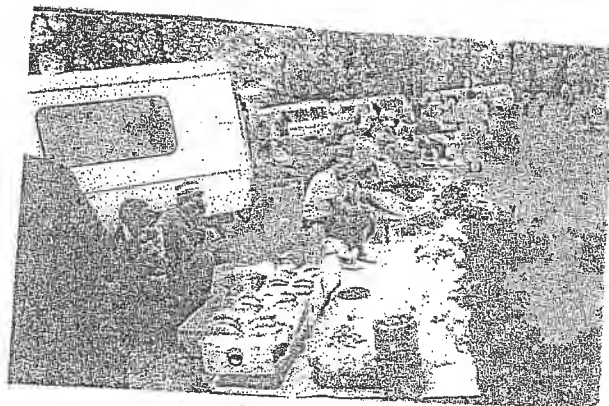
This is the toilet between the houses.  
This will be used by a few people who live around it.



47

Selling

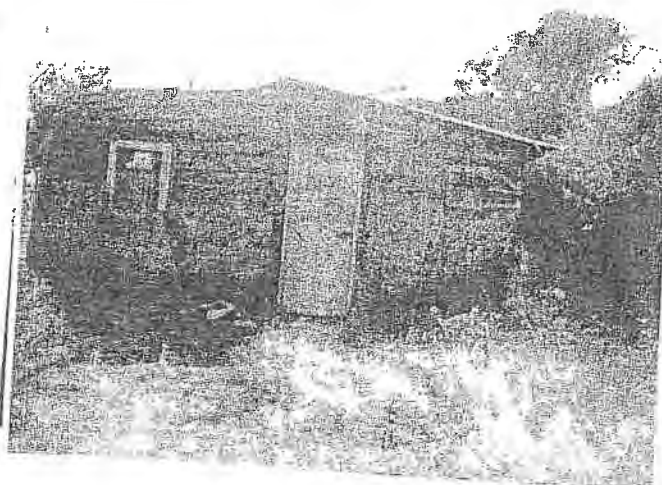
Selling what they can so they can earn some money to support their families.  
No one has a job in their families.



48

Poor infrastructure and housing

Sad  
There are people living in this house and one is HIV positive.  
Due to the poverty this family are effaced with the one girl has become a prostitute from this house. The older brother died of HIV



49

Alcohol

Morning at the shebeen

Taken in the early hours of the morning  
All ready to hit the shebeen.



50

Alcohol

Afternoon at the shebeen

Taken in the afternoon  
Quite inebriated after spending the  
afternoon at the shebeen.

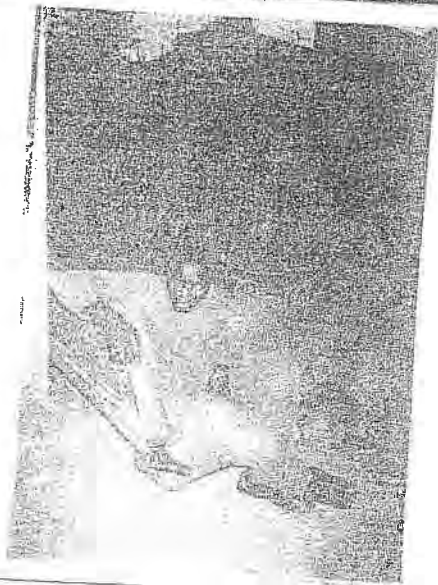


51

Alcohol

Late afternoon at the shebeen

Taken in the late afternoon  
Drunk as one can ever be.



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