

A communitarian programme for supporting AIDS orphaned learners

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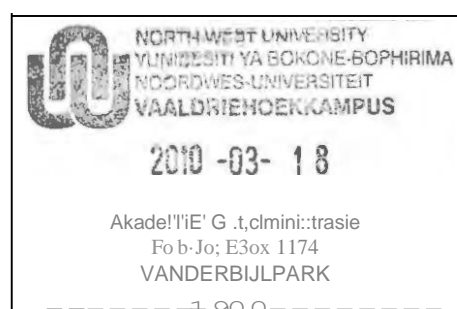
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DECLARATION

I Rachel Rirhandzu Mayimele declare that this research,

A COMMUNITARIAN PROGRAMME FOR SUPPORTING HIV/AIDS-ORPHANED LEARNERS

is my own original work and that all sources have been accurately reported and acknowledged and that this document has not previously in its entirety or in part, been submitted at any other University in order to obtain an academic qualification.

Signature

Date

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ABSTRACT

The aim of this research were to investigate by means of both the literature review and empirical research, the nature of externalising and internalising of AIDS orphan learners, to investigate the ideas of Ubuntu, Batho, Vumunhu communitarianism in the context of AIDS orphans suffering as a result of the death of their parents, to investigate the nature what kind of the death of their parents, physical and social problems, to determine which social systems are available in communities to render psychological, physical and social support to AIDS orphan learners, to determine the nature and extent of the educator's knowledge about psychological, physical and social difficulties that AIDS orphan learners experience; and to develop a program with Ubuntu, Batho and Vumunhu communitarian ideas for supporting AIDS orphan learners in various communities .

Findings from the empirical research revealed among others, that :orphans in most cases are not aware of the parents' status before they pass away, orphans after they had heard their parents' status , tend to get affected psychologically , socially and emotionally . Orphans are usually not coping with the circumstances they find themselves in, orphans tend to have fear of disclosing causes of death of their relatives, orphans of HIV/AIDS are normally stigmatised and discriminated against by their relatives and members of the community. Orphans usually blame themselves or are blamed by their relatives and community members for being affected and infected with HIV/AIDS . Orphans normally do not have support from their communities , orphans in most cases do not cope financially and materially and they need financial and materialistic support . Most of the orphans do not receive grants from Social Development because they do not have the necessary documentation . Most of the orphans, teachers are usually aware of their situations at homes as well as their parents.

Caregivers in most cases are aware of what causes the death of their relatives, caregivers usually know the status of their relatives before they pass away . Caregivers usually do not tell their family members that they are

staying with HIV/AIDS orphans, caregivers are normally devoid of family support as well as community and caregivers tend to struggle to survive with financial support.

Educators in most cases know the orphans in their classes. Educators usually are aware of the orphan's social problems and orphans usually have a lot of problems that educators do not get help for, because educators have a lot of work to do.

Social workers usually have challenges when working with HIV/AIDS orphaned learners.

The recommend future research is that it should consist of a larger sample, including participants from different provinces in South Africa. This will help to provide more exact information about the nature and extent of lived experiences of HIV/AIDS orphan learners.

There is a need to investigate ways in which educators can be trained by the Department of Education to support learners in the inclusive classroom setting.

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CHAPTER ONE

ORIENTATION

1.1 INTRODUCTION

South Africa is currently experiencing one of the most severe HIV pandemics in the world. As a result, children are orphaned and the familial primary micro-system of the South African social macro-system is destroyed as a result of the loss of parents through HIV/AIDS. The family structure changes because of the death of parents and some children find themselves moving out of their homes to stay with their relatives. The older children have to become heads of the family and care for their younger brothers and sisters, becoming instant parents.

Leatham (2005:1) mentions that children are heading families, but at the same time they are also part of the school and the education communities within the educational context. These children should be allowed to exercise their rights as learners and attend schools in order to enrich their lives with some skills, knowledge and values that may lead to their own quality life.

Leatham (2005:1) continues by saying that some learners have to act as parents of brothers and sisters who need care at home. Those learners are then, what is called, 'AIDS affected', because of the psychological and social distress that AIDS-orphaned learners experience as a result of grieving for their parents.

Children who find themselves without families, and are therefore called orphans, find it their own responsibility to make sure that their socio-economic needs are fulfilled. These children are left to socially, medically and economically fend for themselves. Others have to stay with relatives who are unemployed and the poverty rate in such instances is very high. Others are even left with grandparents who have to share their pension money to help their grandchildren survive (Leatham, 2005:1).

Leatham (2005: 1) mentions that orphaned learners, just like all other learners, need to live in a healthy environment and have access to basic food, water, clothing and electricity. Unfortunately, the economic situation in South Africa forces AIDS-orphaned learners to fend for themselves because no-one is willing to take responsibility for them. It is a fact that the South African government has a responsibility to ensure that such orphans have shelters, health care and receive a government grant, but it is not happening.

As a South African community we need to care for one another. The African spirit of *Botho, Ubuntu and Vumunhu* should be upheld in order to support AIDS-orphaned learners in our communities. Orphans tend to develop behavioural problems such as emotional instability, withdrawal, anxiety, behavioural difficulties, as well as conduct disorder, because of the death of their parents.

In this study, the Educational support of AIDS-orphaned learners at school is approached within a communitarian theoretical framework, which is closely linked to the ecosystemic theory. The ecological and systemic theory as proposed by Bronfenbrenner (1986:80) and developed by Epstein (1995:25) propounds that a child is influenced by and, in turn, influences the multiple systems in which he/she resides. These systems may include, among others, the micro system, the meso system, the exo system and the macro system.

An ecosystem, according to Bronfenbrenner (1986:80) and Epstein (1995:25), revolves around six types of theoretical and conceptual frameworks that inform (discussed later in this study) effective understanding of the psychological plight of children orphaned by HIV/AIDS, ultimately to assist in developing a systematic and social support programme to promote resilience among children of school-going age who have been orphaned by AIDS.

1.2 PROBLEM STATEMENT

According to Annexure 20 of UNAIDS (2006:309), an estimated number of 1,2 million South African children have been living as orphans due to AIDS in 2005, compared to 870 000 in 2003. This shows that the number of AIDS orphans has escalated in two years' time. When these statistics are

considered , there is no doubt that AIDS is destroying families and thus impacting on childrens' and adolescents' psychological, physical and social well-being . Subsequently , these orphan learners need support from their educators , community members, relatives and other stakeholders .

1.3 RESEARCH QUESTIONS

On the basis of the foregoing paragraphs ,the following question can then be asked:

Where are the ideals of *Ubuntu, Botho, Vumunhu* communitarianism in the context of AIDS orphans suffering as a result of the death of their parents?

When the above issues are taken into consideration, the following research questions come to the fore:

- What is the nature and extent of AIDS-orphaned learners?
- What kind of difficulties do AIDS-orphaned learners experience in terms of psychological, physical and social problems?
- What is the cause of their psychological , physical and social problems?
- Which social systems are available in communities to render psychological, physical and social support to AIDS-orphaned learners?
- What is the nature and extent of the educators' knowledge about psychological, physical and social difficulties that AIDS-orphaned learners experience?

1.4 PURPOSE OF THE STUDY

The purpose of the study is to:

- investigate the ideals of *Ubuntu, Botho, Vumunhu* communitarianism in the context of AIDS orphans suffering as a result of the death of their parents;
- determine the nature and extent of AIDS-orphaned learners;

- investigate what kind of difficulties AIDS-orphaned learners experience in terms of psychological, physical and social problems;
- enquire into the cause of their psychological, physical and social problems;
- determine which social systems are available in communities to render psychological, physical and social support to AIDS-orphaned learners;
- determine the nature and extent of the educators' knowledge about psychological, physical and social difficulties that AIDS-orphaned learners experience; and
- develop a communitarian programme for supporting AIDS-orphaned learners in various communities.

1.5 RESEARCH METHODOLOGY

This research consists of both a literature review and empirical research.

1.5.1 Literature review

The literature review should assist the researcher to determine:

- what is already known about the research problem;
- general trends and the most important models or theories;
- related problems which have to be 'solved'; and
- unanswered questions.

Banister, Burman, Parker, Taylor and Tindal (1995:38) posit that the review of related literature involves the system of identification, location and analysis of documents containing information related to the research problem. Bless and Higston-Smith (2000:127) state that a literature review helps researchers to understand the nature and meaning of the problem that has been identified.

In this study, the researcher has reviewed relevant national and international literature to extract both primary and secondary data. The primary and

secondary data relevant to this research was gleaned from the following sources:

- scientific books (secondary sources of information);
- articles in professional journals (primary sources of information); and
- research reports such as masters and doctoral dissertations (primary sources of information).

The main purpose of using books, journals, dissertations and theses was to read and understand what other researchers reveal about the problem under investigation so that the researcher can be able to add her voice and approach to the same problem with a view of extending knowledge development and presenting a fresh perspective to the problem. Bryman (2002:17) declares that a thorough study of relevant literature is essential for all kinds of research.

The literature study helped the researcher to isolate the significant relevant facts and to adopt a particular theoretical framework as the basis for the recommendations and the suggested solutions to the problem under investigation.

Since communitarian support of AIDS-orphaned learners is not a new concept, and is closely related to the ecosystems theory, the researcher endeavoured to apply the ecosystems theory in the context of townships and farm areas, because of the nature of the sampled educators, guardians, grandparents and sisters and brothers, as well as all participants who are supporting HIV/AIDS-orphaned learners. In the social context of South Africa, township and farm areas have a historically disadvantaged background and, as a result, at the present time it is still difficult for the affected families to cope psychologically and financially.

From the foregoing paragraph it is clear that there is a necessity to review relevant information from related literature concerning the support of HIV/AIDS -orphaned learners.

1.5.2 Empirical research

In this study, the qualitative approach of empirical research was utilized. The qualitative method was used in an interpretive, descriptive and explorative approach. According to De Jong and Berg (2002:37), the qualitative method analyses and interprets the research participants' individual and collective social actions, beliefs, thoughts and perceptions.

In this study, the participants who were interviewed included orphaned children, including households headed by children, caregivers consisting of grandparents and guardians, educators and social workers, to collect necessary and relevant information concerning the available support for HIV/AIDS-orphaned learners.

1.5.2.1 Interview

Bryman (2002:33) regards interviews as a qualitative data collection technique, based on a series of questions relating to the research topic which are to be answered by participants. In this study, the researcher made use of structured interviews which allowed the respondents to express their opinions as well as to perceive their reactions.

The researcher developed the interview schedule which was used to obtain self-reports from educators, grandparents, guardians, child households and social workers on their practice, if any, of supporting AIDS-orphaned learners.

According to Banister *et al.* (1995:6), interviews should be well placed and should attempt to establish a rapport between the researcher and participants so that a mutual and a meaningful relationship can be created to elicit the information required for the study. It is through such a relationship that both the participants and the researcher could solicit trust in each other.

Interviews also enabled the researcher to:

- interact with the respondents face-to-face; and
- pick up non-verbal information from the respondents.

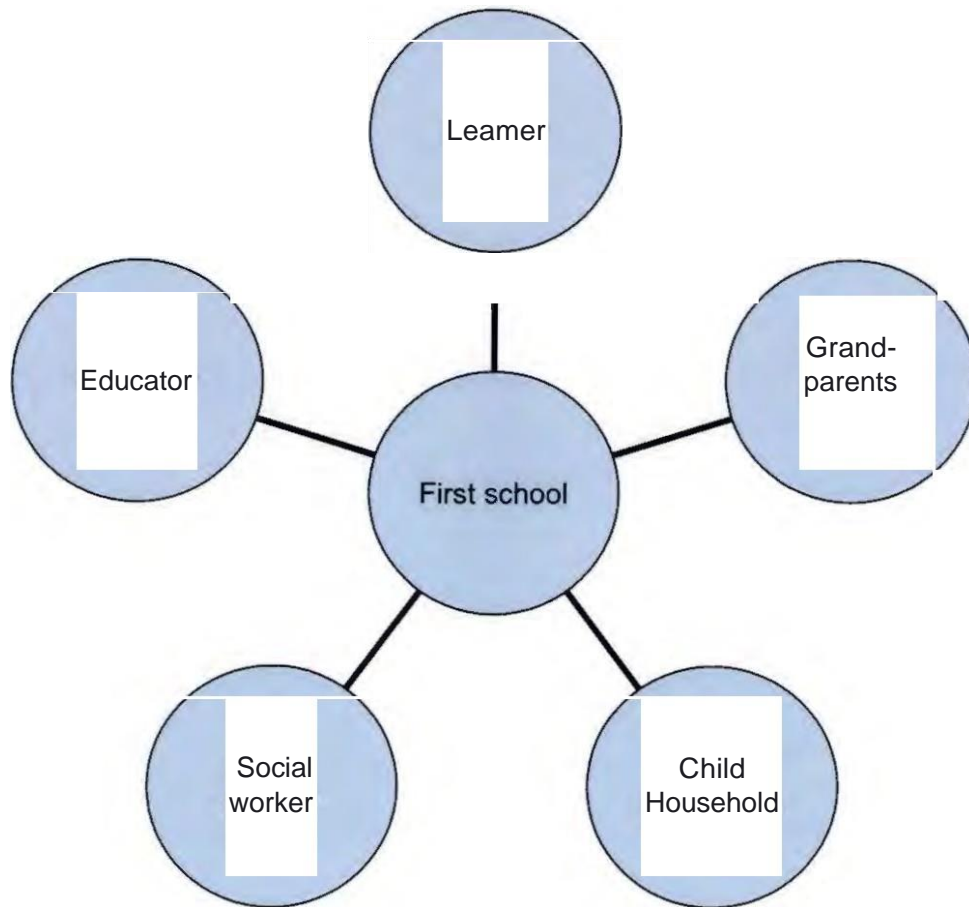
The researcher had someone who acts as an observer during the interviews. The reason was to see that there is no bias and that the research does not violate the rights of participants.

1.5.2.2 Questioning

In this research, the researcher asked the participants about the ways in which they support HIV/AIDS-orphans in their communities. The interview questions were piloted at two primary schools to check whether the language used in constructing the schedule of interview questions was clear and understandable. The results of the pilot study then revealed the necessity for slight modifications of the final draft.

The interview questions were piloted at two primary schools to check whether the language used in constructing the schedule of interview questions was clear and understandable. The following participants were involved during the pilot study:

Figure 1.1: Participants involved in pilot study



Personal briefing was done and guidelines were discussed to ensure standardized administration of the interview questions' schedule and secure participant guarantee of confidentiality . Structured questions were asked to which responses were sought from interviewees. Weiman and Kruger (2000:56) state that the interview questions schedule is an ideal technique for the researcher who is doing qualitative field research.

1.5.2.3 Population and Sampling

Blaikie (2001:198) defines a research population as an aggregate of all participant cases in a research that can form a designated set of criteria. Population elements are single members or units of a population. This means that they can be people, social actions, places or events.

In this study, the target population was orphaned children, including households headed by children. caregivers consisting of grandparents and guardians, educators and social workers in the Lejweleputswa Education District, which comprises Welkom, Odendaalsrus, Virginia, Hennenman, Ventersburg and Theunissen in the Free State province.

The researcher made use of a purposeful sampling design. There are different types of purposeful sampling designs. The researcher decided to utilize network sampling, which is one of the types mentioned in Berg (2003:166). Cohen, Manion and Morrison (2002:94) describe purposeful sampling as the quality of a piece of research which not only stands or falls by the appropriateness of the methodology and instrumentation, but is also the sampling strategy that has been adapted from the population on which the researcher focuses.

Patton (2001:180) argues that this strategy involves identifying cases of interest from people who know which cases are rich in information, that is, who are good examples of study and good interview participants. The sizes of the sample, according to Patton (2001:181), are not important in purposeful sampling, as long as the information that the researcher elicits from the participants is rich in information. The researcher used her network of friends who are educational psychologists, remedial educators, career educational supporters, as well as community leaders, to conduct network sampling in identifying participants from primary schools. The sample included educators as well as participants from child-headed households who stay with their younger brothers and sisters. Grandparents who stay with orphans, as well as guardians who stay with orphaned learners also participated. Educators, whose learners had been referred to the Education Support Centre in the Lejweleputswa Education District, were also included for participation in this research, as well as social workers who were involved with these children.

In this research, a total number of twenty participants were interviewed. The participants ($n = 20$), were informed of being participants and were given time either to participate voluntarily or to decide not to take part in this research. All twenty participants agreed to give their full participation. The participants

consisted of a total number of five (5) orphaned learners of child-headed households, five (5) educators who have HIV/AIDS-orphaned learners in their classes and five (5) caregivers or guardians who have HIV/AIDS-orphaned learners in their families, as well as five (5) social workers involved with these children.

1.5.2.4 Data analysis strategies

The purpose of analysing data is to find meaning from the collected data. This is done by systematically arranging and presenting the information (Burns, 2000:430). This research followed the constructivist grounded theory approach in the analysis and interpretation of data. According to Creswell (2003:23), constructivists recognise the mutual creation of knowledge by the researcher and the participants and aim at an interpretive understanding of participants' experiences. A constructivist approach to grounded theory reaffirms studying people in their natural settings and focuses on meaning, while using grounded theory further for interpretative understanding (Creswell, 2003:24).

In an interpretative study there is no clear point as to when data collection stops and analysis begins. Collecting, analysing and interpreting the data coincide as the research process unfolds. The researcher intended to interpret data from a position of empathetic understanding, which is one of the key principles of interpretative analysis (Maxwell, 2004:17). Creswell (2003:25) supports this view by stating that one of the strategies of constructivist grounded theory is the simultaneous collection and analysis of data.

1.5.2.5 Ethical considerations

In this study, ethical principles refer to the ways in which the researcher creates a trusting relationship between her and the participants. Bless and Highston-Smith (2000:62) state that the aim of ethics is to protect the participants involved in a piece of research.

In order to comply with ethical principles, the researcher initially applied for permission from the Department of Education to conduct the empirical research with the educators who formed the sample population of this research.

According to Bless and Higston-Smith (2000:62), confidentiality means that no one or no institution is identified in a report unless, of course, there is good reason to reveal institutional origins and permission is secured. In the case of this study, the researcher assured the participants of the absolute confidentiality of their names and that their responses, both verbal and non-verbal, were going to be used for a PhD degree only. This is done with the anticipation that findings emerging from this study could be of assistance to the Department of Education in South Africa to realize the nature and extent of challenges educators and caregivers face in supporting HIV/AIDS-orphaned learners.

In order to facilitate the participants giving their full informed consent, all the necessary information pertaining to the nature, purpose and usefulness of this research, including the voluntary nature of participation in this research, was given. This exercise was carried out with the participants rather than just what Cohen *et al.* (2002:56) refer to as "gatekeepers".

With certain disciplines, such as the social sciences, medicine and education, the use of human subjects in a research is, of course, quite common. Whenever human subjects are the focus of the investigation, the researcher must look carefully at the ethical implications of what he/she is proposing to do. As dictated by principles of ethics, the research participants must be informed about the whole process, they should know what is going to happen and how the process is going to affect them (Leedy & Ormrod, 2005:101).

The study will be conducted after permission has been obtained from the relevant role players, namely HIV/AIDS-orphaned learners, child households, social workers, grandparents and guardians of the communities (In De Vos, A.S. (Ed) Strydom, H., Fouche, C.B. & Delport, C.S.L, 2002:283).

Potential benefits for participants will be that "at risk" learners will be identified at an early stage and by following the intended intervention programme learners' functional academic literacy will be improved. The data, as well as the names of the participants who will take part in the research, will be treated as confidential. The objectives and aims of the research will be explained to them before they enter into this research.

1.5.2.5.1 No harm to participants

No activities in which participants will take part will expose them to physical, emotional or psychological harm. Participants will not be subjected to undue stress or embarrassment (Leedy & Ormrod, 2005:101; DeVos, 2003:64). The researcher will at no time manipulate participants (Weiman & Kruger, 2000:201).

1.5.2.5.2 Informed consent

Participants should clearly be informed about the aim and process of the research, as well as the possible benefits or risks that they could be exposed to. At no stage will any participant be forced by the researcher to participate in the study and participants will be made aware that they can withdraw from the research if they wish to. Permission will be obtained from the Department of Education for learners who wish to participate in the study. All stakeholders will be completely informed about the aim, the process, as well as the benefits of the research (Leedy & Ormrod, 2005:101; DeVos, 2003:65-66).

1.5.2.5.3 The right to privacy of participants

Every individual has a right to decide when and to whom his/her beliefs, circumstances and behaviour may be revealed (De Vos, 2003:67). In this research, results will be kept strictly confidential by reporting them in an anonymous manner (Leedy & Ormrod, 2005:102). The researcher will obtain permission from the participants for audio recordings of the interview (DeVos, 2003:67).

1.5.2.5.4 Deception of participants

Participants will be fully informed about the aim and the process of the study. De Vos (2003:66) defines deception of participants as "deliberately misinterpreting facts in order to make another person believe what is not true, violating the respect to which every person is entitled."

1.5.2.5.5 Actions of researcher

At no time throughout the duration of this research will value judgments be made on cultural aspects of participants involved. At all times the researcher will be aware of her ethical responsibility (De Vos, 2003:69).

1.5.2.5.6 Release of findings

Researchers should understand that the findings should be documented accurately, completely and with certainty (De Vos, 2003:71). The researcher will endeavour to document all results and findings objectively, completely, with accuracy and without any prejudice and will take great care to avoid duplication which could be regarded as plagiarism.

1.6 THEORETICAL FRAMEWORK OF THIS RESEARCH

The theoretical framework of this research can be seen as a communitarian programme for supporting HIV/AIDS-orphaned learners and is approached within the ecosystemic theoretical framework. The ecological and ecosystemic theory as proposed by (Bronfenbrenner, 1986:50) and developed by (Epstein, 1995:25) propounds that a child is influenced by and in turn, influences the multiple systems in which he/she resides (Epstein, 1995:25). These systems may include, among others, the micro system, the meso system, the exo system and the macro system (Bronfenbrenner, 1986:50).

This theory is crucial in developing a holistic support programme which takes the interconnectedness of families, schools and community agencies such as hospitals, the Department of Social Welfare, and so on, into consideration (Forget & Lebel, 2001:69).

Families, schools and community agencies should be the providers, in social context, of the full development of the human potential of a child. The whole social environment, including the family or extended family, as well as social services available in the community and community attitudes (Fiscus, 2001:45), all influence the development and behaviour of children.

Gopalan (2004:135) states that certain environments may be unable to accommodate the unfolding nature of children and this might generate disturbance in the whole school system. The major sign of disturbance is an increased amount and intensity of energy that is required by others to interact with the child, or a disturbance in the equilibrium of the social system that draws attention to the child. Gopalan (2004:135) further states that to operate from an ecological framework, one should accept that behavioural problems which learners exhibit, are also linked to the communities' social efficient learner psycho-social guidance services.

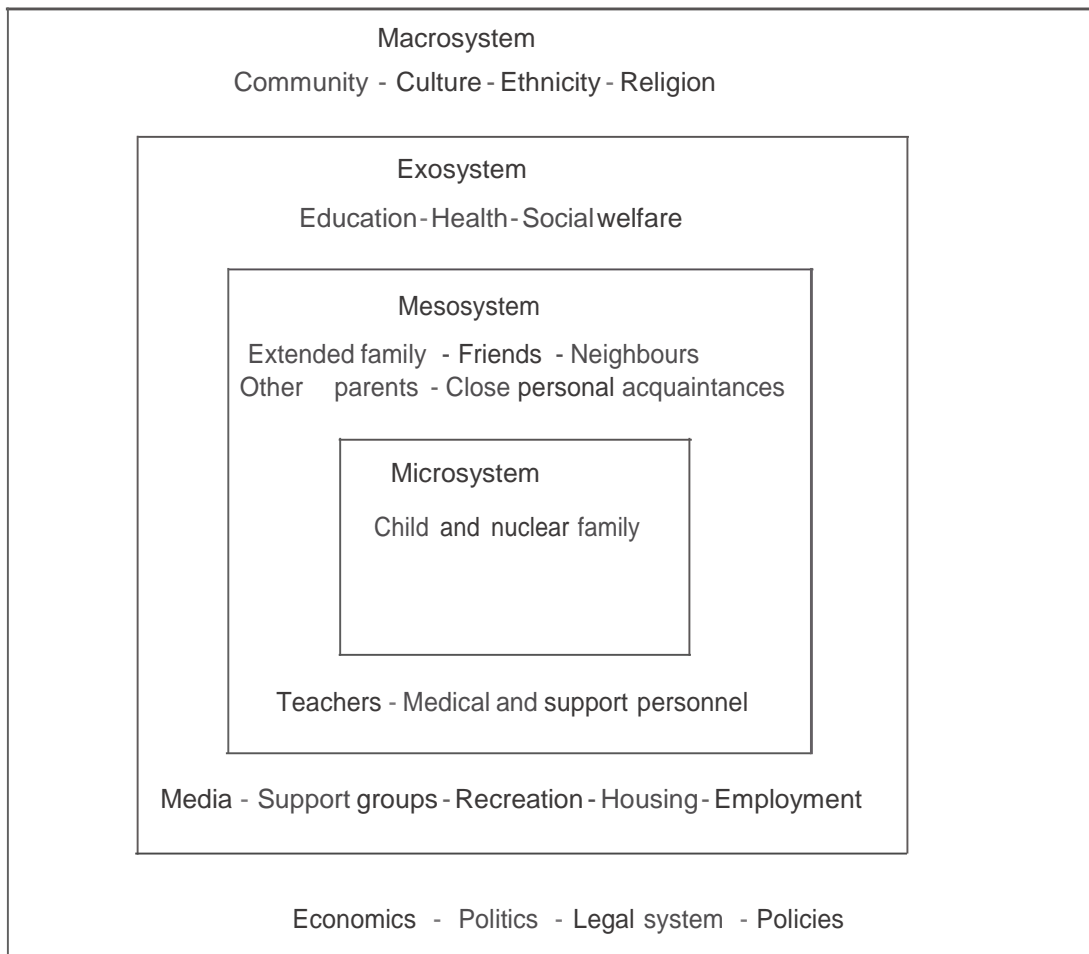
Fiscus (2001:116) explains the ecological context by dividing it into layers. The immediate environment (the microsystem) includes activities and interaction patterns with people close to the individual. For example, a child who is destructive and cries frequently, if born to parents who are impatient, might be subjected to negative interactions in the microsystem which, in turn, will affect the child's social and emotional development (Fiscus, 2002:116). The same situation shows itself in orphan learners, where the child is destructive and cries frequently because of their family situation. The death of parents can cause intensive emotional disorder.

The next level of the development (the mesosystem), includes interactions among those in the microsystem, for example, the learner may be verbally criticized by educators (Bronfenbrenner, 1977:62), which might lead to the learner seeing his/her educator as a bad person and thereby always showing disrespect. On the other hand, in such a situation a learner's parents may decide to cooperate with the educator in terms of a behavioural management agreement and this might lead to the learner respecting educator authority.

The next level, which is the exosystem, includes settings not directly interacting with the learner, but nevertheless affecting his/her development. For example, the exosystem may contain the parents' workplace, health and welfare agencies, or other community agencies (Epstein, 1995:128). In this case, aspects such as whether a child's parents receive insurance benefits or maternity leave, will affect child development, even though children do not directly interact with it.

The last level, the macrosystem, refers to the value, laws, customs and resources present in a particular culture. For example, in countries with strict fire-arm laws, child injuries and deaths due to fire-arms are considerably fewer (Fiscus, 2002:86). Forget and Lebel (2001:136) explain that social systems are dynamic and affect individuals in different ways, where children are seen as products of the social environment in which they grow up. This means that social systems, as found in various ecologies (environments) where learners grow up and develop, have a great influence on their development. Ecologies (environments) provide cultural virtues, such as community attitudes, values, norms, beliefs, convictions, customs, ways of life, philosophies of life, social support agencies, legal systems, parental workplaces, extended families, neighbours, the political atmosphere, mass media and government policies, which all have an influence on the motivational, behavioural and metacognitive development of learners. This issue is diagrammatically illustrated in figure 1.2.

Figure 1.2: Ecosystemic model (Bronfenbrenner 1977:62)



An illustration of Bronfenbrenner's ecological systems theory

The reason for grounding this research in the ecological-systems theory proposed by (Bronfenbrenner,1977:62) is because HIV/AIDS-orphaned learners in South Africa need educational support and care from people in the community . Contextual development from an ecological-systems theory premise will assist us in understanding how to support and care for HIV/AIDS-orphaned learners in the communities .

1.7 CHAPTER DIVISION OF THIS RESEARCH

Chapter 1

Chapter one is primarily an orientation chapter preparing the reader for the subsequent chapters.

Chapter 2

The chapter presents the literature review of the nature and extent of experiences of HIV/AIDS-orphaned learners.

Chapter 3

The chapter presents a literature review on the communitarian and ecosystemic approaches of rendering support to HIV/AIDS-orphaned learners.

Chapter 4

This chapter presents the empirical research design.

Chapter 5

Chapter five presents the analysis of data and the interpretation of the empirical research results.

Chapter 6

This chapter presents the summary, conclusions and recommendations.

Chapter 7

This chapter presents a proposed programme that can be used to support HIV/AIDS-orphaned learners.

1.8 CHAPTER SUMMARY

This chapter presented an orientation to the study by outlining the research problems, the aims of the study and the method used for data collection and

analysis. The next chapter presents information on the nature and extent of experiences of HIV/AIDS-orphaned children.

CHAPTER TWO

THE NATURE AND EXTENT OF HIV/AIDS-ORPHANED LEARNERS' EXPERIENCES

2.1 INTRODUCTION

The most significant medical problem the world is facing is that of the HIV/AIDS pandemic. The HIV/AIDS disease is unlike other diseases and could be responsible for killing both parents in a family. As a result, children are left being orphaned and the number of orphaned children is growing fast. The HIV/AIDS epidemic is very traumatic to people, because when parents get sick, children are psychologically affected.

When HIV/AIDS-orphaned children are left without an adult who can take care of them, they could also be separated because the family collapses. It also happens that when parents pass away due to HIV/AIDS, their children are discriminated against by members of the community. Thus, when parents die due to HIV/AIDS, not only are children being orphaned, but it also impinges on the psychological well-being of the child (UNICEF, 2006:2).

At this moment, there are approximately 1,5 million orphaned children in South Africa. The number of children orphaned is escalating, abandoned children are reaching worrying levels, and carelessness and exploitation of these children occur frequently. It is a fact that the babies left orphaned, need homes where they can grow up (Mboyisa, 2008:11).

When these issues are considered, it becomes clear that concepts inherent to human existence and the consequences of HIV/AIDS should receive attention.

2.2 CLARIFICATION OF CONCEPTS

The concepts HIV/AIDS, syndrome, the immune system, orphans, depression, emotional reactions, behavioural problems and others, are discussed in the sections that follow.

2.2.1 HIV/AIDS

Emini and Koff (2004:1913) proclaim that HIV is an acronym for Human Immuno Deficiency Virus and that AIDS is an acronym for Acquired Immune Deficiency Syndrome. HIV is a very small germ or organism that infects people through contact with infected body fluids. It cannot be seen with the naked eye, but only under an electron microscope. It only survives and multiplies in body fluids such as sperm, vaginal fluids, breast milk, saliva and blood. HIV attacks the immune system and reduces the resistance of the body to all kinds of illnesses, including influenza, diarrhoea, pneumonia, TB and certain other diseases. It eventually makes the body so weak that it cannot fight sickness and often causes death to people between five and ten years after becoming infected. However, some HIV-infected people live longer if they receive antiretroviral therapy and medication. As HIV attacks the immune system that protects the body from opportunistic infections and illness, the following symptoms can be experienced by people who are infected:

- weight loss, dry cough, recurring fever or profuse night sweats, profound and unexplained fatigue, swollen lymph glands in the armpits, groin or neck;
- diarrhoea that lasts for more than a week;
- white spots or unusual blemishes on the tongue, in the mouth or in the throat;
- red, brown, pink or purplish blotches under the skin or inside the mouth, nose or eyelids;
- memory loss, depression and other neurological disorders; and
- tuberculosis, pneumonia, gastroenteritis, meningitis and cancer (Clements, Abdooi-Karim & Chang, 2004f: 28-24; Beyrer, 2003:20).

Because of its effect on the immune system, HIV causes the body not to function well after having an infection or illness.

2.2.2 Immune system

The immune system is a human system of defence against infection. The immune system is a flexible and highly specific defence mechanism that kills damaging organisms in the cells they infect, destroys malicious cells and takes away the debris. It distinguishes normal tissue from anomalous tissue by recognizing antigens (hypostasis that induce the production of anti-bodies called immunoglobulin) when introduced into the body (Garber & Feinberg, 2003:136) .

2.2.3 Syndrome

Syndrome refers to a group of symptoms which consistently occur simultaneously (Collins English Dictionary, 2007:1634). It means that several symptoms occur at the same time and it should be emphasised that people with AIDS show many simultaneous signs and symptoms (Kelly, K, 2002:12; Idemyor, 2003:423; Johnston, 2002:421).

2.2.4 Orphans

In this study orphans include children from 0 to 18 years old. HIV/AIDS-orphaned children, are those without parents, where the parents have passed away because of HIV/AIDS (Collins English Dictionary, 2007:1151).

2.2.5 Family

A family forms part of a community and refers to a situation where two or more people who perform some of the functions of families live together. The family can consist of different people, even though they are not blood-related or not married to each other, but consider themselves to be a family (Turnbull & Turnbull, 1997:11) Delahunty A, Hawkins, McDonald (1998:232) defines family as a place where parents and their youngsters live, which could sometime include their grandchildren and other relatives.

2.2.6 Community

The Oxford School Dictionary (1998:127) refers to a community as a place where people live. A community is a place based on a geographical and a physical area. A community is connected to an area, in the physical, geographical sense. It can also refer to a village or a city. A community as a place also has its affective connotations (Stanford Encyclopaedia of philosophy, 2004:15).

A community can be defined as a place where people of common characteristics intermingle, having some interests and values of a social organization (Visser, 2007:5).

In this study a community is regarded as a place where people live: a large city or a small village. In such a community, people of different cultural groups, speaking different languages can be found.

2.2.7 School

The Oxford School Dictionary (1998:559) defines a school as a place where teaching is done, especially of learners aged 5- 18.

2.2.8 Emotional reactions

Emotions refer to an indication of an action, process or state (Coleman, 2006:248). Emotion is a state of behaviour present over a substantial period of time and could significantly disrupt learners' academic learning and achievement (Leedy & Ormrod, 2006:2-6).

Children, who are orphaned, mostly show adverse emotional behaviour. It is a condition that cannot be explained through intellectual sensory or health conditions. Factors which lead to children developing severe symptoms of fear are usually associated with personal, home, community or school problems and stem from the emotions.

HIV/AIDS-orphaned children who show emotional behaviour are unable to build a relationship with peers, parents, community members and educators (Bumpus, Grouter & McHale, 2001:163).

2.2.9 Depression

Depression refers to the feeling of unhappiness, sadness and stress that may result in an incompetence to carry out everyday activities. Depression, also called neuro-negative symptoms in medical terms, may also lead to thoughts of suicide (Prior, Sanson, Smarth & Oberklaid, 1999:563 in Mayimele, 2006:18).

2.2.10 Behavioural problems

Dekker, Nunn, Elhfeld, Tonge and Koot (2002:602) define behavioural problems as psychological behaviour in a child and adolescent which exists over a long period of time and to a certain degree has a potential of adversely affecting the child/adolescent's academic performance. Dekker *et al.* (2002:602) further highlight that a learner who is experiencing such a condition has an inability to build or maintain satisfactory interpersonal relationships with peers, parents and educators and exhibits inappropriate types of behaviour or opinion under normal circumstances.

It is for this reason that Henly, Ramsey and Algozzine (2002a:94) see behavioural problems as a special educational need of learners who cannot cope with the social demands of schools or societies.

2.3 THE IMPACT OF HIV/AIDS ON CHILDREN AND FAMILIES

The impact of HIV/AIDS will firstly be considered from an international and African perspective and secondly from a South African perspective in the sections that follow.

2.3.1 International perspective

HIV/AIDS is acknowledged as a worldwide threat to children and families. AIDS is the leading disease that causes death worldwide of people between

the ages of 15 – 49, as estimated in the year 2003. The HIV/AIDS epidemic has devastating effects on families and communities (UNAIDS, UNICEF, USAID, 2004:3). Millions of children have been orphaned or made vulnerable by HIV/AIDS. The most affected region is sub-Saharan Africa where an estimated 12,3 million children have been orphaned by HIV/AIDS. This estimated number of orphaned children will increase in the next decade as HIV/AIDS positive parents become ill and die from HIV/AIDS.

Children of the Brink (2004:3) also mentions that while sub-Saharan Africa has the greatest number of children who are orphans, the number of orphans in the continent of Asia is much larger. The number of children orphaned by HIV/AIDS will continue to rise for at least the next decade.

Parents may die for a variety of reasons, for instance, the HIV/AIDS pandemic or other health factors, war and genocide. Leatham (2005:31) highlights that internationally, child-headed families is not a phenomenon that has been known to society for a long period of time. This new composition has emerged as another family structure in order to adapt to the changing realities, elevating the pressure put on extended families.

An HIV/AIDS report (2007:4) mentions that care for children affected by HIV/AIDS should be escalated and that ways to support children who are looked after by relatives or by older brothers or sisters in child-headed homes, should be found. The people who live in such communities will be able to determine which children are at great risk and what factors should be used to assess vulnerability. Then priorities for local action should be set.

Decreasing standards of living due to care for extended family needs, includes more crowded living conditions and a sharp increase in family budgets. Households with orphans are more likely to become poorer because of the increased responsibilities and the household income of fewer earning adults is sustaining more responsibility. In the worst affected countries in sub-Saharan Africa, households with orphans have a higher dependency ratio than those with their own children (UNICEF, 2003:15).

2.3.2 African Perspective

African countries are the countries most affected by HIV/AIDS. The obvious effect of this disaster has been illness and death, but the impact of the pandemic has certainly not been reserved to the health sector. Households, education, the workplace and the economy have been significantly affected, along with other sectors of society. During 2005 alone, an estimated 2 million adults and children died as a result of AIDS in sub-Saharan Africa. Since the beginning of the pandemic, more than 15 million Africans have died from HIV/AIDS (Fredricksson, Kanabus & Pembrey, 2007:1).

Foster (2001:2) mentions that before this pandemic, abandoned children in Africa did not exist, as the extended families within the African affinity system took the orphans into their care. Due to the number of orphans increasing, the extended families are no longer able to support them according to their traditional customs.

The African countries affected by the HIV/AIDS pandemic are struggling to cope with pressure on the health sector. There are high demands to care for those living with HIV/AIDS. The direct medical cost of HIV/AIDS has been estimated at about US\$30 per year for every person infected at a time when overall public health spending is less than US\$10 per year for most African countries (Fredricksson *eta/.*, 2007: 1).

2.3.3 South African Perspective

The number of orphaned children is escalating in South Africa. The Minister of Social Development declared that the government should provide protection for deprived children, which includes giving a child support grant to 8,3 million children. This allowance does not reach all children, because currently only 20 657 child-headed households are provided for, while 11 328 community caregivers were trained (Mboyisa, 2008:11).

Once orphaned, children are left either socially, medically or economically on their own. Unfortunately orphaned children are left in child-headed households or live with extended family members such as grandparents,

uncles and aunts who, in most cases, are also unable to provide such children with basic needs such as shelter, food, medical care, education, love and support, because of the socio-economic realities such as unemployment and poverty in South Africa (Mboyisa, 2008:11).

Human Rights Watch (2005:20) mentioned that after parents died and children found themselves deprived of parental care and often absolutely on their own and/or when children entered the care of an extended family member, foster parents and institutions, many of them were subjected to abuse, carelessness and discrimination. Many children experience the dilemma of ailment and death numerous times, as mothers, fathers, siblings, aunts, uncles and other family members successively succumb to HIV/AIDS. Some parents, on the other hand, have to leave their families because they are faced by ostracism by extended family members for being HIV/AIDS positive. As a result, although parents have not passed away, they are obligated to leave their children on their own to run the household completely by themselves.

Orphans are vulnerable to many unsafe circumstances such as poverty, physical and sexual abuse, erratic attendance of/or dropping out of school, harassment and transactional sex. Many children, who become heads of a household, have to work outside the home as adolescents. Such children also endure stigmatization and are often ostracized and have to endure sarcasm even among relatives. As feelings of hopelessness and despair grow, many turn to drugs that further increase their risk for HIV/AIDS infection (Human Rights Watch, 2005:5).

South African children are dying, not only because of mother-to-child HIV transmission, but also because AIDS takes their parents and caregivers – their means of support. Orphans and vulnerable children are more likely to be malnourished, less likely to be breastfed and have minimal access to healthcare. Fortunately the health trends of the recent past are being revised, due to an increase in maternal and child mortality (Mazibuko, 2007:27).

2.4 LIFE EXPERIENCES OF HIV/AIDS-ORPHANED CHILDREN

Children orphaned by HIV/AIDS top the scales of emotional complexities and, because of losing a parent to HIV/AIDS, they are even sometimes teased by classmates for being orphans or for having HIV/AIDS (Human Rights Watch, 2005:25).

The psychological, physical and social distress that HIV/AIDS orphans experience as a result of grieving for their parents and of social isolation are strongly exacerbated by the shame and irrational fear surrounding all people affected by the stigma.

2.4.1 Psychological problems

Mazibuko (2007:37) highlighted that the mental health and psycho-social issues of children whose parents have died of AIDS, tend to be under-examined and under-treated in the light of demands for basic survival. Yet HIV/AIDS affects children's mental health in many ways. Children's psychological vulnerability is detrimentally affected long before the passing away of a parent. One of the single most important distressing factors in children's mental health is the mental health of their parents, and depression is very common among mothers who have HIV/AIDS.

The context and meaning of stressful life events are strongly related to the commencement of depression and anxiety. A number of researchers have found a marked relationship between several and in some cases traumatic life events and the onset of depression and anxiety (Catalano & Hawkins, 1996:39; Ary, Duncan, Biglan, Melzeler, Noell & Smolkowski, 1999:141; Brody, 2003:39). When groups of children who are already depressed and anxious are compared with a matched control group, similar findings emerge. In addition, for children with recurrent depression and anxiety, the occurrence of severe life stress is an indication that a much poorer response to treatment and a longer time before remission would occur (Mayimele, 2006:27).

Negative incidents that most often occur in the lives of HIV/AIDS affected children include family difficulties, continuous failure at school and other major

life changes because of the death of their parents. Stressful life events seem to be the major precipitant of symptoms of depression and anxiety in children and the contexts and meaning of an event is probably more important than the event itself (DeJong & Berg, 2002:29).

Children who grow up without the love and care of adults committed to their well-being are at high risk of developing psychological problems. Many orphans from affected families who cannot be placed into extended families may become homeless, and a lack of positive emotional care is associated with a subsequent lack of empathy with others and such children may develop various emotional problems. Not all children are however, affected or effected to the same degree. Protective factors – in the form of receiving care from other people, including educators, as well as personality predisposition -may lessen the impact of reduced care in the home environment (Mazibuko, 2007:38).

Mayimele (2006:27) maintains that the learner helplessness theory to de-emphasize specific attributions and to highlight the development of a sense of hopelessness can be as a crucial cause of many forms of depression and anxiety. Both anxious and depressed children develop a sense of hopelessness and a lack of control, but only in the midst of depression and/or anxiety, does a child give up and become hopeless about ever regaining control of his/her life again (Geller, Craney & Bolhofner, 2000:303).

2.4.2 Physical problems

Care for children affected by HIV/AIDS (2007:1) mentions that child-headed families, already traumatized by the death of their parents, should be assisted to seek an adequate place to stay, and with this forming of new, basic homes, should come the rebuilding of lives and families. Apart from ensuring their physical protection, it will give hope and encouragement to children who have experienced extreme hardship, poverty, ill-health and bereavement. They should be allowed to face a more secure life and their self-confidence should grow as they are supported in reorganizing their lives.

The death of parents has also resulted in the fact that the traditional skill to maintain traditional homes, made of mud, stone, wood and weed, could not be passed onto young adults. Unfortunately, the homes of children in child-headed homes are increasingly derelict, leaving them physically exposed to the elements, as well as unprotected in their communities. In the event of the weather worsening, especially due to stormy conditions in the mountain areas, children are forced to seek shelter elsewhere, often resulting in the splitting up of traumatized siblings who would prefer to be together. The abandonment of the family homestead also leaves them vulnerable to losing their right to their family land (Care for children affected by HIV/AIDS, 2007:2).

McKerrow, Smart and Snyman (1996:16) declare that orphans need physical and material things such as food and security; housing, clothing and bedding; education; income-generating skills; and healthcare. These issues receive attention in the following sections:

- Food and security - HIV/AIDS-orphaned children are vulnerable to both malnutrition and undernutrition, owing to the scarcity of food and the weak position they occupy within guardians' homes in the household resource distributing process.
- Housing, clothing and bedding - Orphans who are staying with elderly grandparents often cannot maintain their home life. Often the family's supply of bedding is reduced because the deceased parent was bedridden and incontinent before death so it is common for children to sleep on sacking on the floor. Many children have no shoes at all and own only one set of clothes.
- Educational needs - Orphans are vulnerable to drop out from school, because they do not have educational necessities such as books, school funds, a uniform, shoes and school trip funds. Younger children also need aftercare facilities and, as a result, fewer families have the money to send their children to school.

- Income-generation skills- Income-generation skills are needed to educate orphans to generate their own money. The older children readily become farm workers because they want to earn a salary in order to support their brothers and sisters.
- Healthcare - Healthcare support services are needed for HIV/AIDS-orphaned children, because immunization and simple medical care may not be reaching these children and children under the age of five are particularly vulnerable . Orphans, even those who are not HIV-infected , are recognized as having a significantly higher morbidity rate than children who are not orphaned.

As HIV/AIDS rates continue to soar around the world and household poverty deepens, children are pressured more and more to contribute financially to the household. The streets have become the place where these children often boost lost income to find refuge, and sometimes to find an escape from stigma. Unfortunately, while on the street, children can be exposed to rape, drug abuse, child labour (including child prostitution and other forms of exploitation), making them more vulnerable to contracting HIV/AIDS. Children need a place where they can safely stay without any disturbance to their lives (Mazibuko,2007 :38).

2.4.3 Psychosocial needs

HIV/AIDS-orphaned children develop psychosocial stress because of losing their parents. It causes mental problems because they are confused about what is happening in their environment. They need parenting. Most children do not come to terms with the truth of being orphaned and feel deprived of the loss of parental attention and of physical and social security.

After the death of their parents, the normal grief process is usually aggravated by the sense of guilt that they were unable to save their parents, often resulting in behavioural problems. The 'nuclear' family is very important when it comes to the development of children. Child heads of households confess to being ill-equipped to provide proper parental guidance and discipline to their siblings, over and above the love and care which they themselves still

need. These children also receive no moral and ethical guidance, while the only adult attention may be in the form of irregular and inadequate supervision (McKerrow *et al.*, 1996:16).

It needs to be understood that HIV/AIDS orphans are part of the community, developing like any other children in the community. They need friends, but some of them lose friends because of the stigma attached to their parents dying from HIV/AIDS, which then causes people to associate them with the HIV/AIDS pandemic.

Children on the Brink (2004: 17) states that children understand the nature of loss but may not directly express their fear and anxieties. They may feel resentment and anger at the death of a parent or close family member and they may seem to be coping, but at the same time, they can experience depression, hopelessness as well as vulnerability. This can lead to a sense of diversion, daring, risk-taking behaviour and/or withdrawal. HIV/AIDS-orphans need someone who can assist them with decision-making about future options and opportunities. They need non-discrimination and legal protection. Freedom from being criticized at school, in foster families or in orphanages is another need. Orphans are children, the same as other children and they need legal protection with respect to inheriting land and other material goods, as well as protection from dishonest guardians, relatives and others who may abuse their rights in any number of ways (McKerrow *eta/.*, 1996:16).

Mwimnobi (2006:47) mentions that the basic rights of children should be exercised by all members of a community, without exception. These rights include:

- respect;
- dignity;
- equality of opportunity;
- equality before the law; and
- freedom of association.

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Section 27 of the Constitution (1996b, P13) states that:

Everyone has the right to have access to:

- health care services, including reproductive health care;
- sufficient food and water; and
- social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.

It is also concluded that the state should take reasonable legislative and other measures within its available resources, to achieve the progressive realization of each of these rights and no-one may be refused emergency medical treatment.

The rights of the children of South Africa are also grounded in the South African School's Act (1996), whereby it provides the framework for:

- compulsory basic education for all learners from the age of seven, in Grade 1 to the age of 15 years (Grade 9), based on the principal of non-discrimination;
- banning of unfair admission policies and discriminatory educational practice in public schools, even though school governing bodies decision admission policies may decide the contrary;
- admitting learners with disabilities into mainstream schools where reasonable practicable schools are encouraged to take steps to make their facilities accessible to learners with disabilities;
- educating learners who cannot be properly taught at a mainstream school at a separate special school; and
- ensuring that no learner may be excluded from a school because of the non-payment of his or her school fees. Parents should have a right to appeal if they cannot afford to pay school fees.

It is thus concluded that all individuals need to support HIV/AIDS-orphaned learners residing in their community with dignity and respect. These children deserve to be part of the community.

2.5.1 The National Education Policy Act, Act 27 of 1998

According to the National Education Policy Act (Act No. 27 of 1998), the following are policy provisions for HIV/AIDS at schools:

- Non-discrimination and equality - No learner, student or educator with HIV/AIDS may be unfairly discriminated against, instead, they should be treated in a just, compassionate and life-confirming way. Just as learners and students with HIV/ADIS should be allowed to lead a full life and be afforded an opportunity to receive an education to the maximum of their ability, educators with HIV/AIDS should lead a full professional life with the same rights and opportunities as other educators (Department of Education, 1999).
- The HIV/AIDS policy of the school must address the following critical priorities, identified by the Department of Education, which are to:

prevent the spread of HIV/AIDS;

care and support learners and educators;

protect the essence of education; and

manage a coherent response to the challenge of HIV/AIDS (Kumalo, 2005:29).

2.6 THE PROBLEMS FACED BY HIV/AIDS-ORPHANED LEARNERS IN A SCHOOL SITUATION

Children orphaned by HIV/AIDS may miss out on school enrolment, have their schooling interrupted or perform poorly at school as a result of their situation. Expenses such as school fees and school uniform present major barriers, since many orphans' caregivers are not able to afford these costs. Extended

families sometimes see school fees as a major factor in deciding not to take on additional children orphaned by HIV/AIDS (Fredriksson *et al.*, 2007:5).

HIV/AIDS orphans may also leave school to attend to ill family members, work or to look after young siblings. Even before the death of a parent, children may miss out on educational opportunities. Research in Kenya suggests that children of HIV/AIDS positive parents are significantly less likely to attend school than other children (Fredriksson *et al.*, 2007:5).

Outside of school, HIV/AIDS orphans may also miss out on valuable life skills and practical knowledge that would have been passed on to them by their parents. Without this knowledge and a basic school education, children may be more likely to face social, economical and health problems as they grow up (Fredriksson *et al.*, 2007:5).

2.7 CONCLUSION

Chapter two dealt with the nature and extent of HIV/AIDS-orphaned learners' experiences in life, at school and in the community. The impact of HIV/AIDS on children and families received attention from an international, as well as a South African perspective.

South African policies regarding the rights of children as well as the National Education Policy Act were highlighted. Problems of HIV/AIDS-orphaned children in a school context were also discussed.

Chapter three deals with support rendered to HIV/AIDS orphans at a school as well as in the context of the community.

CHAPTER THREE

HUMAN DEVELOPMENT AND COMMUNITARIAN SUPPORT TO HIV/AIDS- ORPHANED LEARNERS

3.1 INTRODUCTION

Despite great changes in the means and forms of socialization , all communities share a common interest in child-rearing and upbringing, which is that they want their offspring to be competent and responsible adults. A major challenge to the process of socialization is the period of childhood, recognized as a time of dramatic physical, psychological and social transition (Mayimele, 2006: 12), during which all children need all the support available .

Subsequently, in this chapter communitarian support to HIV/AIDS orphaned learners during their transition period will be explored. Communitarian support, based on the school and the community , applied within an ecosystemic theoretical framework, is appropriate because the ecological and systemic theory as suggested by Bronfenbrenner and developed by Epstein, proposes that a child is affected by the influences of the collective arrangement in which s/he abides (Epstein, 1995:25).

A theoretical framework can assist those concerned to understand the issue of communitarian support for HIV/AIDS-orphaned learners. In order to understand the theory's application , it is necessary to clarify some of the related concepts and to explain their meanings. By understanding the meaning of the concepts, the reader should have a clear understanding of the context of this chapter .

3.2 CLARIFICATION, OF CONCEPTS

The following concepts are used in this chapter to explain communitarian support: support, a theory, proximal processes, communitarianism , ecology and others.

3.2.1 Support

Support, as seen in this study, denotes assistance or encouragement by community members and relatives which should be geared towards providing support to HIV/AIDS-orphaned learners within their home and also to supply the necessary things they need in life (Collins English Dictionary, 2002:1618)

3.2.2 Theory

The Oxford School Dictionary (1998:455) defines theory as 'thinking about considering'. It is thus important to consider what other theories say about the ecological systems model. Leatham (2005:7) mentions that theories provide a set of organized principles that, together with contextual knowledge, generate insight into a specific situation.

3.2.3 Ecology

The Oxford School Dictionary (1998:145) defines ecology as the science of how living things interact with the environment. It was from the idea of 'living in a place', that the word ecology grew. The ecology of this study is therefore a community where HIV/AIDS orphans live with their guardians, siblings and grandparents .

3.2.4 Proximal Processes

A proximal process is a particular form of interaction between organisms and the environment (Landsberg, Kruger & Nel, 2007:13). Collins English Dictionary (2002:1304) refers to 'proximal' as a position near the centre of the body or a specific area.

3.2.5 Communitarianism

Venter (2004:11) declares that communitarianism is an ethical concept that views the community as the most optimal form of life for human-beings and that any frustration of the basic human need for community may lead to alienation, depersonalization, broken homes and others. According to this perspective, the school as well as the moral character of human-beings

cannot develop in disintegrated communities that do not manifest and foster the unique idea of human advancement. Such human accomplishment can only be performed by a common conception of the human fulfilment, according to the communitarian notion.

3.2.6 The African concept *Ubuntu/Botho/Vumunhu*

According to Mnyaka and Motlhabi (2005:215), *Ubuntu* is a deliberation of African cultures where, among the people living in the same community, are found notions such as their value systems, beliefs, practices and others, largely reflecting the African worldview. This concept is also known as *Ubuntu/Botho/Numunhu*, meaning humanism or humaneness. *Ubuntu* is an old philosophy and way of life that has for many centuries sustained the African communities in South Africa, and, in particular, in Africa as a whole. The word '*Ubuntu/Botho*' occurs in almost all African languages in South Africa. The word *Ubuntu* is derived from '*isiNgint*', the word *Botho* is a Sesotho word and, in *Xitsonga*, the word is translated as '*Vumunhu*', while in *TshiVenda* it is '*Uhuthu*'.

According to the above authors, the word *Ubuntu/Botho* has not been immune to misuse and overuse. It is a strong, meaningful, loaded concept or value. African people consider *Ubuthu/Botho* as the most important quality of a human being. *Ubuntu/Botho* is not only about human acts, it is about being, it is a disposition and it concerns values that contribute to the well-being of others and the community. In this study, this concept is used as an approach to render support to AIDS orphans in the most humane manner (Mnyaka et al., 2005:215).

3.3 THE ECOLOGICAL SYSTEM AS THEORETICAL AND ORGANIZATIONAL FRAMEWORK FOR HUMAN DEVELOPMENT

Bronfenbrenner (1976:21) mentions that the ecology of human development involves the scientific study of the progressive mutual accommodation of an active, growing human-being and the changing properties of the immediate setting in which a developing person lives, as this process is affected by

relations between these settings and by the larger contexts in which the settings are embedded.

Bronfenbrenner (1972:21) continues to mention three features of development that take place during personal development. The development of a person is not viewed as a *tabula rasa* (a clean slate), because of the impact of the environment. The development of the person is influenced by the milieu of that setting or situation, the growing dynamic entity that progressively moves into and restructures the milieu in which it resides.

Bronfenbrenner (1972:22) mentions that the influence between the person and the environment is a process of mutual accommodation, is viewed as two-directional, and is characterized by reciprocity. He assumes that the developmental process is limited to a single, immediate setting, but is extended to incorporate interconnections between such settings, as well as to the external influence emanating from the larger surroundings. The ecological environment is concerned topologically as a nested arrangement of concentric structures, each contained within the next contexts such as family, school and community.

The ecological systems theory, also called 'development in context' or 'Human Ecological Theory', specifies four types of nested environmental systems with bi-directional influences within and between the systems. The theory was developed by Urie Bronfenbrenner (1972:22), generally regarded as one of the world's leading scholars in the field of developmental psychology.

Bronfenbrenner mentions that 'the ecology of human development has had a widespread influence on the way psychologists and others approach the study of human-beings and their environments'. As a result of his groundbreaking work in human ecology, these environments, from the family to economic and political structures, have come to be viewed as part of the life course from childhood through to adulthood.

Bronfenbrenner's (1972:22) ecological model and the more recently revised bio-ecological model of development, have much relevance to emphasizing the interaction between an individual's development and the systems within

the social context. It reminds us of the general challenges of development and cannot be separated from the development of the child through social context. All four levels are connected to one another.

The major challenge is to understand the complexity of the influences, interactions and interrelationships between the individual and multiple other systems that are connected to the individual from an ecological systems theory or systems change perspective (Landsberg, KrOger & Nel, 2007:9-11). Bronfenbrenner's model is an example of a multidimensional model of human development. Such models suggest that there are layers or levels of interacting systems resulting in change, growth and development, such as physical, biological, psychological, social and cultural. Multidimensional models are useful in describing development as well as the complex, causal processes involved in many other kinds of change. Such change includes the family structure where children are left alone, where children are to become the head of a family and others are removed from their surroundings to go and stay with extended families, all because of HIV/AIDS (Landsberg, Kruger & Nel, 2007:9-11).

Bronfenbrenner's ecological model is useful in understanding the child as individual, although the school and families should be viewed as a system. Donald, Lazarus and Lolwana (1997:37) view a system to be, for example, that of a school. A school is a system with different sets of things working together, such as its staff members, learners, curriculum and administration. In order to work in harmony, there should be a good relationship between the systems, because if one is found to be incompetent, the system cannot function.

Donald *et al.* (1997:37) mention that a family is also a system. Although a family is composed of individual members, a family will tend to function in ways which preserve its own characteristic patterns as a whole. The individual person in the family will have his/her own function as part of the family. If one part of the family does not function, it affects the functioning of the whole system. The family as a system also interacts with other family

members outside, such as grandparents, guardians and others who may be seen as subsystems within families (Donald *eta/.*, 1997:37).

The death of parents in the family affects all children. Such children are left alone and the family is headed by children who cannot function well. Children cannot cope on their own, without having elderly supervision. If challenges arise in the life of children, they destroy their way of living, because in the instance of challenges such as death, they need the assistance of older people. Another example is that when tension occurs in one part of the family, it affects the whole family situation. The family members tend to respond to tension in terms of its characteristic patterns and ways of functioning.

Donald *eta/.* (1997:35) mention that when parents die, children are affected in different ways. It affects their development and because their function changes, they start to take the responsibility of parents while they are still children. Their school attendance starts to change and performance drops. The death of parents also causes severe distress in children.

Leatham (2005:8) mentions four interacting dimensions that should be taken into consideration when understanding child development. The personal factors (the behaviour of the child and parents), process factors (patterns in the way that family members interact with one another), contexts of interaction within the family, school and local communities and time (changes occur over time in the child and the environment), all form part of proximal interaction that have a lasting influence on the child's shaping.

Bronfenbrenner's model of the 1970s, as well as his recent work, Bronfenbrenner (1972:22), revolves around four interacting dimensions or properties that need to be considered when attempting to understand child development or change in context:

- Personal factors – such as behavioural tendencies that either encourage or discourage certain kinds of reaction from others.

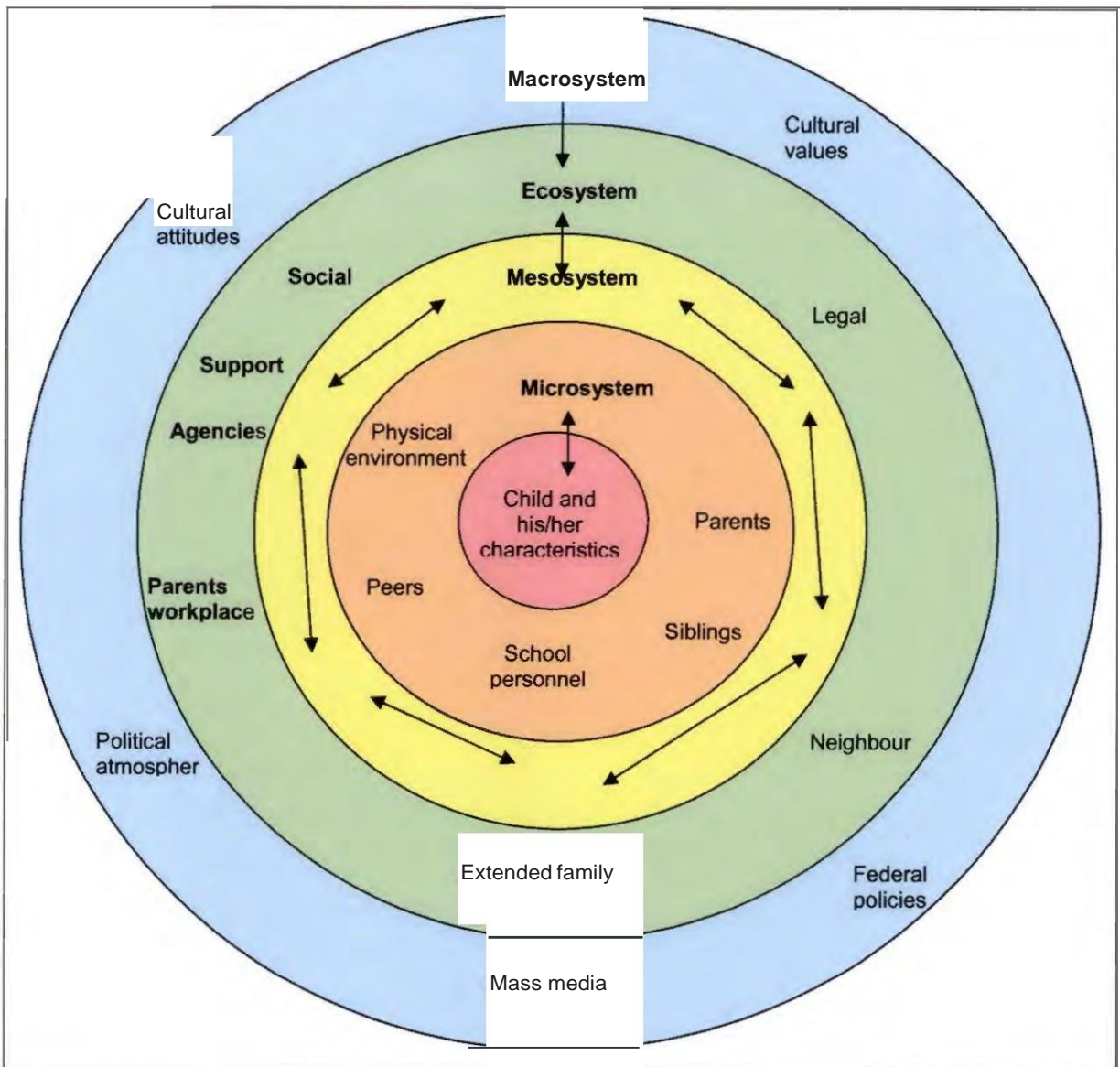
- Process factors – such as the patterns of interaction that occur in a system .
- Context – such as families , schools, classrooms and local communities.
- Time – such as changes over time, due to maturation in the individual as well as changes in the environment (Landsberg *eta/.*, 2007:10).

Landsberg *eta/.* (2007:10) emphasize a major contribution of the often cited 1990s model of Bronfenbrenner (1972:22) that emphasizes certain contexts, which are person and process factors as well as the time dimension, and are further explained in the later description of the bio-ecological model. In this section , the 1970s complex ecological model that explains the direct and indirect influences on a child's life by referring to the many levels of environment or contexts that influence a person's development , receives attention.

In this context, Bronfenbrenner (1972:22) suggests that it is helpful to perceive the environment or social context as 'a set of nested structures , each contained inside the next, like a set of Russian dolls'. These environmental systems include the microsystem, the mesosystem , the exosystem and the macrosystem. All these, as illustrated in Figure 3.1, interact on the chronosystem:

- Microsystem - immediate environment such as family, school, peer group , neighbourhood and childcare environments
- Mesosystem - a system comprising connections between immediate environments namely a child's home and school
- Exosystem - external environmental settings which only indirectly affect development such as the workplace
- Macrosystem – the large cultural, multicultural, national economy and political culture.

Figure 3.1: Bronfenbrenners Ecological/System Model 1972:22
 (Landsberg *et al.* 2007:11)



3.3.1 Microsystem

The microsystem is an immediate system that influences the individual. According to Bronfenbrenner (1972:22), the microsystem is a pattern of activities, roles and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics. The child and his/her characteristics in his/her development is influenced by people around him/her. These influences can be the physical environment, peers, school, personnel, siblings and parents. The day-to-day interaction

influences child development. This interaction happens in a setting. It is a place where people can readily engage in face-to-face interaction such as at home, at a day-care centre, at a playground and other places. The child can develop by experiencing day-to-day learning through other people in the environmental setting. It is in the immediate environment where proximal processes take place (Landsberg *et al.*, 2007:13).

3.3.2 Mesosystem

The mesosystem refers to the relationships that develop and exist between these microsystems. At this level, the family, the school and peer groups interact with one another, modifying each of the systems. Bronfenbrenner (1972:23) defines a mesosystem as a structure that comprises the interrelations among two or more settings in which the developing person actively participates, such as a child's relationships around the home, school and neighbourhood peer group. For an adult, it takes place in and around family and social life (Bronfenbrenner 1972:23).

The mesosystem is formed or extended wherever the developing child moves into a new setting. Child development does not take place only in a formal setting, but can take place even in an informal setting where interaction between others occur. Through communication, the child can extend knowledge and attitudes existing in one setting to the other (Landsberg *et al.*, 2007:13).

3.3.3 Exosystem

The exosystem is referred to as one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by what happens in the setting containing the developing person. Bronfenbrenner (1972:25) points out examples of an exosystem in the case of a young child that might include the parent's place at work, a school, a class attended by an older sibling, the parents' network of friends, the activities of the local school board and so on. This influence is also relevant to the community level. The quality of relationships between the parents and the learners and other microsystems which the learner has,

points to a proximal relationship, such as the peer group. The same applies to poor health services. If a learner is chronically ill and frequently absent from school as a result of poor health services, it will influence his/her relationship with parents, teachers and peers as well as affect his/her school work (Landsberg *eta/.*, 2007:13).

3.3.4 Macrosystem

This refers to the attitudes, beliefs, values and ideologies inherent in the system of a particular society and culture that may have an impact or be influenced by any of the above systems. Examples of values and beliefs could include democracy, social justice and the African cultures of *Ubuntu/BothoNumunhu*. This social system influences other systems (micro, meso and exo) that exist or could exist at the level of a subculture. All of this, including the chromosystem, can influence the development of a child.

3.3.5 Chronosystem

The chronosystem refers to the developmental timeframes that cross through the interactions between these systems and their influences on individual development. An example of this would be the developmental process that a family undergoes in which there might also be a child who is in a process of development. Families with babies and toddlers then also experience different interactions and processes from a family with teenagers and children leaving home. This, in turn, interacts with a child's progressive stages of development (Landsberg *eta/.*, 2007:13).

In this study, the researchers perceive the microsystem to be that of a school. During the development of a child, there are some activities that take place at school, such as learning, sport and music. All activities help the child during his/her development. It can thus be questioned what role the school plays in the life of a learner or of the child as a youth leader as part of the community's interpersonal relations and can be seen in the way the child interacts with friends at school and in the community. Landsberg *eta/.* (2007:13) highlight that interacting behaviour fields (systems), where a change in one component could affect the entire configuration and produce a new meaning for the child,

is of the utmost importance to discuss the systems theory to help understand child development.

3.3.6 Systems theory

According to Visser (2007:22), the word "systems" connotes "a place together but not at random, in a particular order". It can also be defined as any two or more parts that are related, such that change in any one part, changes all parts. It is an organized whole that consists of parts or subsystems that are interdependent and form an integrated whole, of which the essential properties arise from the relationships between its parts.

Visser (2007:26) continues saying that such systems are self-regulating and that all change should be understood as the effort to maintain some consistency. In a system there is constant change in the form of self-regulation to maintain stability within a constantly changing environment.

In this study, HIV/AIDS causes changes in the environment or system. Visser (2007:26) postulates that the increased incidence of HIV/AIDS deaths and the widespread communication about the epidemic, serve as feedback about the current situation, creating an awareness of the seriousness of the problem. Epstein and Sheldon (2002:117) mention that overlapping spheres can influence the learner more when all stakeholders work together.

3.4 EPSTEIN'S OVERLAPPING SPHERES OF INFLUENCE

Epstein and Sheldon (2002b:117) present a theory of overlapping spheres of influence, arguing that it is a fact that learners learn more when parents, educators and the community work together to guide and support them in their learning and development. The model below includes three contexts as examples of overlapping spheres of influence, namely:

- school;
- family; and
- community.

Figure 3.2: Overlapping spheres of influence of family, school and community on children's learning (Epstein *eta*/, 2002b:17)

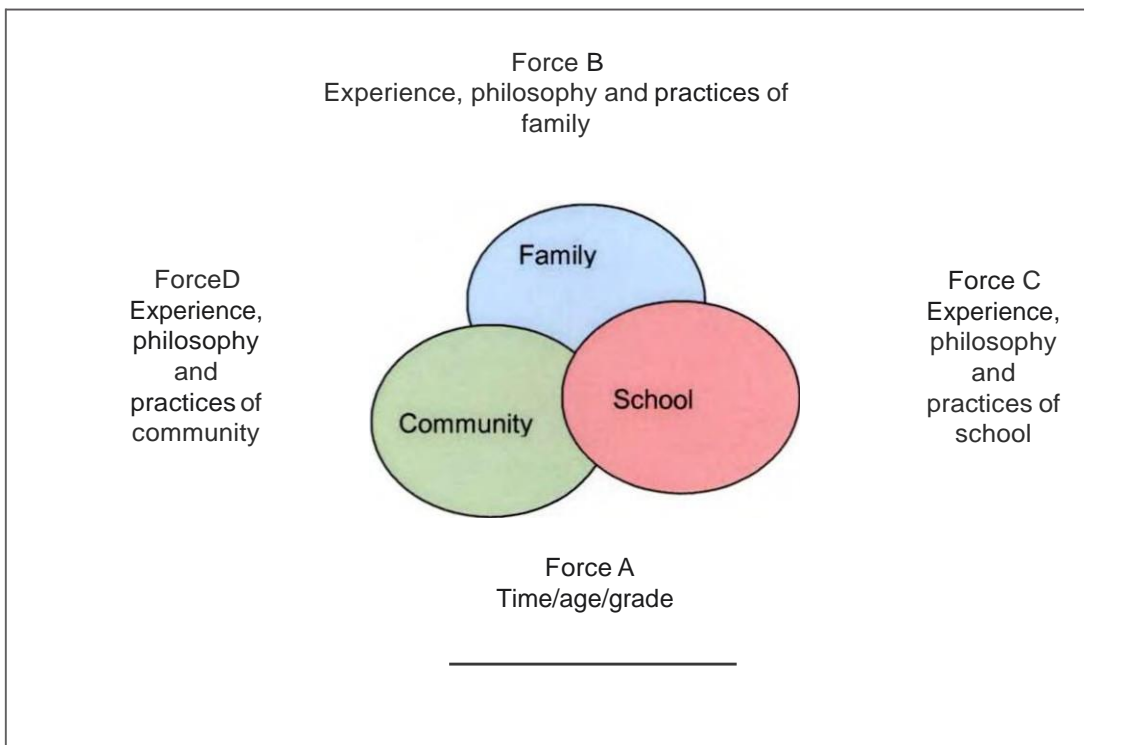


Figure 3.2 illustrates that three contexts, family, community and school, work together in order to support one another so that a learner can develop better. These contexts form a unique combination and influence one another in the development of a child. If any of the contexts move closer or further because of internal or external factors, the other spheres are affected. The overlapping part of the context represents that in such instances, they are working together .

The external sphere contains the effect of school, families and communities on the development of the child (Landsberg, Kruger & Nel, 2007:216) . The internal sphere represents the establishment and individual alignment of communication and the social connection of parents, teachers, learners and community members. It is very important that family and school work together, because the school and family, as organizational partners, work most efficiently and effectively when they have separate goals, roles and responsibilities in the development of a learner (Epstein *eta*./, 1995:76).

Epstein continues by emphasizing that the theory of overlapping spheres can influence recognition of the interdisciplinary nature of the school, family and community partnership. The need exists for dependent interactions between parents, educators and community partners to understand one another's views to identify common aims for learners and to appreciate one another's contributions to learner development. When parents, educators and partners establish friendly relationships and exchange data that is accumulated as "friendly capital", it may be used to improve a learner's learning experiences at school. The positive interaction between school, parents and communities help learners' performance to improve (Epstein *eta/.*, 2002:120).

In this study, the theory of overlapping spheres is viewed as important in the development of any child, but for the HIV/AIDS orphans, the community firstly need to close the gap caused by the death of parents. Where children are left alone, the parental part of the sphere is missing and the development of the child and his/her achievement are affected. A child is not capable of parenting other siblings, as well as being a learner at school. One part will fall apart (Epstein *eta/.*, 2002:120).

The second argument is about the children who live with grandparents who are old and uneducated. It should be realised that they cannot help learners with homework because of the changes in the curriculum since they attended school. They are not able to communicate with educators either because of their age and they probably cannot travel to school and ask about the performance of a child. Most grandparents feel that their duties are just to see that a child gets to school and that they are not able to understand everything that is happening there.

Epstein's model (Epstein *eta/.*, 2002:120) targets children as beneficiaries of the overlapping spheres and therefore places the child at the centre of involvement. They mention that the learning and development of children are the main reasons for such partnerships. These partnerships are aimed at increasing children's self-esteem, motivation, academic skills, independence and other characteristics related to success, in order for them to achieve their potential.

Landsberg *et al.* (2007:217) continues by saying that the school and educators should work at establishing what Epstein calls a more 'family-like school' that appreciates the individuality of every child and welcomes all families at the school.

On the other hand, parents should create 'school-like' families that acknowledge each child as a learner by valuing the importance of education, homework and other school-related issues. Both spheres of activity build children's skills and their feeling of success. Communities should include groups of parents working together, create schooling opportunities and events that recognize and reward learning and progress. Communities should also create family resources, settings and services to support families in their roles to support their children. Community-minded families and children should be able to assist other families and community members in the process.

Epstein *et al.*, (2002: 120) identified and described six types of partnerships of care that can support the successful learning and development of children. The types of involvement are not hierarchical, but all six are important to establish a strong partnership that will benefit successful learning.

Epstein's model for partnership illustrates six types of involvement and six types of caring. A step-by-step description of this model appears in the sections that follow.

3.4.1 Epstein's model for partnership illustrating six types of involvement and six types of caring

Epstein *et al.* (2002b:17) states that each type of involvement includes many different practices of partnership. Each type has particular challenges that must be met in order to involve all families; each type requires redefinition of some basic principles of involvement; and each type leads to different results for students, families and educators. They continue by saying that as a comprehensive approach to partnerships between schools, families and communities exists, it allows schools to build on their strengths. Having a comprehensive approach, fosters a positive attitude towards the school and

towards families and community members, because it respects the diversity of the school population as a whole.

Although all schools may use the framework of six types of involvement as a guide, each school must choose practices that will help to achieve important goals and meet the needs of its learners and their families. The separate types of involvement will now be discussed.

3.4.1.1 Type I - Parenting child development

According to Epstein *et al.* (2002:120), in this type of involvement the family should establish a suitable environment of supporting HIV/AIDS children, because such orphans live in a difficult situation where parenting during their development does not exist. They live with people such as grandparents, siblings and guardians. These people are forced by their situation to practise parenting, even though it is difficult.

Epstein *et al.* (2002:120) give the following suggestions for suitable practice of parenting:

- The creation of favourable home conditions that support learning at each grade level
- Attending workshops, watching videotapes, computerized phone messages on parenting and child rearing at each age and grade level
- Parent educational and other training for parents
- Family support programmes to assist families with health, nutrition and other services
- Home visits at transition points to pre-school, elementary, middle and high school learners
- Neighbourhood meetings to help families understand schools and to help schools understand families

Challenges to the suitable practise of parenting, are:

-
- Provide information to all families who want it or who need it, not just to the few who are able to attend workshops or meetings at the school building.
 - Enable families to share information with schools about culture, background, children's talents and needs.
 - Make sure that all information for and from families is clear and linked to children's success at school (Epstein *et al.*, 2002:120).

Outcomes for parents regarding the suitable practice of parenting include the following:

- Understanding of and confidence about parenting, child and adolescent development and changes in home conditions for learning as children progress through school.
- Awareness of own and others' challenges in being parents.
- Feeling of support from school and other parents (Epstein *et al.*, 2002 :120).

Outcomes for educators include that they should have:

- understanding of families' background, cultures, concerns, goals, needs and views of the children they have to educate;
- respect for families strengths and efforts;
- understanding of learner diversity; and
- awareness of own skills to share information on child development.

3.4.1.2 Type II :Communication between school and families

According to the second type of involvement (Epstein *et al.*, 2002:120), the school should communicate with the family about the curriculum and learners' achievements.

This could be achieved through:

-
- conferences with every parent at least once a year, with follow-ups as needed;
 - language translators to assist families as needed;
 - weekly or monthly folders of learners' work sent home for review and comments;
 - parent/learner collection of report cards, with discussions on improving grades;
 - regular schedule of useful notices, memos, phone calls, newsletters, and other communications;
 - clear information on choosing courses, programs and activities within schools; and
 - clear information on all school policies, programs reforms and transitions .

Outcomes of suitable practice for learners will include:

- awareness of own progress and of actions needed to maintain or improve grades;
- understanding of school policies on behaviour, attendance and other areas of student conduct;
- informed decisions about courses and programmes;
- awareness of own role in partnerships ; and
- serving as courier and communicator .

3.4.1.3 Type III: Parents volunteering to supervise and foster children at school

The volunteering of parents includes recruitment and organization of parents' help and support for learners at school.

Suitable practices of parent involvement should include:

-
- school and classroom volunteer programmes to help educators, administrators, learners and other parents;
 - making available a parent's room or family centre for volunteer work, meetings and resources for families;
 - an annual postcard survey to identify all available talents, times and locations of volunteers;
 - making available telephone lines, or other structures to provide all families with needed information; and
 - parent patrols or other activities to aid safety and operation of school programmes.

Outcomes of suitable practice for learners will include:

- skills in communicating with adults;
- increased learning of skills through tutoring or targeted attention from volunteers; and
- awareness of many skills, talents, occupations, contributions of parents and other volunteers.

Outcomes of suitable practice for parents will include:

- understanding of the educator's job, increased reassurance at school and the activity of carrying over school activities to the home;
- self-confidence about the ability to work at school and with children or to take steps to improve own education;
- awareness that families are welcome and valued at school; and
- gains in specific skills of volunteer work (Epstein *et al.*, 2002:120).

3.4.1.4 Type IV :Parents extending learning at home

In the instance of parents who are willing to assist their children at home, but are not sure about the curriculum when it comes to homework according to this type of support, training should be provided to parents and information should be supplied on the way to support their children.

Suggestions of suitable practice regarding parents extending learning at home include:

- information for families on skills required for learners in all subjects at each grade;
- information on homework policies and how to monitor and discuss schoolwork at home;
- information on how to assist learners to improve skills on various class and school assessments;
- a regular schedule of homework that requires learners to discuss and interact with families on what they are learning in class;
- calendars with activities for parents and learners at home;
- Mathematics, Science and reading activities at school;
- summer learning packages or activities; and
- family participation in setting learner goals each year and in planning for tertiary education or a work situation (Epstein *et al.*, 2002:120).

Outcomes of a suitable practice for learners will include:

- gain in skills, abilities and test scores linked to homework and class work;
- homework completion;
- positive attitude towards schoolwork;

- view of parents being similar to that of the educator and being at home viewed similar to school conditions; and
- self-concept of the ability as learner.
- Outcomes of a suitable practice for parents will include:
 - knowledge of the manner to support, encourage and help learners at home;
 - discussions of school, class work and homework;
 - understanding of instructional programmes each year and of what the child is learning in each subject;
 - appreciation of teaching skills; and
 - awareness of the child as a learner (Epstein et al., 2002:120).

Outcomes of a suitable practice for teachers will include:

- better design of homework assignments;
- respect for family time;
- recognition of equal support by single-parents, dual-income and less formally educated families in motivating and reinforcing learning; and
- satisfaction with family involvement and support.

3.4.1.5 Type V: Parents taking part in decision-making

Parents should be able to make choices when it comes to making decisions regarding their children.

Suggested practice for parents taking part in decision-making include:

- active PTA/PTO or other parent organizations, advisory councils, or committees (for example, the curriculum, safety, personnel) for parent leadership and participation;

- independent advocacy groups to lobby and work for school reform and improvements;
- district-level councils and committees for family and community involvement;
- information on school or local elections for school representatives; and
- networks to link all families with parent representatives.

Outcomes of suitable practice for learners will include:

- awareness of representation of families in school decisions;
- understanding that learner rights are protected; and
- specific benefits linked to policies enacted by parent organizations and experienced by learners.

Outcomes of a suitable practice for parents will include:

- input into policies that affect a child's education.
- feeling of ownership of school;
- awareness of parents' voices in school decisions;
- shared experiences and connections with other families; and
- awareness of school, district and government policies (Epstein *et al.*, 2002:120).

3.4.1.6 Type VI :Parents collaborating with the community

Parents should collaborate with other members of the community to support schools. A multidisciplinary team would be able to provide different types of support. Resources and services from the community should be identified and integrated in order to strengthen school programmes, family practices and

learner learning and development. The involvement of community members could benefit all learners (Epstein *et al.*, 2002: 120).

Suggestions of a suitable practice regarding collaborating with the community should include:

- information for learners and families on community health, culture, recreation, social support and other programmes or services;
- information on community activities that link to learning skills and talents, including summer programmes for learners;
- service integration through partnerships, involving school, civic, counselling, cultural, health, recreation, and other agencies, organizations and businesses;
- service to the community by learners, families and schools (such as recycling, art, music, drama and other activities for seniors or others); and
- participation of alumni in school programmes for learners (Epstein *et al.*, 2002:120).

Outcomes of a suitable practice for learners will include:

- increased skills and talents through enriched curricular and extracurricular experiences;
- awareness of careers and of options for future education and work; and
- specific benefits linked to programmes, services, resources and opportunities that connect learners with the community.

Outcomes of a suitable practice for parents will include:

- knowledge and use of local resources by the family as well as by the child to increase skills and talents or to obtain necessary services;
- interactions with other families in community activities; and
- awareness of the school's role in the community and of the community's contributions to the school.

3.5 THE IDEA OF *UBUNTU*, *SOTHO* AS COMMUNITY SUPPORT FOR HIV/AIDS-ORPHANED LEARNERS

In the olden days, the community/relatives used to be a substitute family of the children whose parents had passed away. This practice has not been completely phased out. Children have been referred for social assistance while the community looked after them. This alternative needs to be used today and utilized in a structured way to be able to support HIV/AIDS-orphaned learners (McKerrow, Smart & Snyman, 1996:86).

Bamford (2007:85) maintains that *Ubuntu/BothoNumunhu* has formed an integral part of the drive towards cultural renaissance in contemporary South Africa. Traditional African values are replaced with modern ones. It is a notion of humanity/humaneness, respect/dignity and personhood. It is linked to the proverb "person as persons through person" with the right and responsibilities of citizens in promoting individual and societal well-being.

Communities should base their mindsets on a manner in which the psychological, physical and social well-being of a single individual in the group (Kwamwangamalu, 1999:25) such as human dignity and equality, universal brotherhood and sacredness, contribute towards life as community-based living.

The value of every individual in an African society should be recognized and everyone should be treated equally and with respect. This need for respect for persons becomes evident when one undermines or ill-treats another person. In such an instance, the community can intervene by simply asserting and reminding the perpetrator that the victim is a person, which, in Southern Sotho, is - *ke motho, ungumuntu, imunhu*. Above all, the members of a community need to respect the dignity, integrity, value and humanity of others (Mnyaka & Motlhabi, 2005:215-237).

Poovan, Du Toit and Engelbrecht (2006:26) emphasize that as soon as an individual is included into a community, the person begins to appreciate the idea of having an extended family. This extended family provides an identity to an individual and this identity makes one realize that all people within the

collective community share the same ideas about life. HIV/AIDS-orphaned learners should realize that they are part of the same community (Poovan, Du Toit & Engelbrecht, 2006:26).

3.6 COMMUNITARIAN SOCIAL SUPPORT FOR HIV/AIDS-ORPHANED LEARNERS

Because of the fact that HIV/AIDS orphans are extremely vulnerable, people living in the same community need to assist these children. It should be realized that orphans are part of any community and that they are children who have suffered the misfortune of losing parents. It should also be kept in mind that orphans could end up on the street, because they do not have somebody to take care of them. This is where communitarianism and humaneness should form part of the lives of those not affected by HIV/AIDS (Mazibuko 2006:72).

It should be realized that HIV/AIDS orphans need care as they are affected psychologically because of the death of their parents. Individuals should give them support, sharing whatever they own with those unfortunate people, giving them respect because they deserve it and loving them because they could be the leaders of tomorrow.

Mazibuko (2006:72) calls attention to the philosophy of communitarianism. He mentions that communitarianism is the good work done by a community. The communitarian approach rests on a set of principles which allows transfer across communities. Communitarian organizations should make arrangements to connect people in order to support HIV/AIDS-orphaned learners.

This set of principles allowing transfer of communitarian social values across to organizations is illustrated in figure 3.3.

Figure 3.3: Explanation of communitarian social values (Mazibuko 2006:72-73)

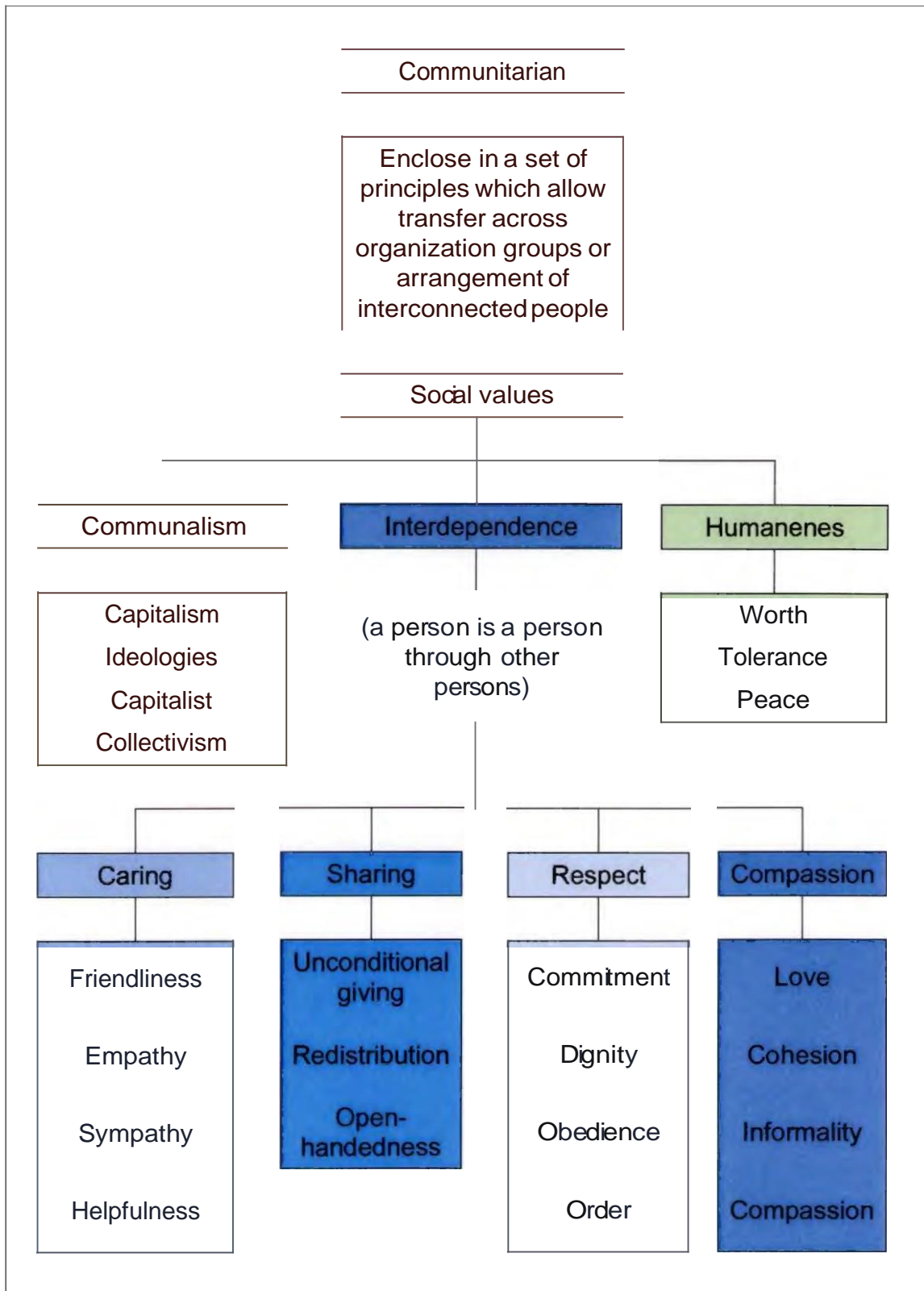


Figure 3.3 denote that , we need to apply social values in order to help HIV/AIDS orphans. It could be done by inviting business people to assist these orphans financially or to help fund orphanage homes. In order to enhance such support, people from the community should provide ideas that can help these children. The spirit of *Botho, Ubuntu, and Vumunhu* should be invested in these children through a communitarian approach.

3.7 THE SUPPORT THAT CAN BE RENDERED IN A SCHOOL SITUATION

In 2008 the Citizen reported that the number of orphaned children in South Africa is estimated at 1.5 million as per Social Development Statistics. It is said that, although the country had done well to provide a safety net for the poor, which includes giving a child support grant to 8.3 million children, more needed to be done . South Africa is facing a challenge regarding the increasing numbers of orphaned children, most of them needing permanent homes. The report also mentioned that the Department of Social Development is providing support for 20 657 child-headed households, while 11 328 community caregivers were trained. The above number of orphaned children, show that most of the schools have large numbers of orphans who need support from them.

The Education White Paper 6 (Department of Education 2001), makes provision for support by means of a systemic approach (the master of such system is Bronfenbrenner in his ecological and bio-ecological models). Landsberg (2007:9) emphasized that the major challenge of the education system is to understand the complexity of the influences, interactions and interrelationships between the individual learner and the multiple 'other' systems . Such systems are connected to the learners from an ecological systems theory or change perspective, designed in collaboration with the national Department of Education in order to enable these systems to function .

3.7.1 Defining educational support

There are a number of ways in which to approach defining educational support. Some of these are explored below, prior to arriving at a composite definition for purposes of this research.

- It is a relationship. The emphasis here is on the quality of the relationship offered to the child. Characteristics of a good helping relationship are sometimes stated as non-possessive, warm, genuineness and a sensitive understanding of the child's thoughts or feelings (Golden & Goldenburg, 2004:45 in Mayimele, (2007:64).
- It involves a repertoire of skills. This repertoire of skills both incorporates and also goes beyond those of the basic relationship. Another way of looking at these skills is that they are interventions that are selectively deployed depending upon the needs and states of readiness of children. These interventions may focus on feeling, thinking and acting. Furthermore, they may include group work and life skills training. Another intervention is that of "consultancy". This may deal with some of the problems "up stream" and investigating the system causing them, rather than dealing 'down stream' with individual children (Dattilie & Freeman, 2001:11 in Mayimele, 2006:62).
- The emphasis is on 'self-help'. In this case, 'helping' should be a process with the overriding aim of helping children to help themselves. Another way of starting this is that all children to a greater or lesser degree, have problems in taking effective responsibility for their lives. The notion of personal responsibility is to be informed of the processes of effective helping and the set-up of the assistance (Darling, Cumsille & Pena-Aiampay, 2005:47);
- It emphasizes choice. Loeber, Farrington and Petechuk (2003:45) define personal responsibility as "the process of making the choices that maximise the individual's happiness and fulfilment". Throughout their lives people are 'choosers'. They can make good choices or poor choices.

However, they can never escape the 'mandate to choose between possibilities'. The action of 'helping' aims to help children with behavioural problems, depression and anxiety to become better choosers (Bundy, 2004:43).

- The American psychology defines educational support as helping children toward overcoming obstacles to their personal growth, wherever these may be encountered and towards the optimal development of their personal resources (Yau & Semetana, 2003:212).
- Educational support is not viewed simply as a means of providing help in the form of information, advice or support, but rather as a complex, interpersonal, interactive way which in itself promotes growth and change (Wahab, 2005:45).
- Meaningful change and help takes place best when working within the framework of a warm accepting and empathic relationship. This serves to encourage those seeking help to express themselves more freely and fosters their natural tendency to move towards positive growth and change (Cunningham, 1998:11).

According to Landsberg (2007:62), the implementation of South African educational policies happens on different levels. The following documents paved the way for the acceptance of the policy of inclusive education and the implementation thereof:

- The section in the South African Constitution on human rights set out the fundamental rights of each person in this country and no policy can contradict these rights (1996a).
- In the White paper on Education and Training, the first step was to develop a new system, which specifies that the provision of education to learners who experience barriers to learning and the educational support services should form an integral part of education and should not be viewed as separate sections.

- The South African Schools Act (Act No. 84 of 1996b), makes provision for compulsory education for all and universal admission to public schools.
- The National Commission on Special Needs in Education and Training (NCSET) and the National Committee on Education Support Services (NCESS) propose education for all, overcoming the barriers to learning and development.
- The Education White Paper 6: Special Needs Education, where building an inclusive education and training system was published in July 2001.
- The Draft Guidelines for the implementation of inclusive education, published in October 2002, was developed through a broad consultation process involving all stakeholders countrywide, as well as the National Coordinating Committee on inclusive education.

3.7.2 Learner support at schools

Learner support is not based on the type of school a learner attends. Learner support must be provided at all schools, whether a special school, ordinary school or full-service schools. All schools need to establish a school-based support team which is responsible for the provision of learning support, together with the teachers involved in a particular learner's teaching and learning (Landsberg, 2007:67).

3.7.3 Building site-based support teams

Landsberg (2007:66-67) suggests that the following people should take responsibility for making sure that the team is aware of its responsibilities and duties towards the school and its learners. The school-based support team, together with the education support services of the district, should take responsibility for:

- the in-service training of teachers in identification, assessment and support of all learners, including those who experience barriers to learning and those who are having behavioural difficulties;

-
- establishment of a network that can promote effective communication between learners, teachers and guardians , as well as non-governmental organizations and the welfare, health and justice departments;
 - identification and discussion of learner development;
 - placement of the learner in another school if necessary;
 - facilitating the sharing of resources;
 - ensuring parental involvement;
 - planning preventative strategies (prevention of child abuse, drug abuse, malnutrition and others);
 - supporting teachers on site; and
 - monitoring and supporting learner progress.

In order to check if the support programme is functioning well , educators should give regular feedback to the team. The following people are usually members of the site-based support team:

- the principal;
- support teacher- as coordinator;
- head of department;
- grade coordinator of foundation phase (the referring teacher);
- grade coordinator of intermediate phase (the referring teacher);
- the elected specialist teacher if it is possible for such school;
- one member of the school assessment team;
- one member from learner support materials;

- one co-opted member from outside, such as a psychologist or social worker;
- one member from the School Governing Body; and
- one learner from the learners' council if necessary.

The numbers of members of site-base sub-teams depend on the number of learners at the school and also the type of school.

After establishment of the team, the team should elect a "scribe". This person will do the "writing" during meetings. They should also draw up a support policy that can help them to practise support to learners at the school. The policy should be aligned within the South African Schools Act (1996b) and South African Constitution (1996a).

3.8 CONCLUSION

To conclude this chapter, it can be stated that: 'These social virtues arose from the traditional way of living in Africa which was harmonious and ensured a happy and qualitative human community of life in the spirit of a family' (Mazibuko, 2007:40).

This chapter serves as indication that a communitarian support programme of HIV/AIDS-orphaned learners should include a multi-disciplinary team in order for it to function well. This section discussed ways of educational support as a simple and practical way of helping children with a wide range of psychological and financial difficulties. It also became clear that educational support and community support can be used effectively by educators to manage the support of HIV/AIDS-orphaned learners.

The next chapter deals with the empirical research design and method.

CHAPTER FOUR

EMPIRICAL RESEARCH

4.1 INTRODUCTION

In the previous chapters, the emphasis was on the literature review regarding the nature and extent of HIV/AIDS-orphaned learners, as well as the difficulties that they experience in terms of psychological, physical and social problems. Social systems available in the communities and the nature and extent of the educators' knowledge about psychological, physical and social difficulties that HIV/AIDS-orphaned learners experience in their communities, received attention.

This chapter deals with the research method. It also highlights how this research was conducted. The qualitative research method makes use of interviews as the main tool to collect reliable data. The interviews were focused on orphan learners, educators, grand-parents staying with orphans, social workers and heads of centres where orphans are living in the Free State province. The main focus was on the guidance of orphans.

4.2 FIELD OF RESEARCH

According to De Vos *et al.* (2003:383), after a researcher has selected a problem to research, an event or field where the choice of the problem is automatically directed or linked to the particular field in which the inquiry is to be undertaken, should be selected. When selecting a research field, the characteristics of the set-up should be studied carefully in order to assign the best field for the study. The policy pursued in that community, the visibility of the problem in a particular community, the attitude of the community towards outside researchers and the manner in which permission is granted, all influence the study undertaken.

In this study, the field of research is Educational Psychology. The actual demarcation of the study concentrates on towns such as Welkom, Virginia, Odendaalsrus, Bethlehem and Kroonstad in the Free State province. Most of

the AIDS orphans live in these towns and they can be found in townships , towns and other centres in informal settlements . Because of economical reasons, the researcher chose to collect information from townships, formal and informal settlements and farm schools .

4.3 RESEARCH DESIGN

Research design is considered to be a plan, structure and strategy used to obtain answers to research questions or problems. Marshall and Rossman (1999:76) declare that the aim of a research design is to select or choose and utilize the method and techniques that the researcher considers imperative to yield a better attainment of the aims and objectives of the study. There are numerous research methods in literature that researchers employ for the specific nature and kind of research to be undertaken, but for specific reasons, the qualitative research method was chosen for this research.

Collins and Hussey (2003:355) agree that a research design is a plan or detailed plan for conducting research. Figure 4.1 on the next page shows the outlay of this research design.

Figure 4.1: Research design (Collins and Hussey 2003:355)

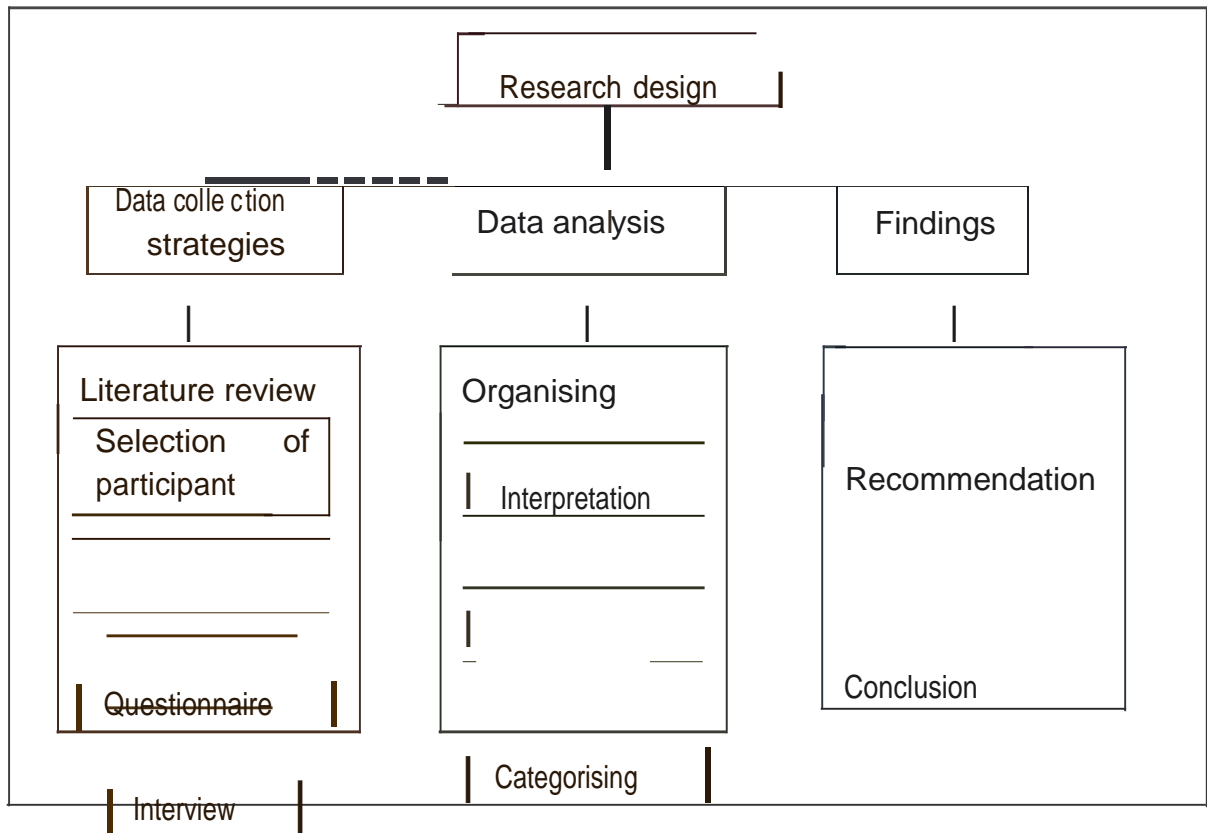


Figure 4.1 illustrates that a research design should consist of three main parts, being data collection, data analysis and findings of the study.

4.4 RESEARCH METHODOLOGY

Henning, Van Rensburg and Smit (2004:36) define a research method as the term used to describe the portfolio of data collection and data analysis techniques that are used to operationalize a particular research methodology.

Cresswell (1998:7) states that research methodology emerges where a distinction about reality occurs in the relationship between the researcher and the research, as well as in the role and value of the theory of the study.

Swarts (2006:77) indicates that research methodology encapsulates the general orientations to life, the view of knowledge and the sense of what it means to be human, and that all these considerations would inform a

particular method.

Collins and Hussey (2003:351) describe research methodology as the approach to the entire process of a research study. In this study the research methodology utilized is qualitative research. Creswell (1998:16) mentions that if an individual is willing to engage in qualitative inquiry, the person needs to determine whether a strong rationale exists for choosing the qualitative approach. He mentions the following reasons for such a choice:

- select a qualitative study because of the nature of the research question;
- the research questions often starts with a how or a what, so that an initial query into the topic describes what is going on;
- choose a qualitative study because the topic needs to be explored;
- use a qualitative study because of the need to present a detailed view of the topic; and
- choose a qualitative approach in order to study individuals in their natural settings.

Thus, making use of qualitative research involves going out to the setting or field of study, gaining access and gathering material (Creswell, 1998:17).

In this study, the researcher utilized the qualitative method of inquiry because it allowed the researcher to explore the communitarian programme of supporting AIDS orphaned learners. The research method and techniques used were considered to be relevant and helpful, and the researcher could achieve the aims of this research, which are to:

- investigate the nature and extent of HIV/AIDS-orphaned learners in the community;
- investigate the nature and extent of HIV/AIDS-orphaned learners in the classroom setting;
- investigate the life experience of HIV/AIDS-orphaned learners in their communities;

- determine whether the school, guardians, educators, grandparents, as well as households headed by children, cope in their association with HIV/AIDS-orphans;
- determine what type of support HIV/AIDS-orphaned learners receive from different stakeholders;
- determine which social systems are available to support HIV/AIDS orphaned learners, psychologically, physically and socially;
- determine the nature and extent of the educator's knowledge about psychological, physical and social difficulties HIV/AIDS-orphaned learners experience; and
- develop a programme with *Ubuntu*, *Botho* and *Vumunhu* communitarian ideas for supporting HIV/AIDS-orphaned learners in various communities.

4.4.1 Qualitative research

The qualitative research inquiry gives rise to new questions, expands the frame of reference of the individual and enables the examination of evidence in a productive manner. Qualitative researchers also concentrate on natural settings as they are interested to discover new insights. Nothing is taken for granted and they want those who are studied to speak for themselves (Leedy & Ormrod, 2005:149; Maxwell, 2004:240 in Mayimele, 2006:101).

Maxwell in Mayimele (2006:102), states that qualitative researchers approach their studies with a certain paradigm or world view with a basic set of beliefs of assumptions that guide their inquiries. The assumptions related to this study include:

- the nature of reality;
- the role of values in the study; and
- the process of research or the methodological issues.

Gay, Mills and Airasian (2006:601) define qualitative research as a process of selecting a small number of individuals for a study in such a way that the individuals chosen will be able to help the researcher understand the phenomenon under investigation. The collection, analysis and interpretation of comprehensive narrative and visual data take place in order to gain insight into the problems researched, for which a certain population should be assigned.

4.5 POPULATION

Gay, Mills and Airasian (2006:600) describe a research population as the large group from which a study's sample is selected or the group to which the researcher would like to generalize the results of the study. The population can be seen as an aggregate of all cases that can form a designated set of criteria. Population elements are single members or units of a population and can be people, social actions or places of events (Biaikie, 2001:195). Collins and Hussey (2003:353) also see a research population as a body of people or any collection of items under consideration

For this study, the population comprises all the children orphaned by AIDS and their caregivers in the five towns situated in the Lejweleputswa district of the Free State (*cf.* 4.1).

4.5.1 Target population

Collins and Hussey (2003:133) describe the target population of a study as a body of people or any other collection of items under consideration for research purposes.

In this study, the target population refers to people who could form the participants in this research. The participants in this research include:

- orphaned learners;
- child-headed households, guardians and grandparents, referred to as caregivers;

- educators; and
- social workers to whom AIDS orphans are referred.

4.5.2 Sample population

According to Weiman and Kruger (2000:197), sampling is when a researcher selects individuals from whom to obtain information about the research problem and often preference is given to key informants, who, on account of their positions or experiences, have more information than regular group members.

Swarts (2006:90) views a research sample as the subject of measurement drawn from a population in which the research is interested. The sample group size, should not be so large that it could prevent adequate participation by most members, nor should it be so small that it fails to provide substantial greater coverage than that of an interview with one individual.

The logic of the sample size is related to the purpose of the study, the research problem, the major data collection technique and the availability of information-rich cases. When a qualitative research approach is used, the information-richness of the cases and the analytical capabilities of the researcher becomes more important than the sample size (McMillan & Schumacher, 1997:40 in Swarts, 2006:90).

A very important issue in sampling is to determine the most adequate size for the sample. A large sample is more representative, but very costly, while a small sample on the other hand, is much less accurate, but more convenient (Cohen *eta/.*, 2002:56).

Collins and Hussey (2003: 155) declare that a sample size depends on the size of the population under consideration. It is important to ensure that the sample used in the study is not biased and is representative of the population from which it is drawn.

The sample population involved in this study was from both township, formal and informal settlements and farm schools. The sample consisted of the following participants:

N=population

n=sample

- (N = 5) orphaned learners referred to researcher by the Education Support Centre;
- (N = 5) caregivers (2), consisting of grandparents (2), who are living with HIV/AIDS-orphaned learners at their homes, as well as child households where children are looking after their younger brothers and sisters whose parents died because of HIV/AIDS-related diseases (1)
- (N = 5) social workers who have worked with HIV/AIDS learners from the Education Support Centre and Department of Social Development; and
- (N = 5) educators who are teaching HIV/AIDS learners.

The total number of participants were (N = 20).

All learners (girls and boys) used in this study were referred to the Education Support Centre, either for counselling or learning difficulties after the death of their parents. Problems that occurred were:

- learning difficulties;
- emotional problems; and
- behavioural problems.

The research took place in the Lejweleputswa district of the Free State province.

4.5.3 Sampling method

Cohen, Manion and Morrison (2002:104) show how snowball sampling could be used to identify a small number of individuals who have the characteristics in which the researcher is interested. These people are then used as informants to identify or put the researcher in touch with others who qualify for support and these, in turn, could identify others, hence the term snowball sampling. This method is used for identifying a research sample where access is difficult or because a sensitive topic is researched.

In this study snowball sampling was used to identify the participants mentioned in the previous section.

4.6 METHODS OF DATA COLLECTION

The methods of collecting data relevant to this study are discussed in the sections that follow.

4.6.1 Observation

Berg (2003:18) refers to observation as the most classical and the oldest research technique. The researcher attempts to obtain information only by observing, looking and listening without communicating with the observed. Observation is a one-way technique.

Leedy and Ormrod (2005:144) mention that the qualitative researcher may make observations either as a relative outsider or especially in the case of an ethnograph, as a participant observer.

In this study, the researcher visited families before the interviews started to observe the life experienced by HIV/AIDS-orphaned learners. The researcher observed the family structure, which included the people living with that family in a certain house, who the neighbours were and the prevailing culture. Other considerations included the distance that learners travelled when they had to go to school, the food that they ate during the school day, as well as the situation at home after school hours, which included the food they ate for supper. This type of data collection helped the researcher to gather

information concerning participating HIV/AIDS-orphaned learners. The primary advantage of conducting observations in this manner is flexibility of data.

4.6.2 Interviews

Cohen, Manion and Morrison (2002:267) define an interview as pure information transfer and collection, and as a transaction which inevitably has bias, which is to be recognized and controlled.

Five unavoidable features of an interview situation that would normally be regarded as problematic are that:

- there are many factors which inevitably differ from one interview to another, such as mutual trust, social distance and the interviewer's control;
- the respondent may well feel uneasy and adopt avoidance tactics if the questioning is too deep;
- both interviewer and respondent are bound to hold back part of what is in their power state;
- many of the meanings which are clear to one will be relatively opaque to the other, even when the intention is genuine communication; and
- it is impossible, just as in everyday life, to bring every aspect of the encounter within rational control (Cohen *et al.*, 2002:267-278).

De Vos (2003:292) defines an interview as a way to understand the world from the participant's point of view, to explain the meaning of people's experiences and to uncover their lived world prior to scientific explanations. De Vos (2003:292) regards an interview as a conversation which implies a discussion and captures the attitude of the interaction.

The researcher should apply the following interviewing techniques and tips to ensure an effective interview:

- ask clear and brief questions;

- ask single questions, with only one answer at a time;
- ask truly open-ended questions;
- avoid sensitive questions;
- ask experience-feeling questions;
- sequence questions ;
- sometimes a very general question can be useful as an opening question;
- ask questions when you do not understand;
- avoid leading questions;
- repeat key questions ;
- encourage a free rein, but maintain control;
- allow for pause in the conversation ; and
- return to incomplete points (DeVos, 2003:293).

Collins and Hussey (2003:349) define an interview as a method of collecting data in which selected participants are asked questions to find out what they do, think or feel.

In this study, interviews were guided by the research questions stated as problems to be solved through research. The aim of the interviews was to obtain primary information from the sample participants who were selected to participate in this research. Due to the nature of the study, the researcher used numerous open-ended questions (Manson, 2002 :37) because when open-ended questions are used, the participant is allowed to answer the questions in an unstructured manner.

4.6.3 Interview setting

De Vos (2003:300) argue that an interview setting must be prepared for unstructured interviews. This includes arranging the time and place ahead of time and following it up in writing and confirmation closer to the date. A quiet environment where no interruptions will occur should facilitate the process. This could be at the participants' home, in a more professional environment or in a setting agreed upon by both parties. The setting must provide privacy, be comfortable, non-threatening and easily accessible. Seating arrangements that will encourage involvement and interaction should be provided.

In this study, all participants agreed to be interviewed at their homes. The choice of their home as a setting was convenient for the interviewees as it provided them with privacy and comfort. Participants were asked to allow one hour for the complete interview. Participants were also told that the interview would be transcribed during the time of the interview by the researcher and the researcher asked if they had any objections to this process. All participants agreed that they were comfortable with the arrangements.

4.6.3.1 Ethical considerations

Cohen *et al.* (2002:56) describe ethics as a matter of principal sensitivity to the rights of others. Ethical principles in research focus on the relationship between the researcher and the researched. In this instance, questions of access, power, harm, deception, secrecy and confidentiality are issues that the researcher has to consider and resolve.

De Vos (2003:67) declares that 'human rights' principles can be violated in a variety of ways and that it is imperative that researchers be reminded of the importance of safeguarding the privacy of the participant. Privacy implies the element of personal privacy, while confidentiality refers to the handling of information in a confidential manner. The researcher should view confidentiality as a continuation of private information.

The professional researcher must respect the customs of a certain community in all his/her actions, in order to obtain proper cooperation from participants.

No harm should be done to experimental subjects and/or respondents, and prospective participants should give their informed consent, that participants should not be deceived in any way and the researcher should be competent and responsible (DeVos, 2003:67).

The researcher has the responsibility to recognize and promote the rights of the participants. The human rights issues that require protection in research are as follows:

- right to self determination;
- right to privacy;
- right to anonymity and confidentiality;
- right to fair treatment; and
- protection from discomfort and harm (DeJong & Berg, 2002:116).

The researcher had someone who acted as an observer during the interviews. The reason was to see that there is no bias and that the researcher does not violate the rights of participants.

4.6.4 Interview procedure

Before starting an interview with a participant, the interviewer or researcher should inform participants of the procedures that he/she will follow. It should also be specified that confidentiality would be conserved during the documentation and reporting process. Participants should also be guaranteed that their identity would remain confidential throughout the research project. It should also be stated to the participants that the transcribed documents would be available only to the University of North West. The participants were asked if they objected to the researcher taking handwritten notes. The researcher moreover asked participants whether she could read all information to them after they had completed the interview, in order to correct information if mistakes were found.

As DeVos (2002:300) mentions, when conducting an unstructured interview the introduction to the interview guides active participation. It can suggest relevant ways of thinking about and linking experience, as well as bringing alternate resources into play. After a researcher has introduced him/herself, the general purpose of the research, the role that the interviewee plays in the research, the approximate time required and the fact that the information is to be treated confidentially must again be stated. The manner in which the researcher will be recording participant responses should be explained and permission for tape recording obtained. The signing of voluntary consent forms must be done.

During the interview, the participant must be motivated to:

- open up and express ideas;
- express ideas clearly;
- explain and elaborate on ideas; and
- focus on issues at hand, rather than wander to unrelated topics(De Vos 2002 :300).

4.6.5 Interview schedule

The researcher should prepare an interview schedule that will guide the participant. The questions should be arranged in the most appropriate sequence. As De Vos (2003:302) states, an interview schedule should consist of suitable questions that are written in order to guide interviews. This provides the researcher with a set of predetermined questions that might be used as an appropriate instrument to engage the participant and designate the narrative terrain. De Vos (2003:301) continues that the researcher has to think about a broad range of themes or question areas to be covered in the interview. The areas must be arranged into the most appropriate sequence. Two questions might help to sort out the sequence, namely:

- What is the most logical order to address these areas?

- Which is the most sensitive area?

In general, it is a good idea to leave sensitive topics until later in the interview. In this study, the researcher has formulated appropriate questions that relate to each other and the research questions. Questions were arranged from the simple to the complex and in a logical order.

The researcher applied the following criteria for interviewing, as prescribed by Cohen *eta/.* (2002:56):

- Knowledgeable - Have an extensive knowledge of the interview theme.
- Structuring – Introduce a purpose for the interview, outline the procedure in passing and rounding off the interview by, for example, briefly telling what was learned in the course of the conversation.
- Clear – Pose clear, simple, easy and short questions, speak distinctly and understandable and do not use academic language or professional jargon.
- Gentle – Allow the subjects to finish what they were saying and let them proceed at their own rate of thinking and speaking.
- Sensitive – Listen actively to the content at what is said, hear the many nuances of meaning in an answer.
- Open – Hear which aspects of the interview topic are important to the interviewee.
- Steering – Know what he/she wants to find out and is familiar with the purpose of the interview.
- Critical – Do not take everything that is said at face value, but question critically to test the reliability and validity of what the interviewee says.
- Remember – Retain what a participant says during the interview, recall earlier statements and ask to have them elaborated.

- Interpret – Manage throughout the interview to clarify and extend the meanings of the interview statements.

4.6.5.1 Interview questions for HIV/AIDS-orphaned learners

Question 1: "As a person affected by HIV/AIDS, in which ways did you become aware of your parents' sickness as a result of this disease?"

Question 2: "How did you feel after you heard your parents' status?"

Question 3: "How do you cope being without parents?"

Question 4: "Are you able to tell someone about your parents' status?"

Question 5: "Are your neighbours aware of your parents' status, and what were their reaction after learning about it?"

Question 6: "In which ways were your family affected because of the sickness?"

Question 7: "Who is taking care of you and your siblings?"

Question 8: "Do you have support from people in your community?"

Question 9: "In which ways are you coping financially in your family?"

Question 10: "Do you receive social grants from Social Development Department to support you both financially and materially"?

Question 11: "Were your teachers aware of your problems?"

4.6.5.2 Interview question for caregivers

Question 1: "As an affected person, are you aware what caused the death of your relatives?"

Question 2: "In which way did you become aware of the status of your relative or neighbour?"

Question 3: *"In which ways are you coping by living with children whose parents died because of I-IIV/AIDS?"*

Question 4: *"Are you able to tell your family members that the parents of the children living with you, died because of HIV/AIDS?"*

Question 5: *"What is the greatest fear you have in life?"*

Question 6: *"Do you receive any support from the community as a person staying with HIV/AIDS-orphaned learners?"*

Question 7: *"In which ways are you coping financially with your family?"*

Question 8: *"Do the children have friends?"*

Question 9: *"Are their teachers aware that they are staying with you?"*

Question 10: *"What are the challenges you have, staying with HIV/AIDS-orphaned learners?"*

Question 11: *"As caregivers/guardians, when you are away from home, who looks after the children?"*

4.6.5.3 Interview questions for educators

Question 1: *"As a teacher, do you know of an orphaned learner in your class?"*

Question 2: *"When did you become aware of his/her social problem?"*

Question 3: *"In which way do you see his/her scholastic performance?"*

Question 4: *"As an educator, what do you do if you see a learner who does not perform well in your class?"*

Question 5: *"As an educator, are you aware of your learner's HIV/AIDS status?"*

Question 6: *"Do all orphans in your class receive grants from Social Development?"*

Question 7: *"Because of an increased number of HIV/AIDS orphans at schools, do you have policies that cater for them?"*

Question 8: *"In which ways do you manage to solve the problems of your orphans?"*

Question 9: *"Based on the experience you have as an educator working with HIV/AIDS orphans at your school, what challenges do you have concerning them?"*

4.6.5.4 Interview questions for the social workers

Question 1: *"Are you aware of the situation experienced by HIV/AIDS-orphaned learners that are referred to you?"*

Question 2: *"In which ways do you give help to HIV/AIDS-orphaned learners?"*

Question 3: *"As social workers, have you ever been at their family home?"*

Question 4: *"In which ways do you assist orphans who need grants?"*

Question 5: *"What challenges do you have working with HIV/AIDS orphans?"*

4.6.6 After the interview

De Vos (2003:304) mention that the researcher should always sit down immediately after an interview and jot down his/her impression of the interview. All the information that the researcher had collected from the five (5) orphans, five (5) caregivers, five (5) social workers and five (5) educators, who formed part of the sample of this research was recorded in the form of field notes. The researcher recorded every single word of the participants, because all collected information is important.

These notes will help one to remember and explore the process of the interview. Field notes should include both empirical observations and interpretations, although the observations and interpretations should be kept apart from one another. The researcher should write down his/her emotions,

expectations, preconceptions and prejudices so that he/she can utilize it in the data analysis (DeVos 2003:304).

4.7 DATA ANALYSIS

Maxwell (2004:278) defines data analysis as a process of bringing order, structure and meaning to the mass of collected data. Marshall and Rossman (1999:118) further state that data analysis is the process whereby order, structure and meaning are imposed on the data that was collected in a qualitative research study.

Qualitative data analysis requires that several simultaneous activities engage the attention of the researcher. This includes collecting information from the field, sorting the information into categories, formatting the information into a story or picture and actually writing the qualitative text (Cresswell, 1998:133).

In this research, data from the interviews were stored in the following three forms:

- Hard copy
- Cassettes
- The computer

According to Cresswell (1998;155), eight steps should be followed when transcripts of interview data are analysed:

- Get a sense of the whole. The researcher should read all the transcriptions carefully
- Read one document or one interview transcript and try to answer the following questions : What is this about? Do not think about the "substance" of the information.
- Put together similar topics.

-
- Take the list and go back to the data. Abbreviate the topics as codes and write the codes next to the appropriate segments of the text. The researcher should be organising a scheme to see whether new categories and codes emerge.
 - When the researcher has completed the task for several participants, make a list of all topics. Cluster together similar topics
 - Finish with the topic, go back to the text, abbreviate the topics as codes and write the code next to the appropriate segments of the text
 - Try to organize schemes to see whether new categories and codes emerge.
 - Find the most descriptive wording for the topic and turn it into categories .
 - Make a final decision on the abbreviation for each category and organize the codes alphabetically .
 - If necessary, record the existing data (Cresswell, 1998;155).

In this research, the researcher used the field notes and broke the responses down into different themes. All information was broken down in such a way that meaning could emerge from it.

An interpretive approach (hermeneutics) was selected in order to bring order, structure and meaning to the mass of collected data with a view to understand the world view of HIV/AIDS-orphaned learners, their educators, grandparents, child households, guardians and social workers. According to Patton (2001:134), hermeneutics refers to a detailed reading or examination of a text which could refer to conversational written words or pictures. The reading is to discover meaning.

"Hermeneutics" is a Greek word which means to interpret and is derived from the story of Hermes, a mythological messenger who was tasked with changing the unknown to a form that humans could understand, *via* language and writing (Shank, 2002:36).

By making use of hermeneutics, the following aspects, adapted from Merriam (1998:243), were applied during the data analysis of this research:

- Permission was obtained from participants before being interviewed.
- Taped interviews were transcribed.
- The researcher noted everything the participants were saying.
- The researcher read the text repeatedly and immersed herself in each of the participant's stories in order to make sense of their words.
- The researcher identified themes or patterns from each of the original texts and used excerpts from the original texts to support these proposed themes. Stories for each participant were constructed around identified themes.

4.7.1 Phases of the data analysis

Leedy and Ormrod (2005:279) maintain that the following phases should be followed during data analysis in research:

- Organizing and coding the data
- Generating categories and themes
- Interpreting
- Writing the report.

These issues are to receive attention in the next chapter.

4.8 CONCLUSION

In this section, various aspects relating to the empirical research methodology used in this study were described. The research design as well as an evaluation of strategies to enhance trustworthy and ethical measures, was explained. The next chapter deals with the analysis and interpretation of data collected during the interviews.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION OF RESULTS

5.1 INTRODUCTION

In this chapter the researcher presents the results of interviews with orphaned learners, child-headed households, guardians and grandparents, referred to as caregivers, educators and social workers to whom HIV/AIDS orphans are referred. The data collected through interviews is presented in the narrative form as well as in tabular form.

5.2 DATA ANALYSIS

Collins and Hussey (2003:346) describe data as the facts or things used as a basis for interference or recording. In this study, various people affected by HIV/AIDS were used to collect data from. They further describe analysis as an ability to break down information into its various parts, which form the content of this chapter.

The following participants were interviewed:

- Guardians and grandparents who are staying with HIV/AIDS-orphaned learners in their homes
- Orphaned children, who are caring for their younger brothers and sisters.
- Social workers to whom HIV/AIDS orphans are referred.
- Educators who are teaching such learners.

5.2.1 Demographic data of interviewees

Interviewees' demographic data indicates information relating to their background and provides the opportunity to obtain insight into who they are in terms of their biographic details. The data is presented by means of making use of tables. The data was coded according to letters. The letter A 1

represents male participants and A2 represents female participants. Each

participant received a number (1 to 20). In this study, the majority of participants were female (N = 14) and male participants were (N = 6).

5.2.1.1 Profile of orphaned participants

Table 5.1 presents data on the profile of orphaned participants.

Table 5.1: Profile of orphaned participants

Participant	Code	Categories			
		Gender	Age	Grade	Additional information
1	A1	Male	12	7	Lives with older sister and little brother aged 4 years.
2	A1	Male	15	10	Lives with his brother and sister, his mother passed away while he was born.
3	A2	Female	14	9	Lives with grandparents . Mother and father passed away while still young.
4	A2	Female	10	4	Lives with guardian . She does not know her real parents.
5	A1	Male	9	3	Lives with guardian . Mother passed away while he was a baby. He does not know her.

Table 5.1 shows that sixty percent of the respondents who participated in this study were male and only forty percent were female learners orphaned by HIV/AIDS. Their ages vary between the ages of nine and fifteen years and they are at various grades at school, while all of them live with people other than parents.

5.2.1.2 Profile of caregiver participants

Table 5.2 presents data on the profile of caregivers .

Table 5.2: Profile of caregiver participants

Participant	Code	Gender	Age	Additional information
6	A2	Female	67	Lives with a number of orphans who do not receive a government grant because they do not have birth certificates .
7	A2	Female	47	Lives with two orphans who are her grandchildren . Her daughter died while they were still babies.
8	A2	Female	54	Lives with three orphans who stay with her because they were left alone in a shack . She decided to take them into her house.
9	A1	Male	54	Lives with his twin sister. He is the oldest brother who is looking after her.
10	A2	Female	48	Lives with a number of children but she adopted one to be her son.

Table 5.2 indicates that ninety percent of caregivers are female and that only ten percent of caregivers are males. This table also shows that various people are categorized as 'caregivers' of orphaned children .

5.2.1.3 Profile of educator participants

Positions held by educator participants at their respective schools are presented in table 5.3 and their profiles are shown in table 5.4.

Table 5.3: Positions held by educators

Educator participants (N = 5)	Position
11	Teacher, post level one.
12	Teacher, post level one.
13	Head of Department, post level two
14	Head of Department, post level two
15	Head of Department, post level two (School-Based Support Team)

Table 5.3 shows that educator participants who formed part of the sample of this research, consisted of two educators on post level one and three Heads of Departments on post level two. Educators on post level two have been promoted on their learning area expertise and have been teaching for quite a number of years. Educators on post level one are junior educators not occupying any promotional posts within the school.

Table 5.4: Profile of educator participants

Participant	Code	Gender	Age	Additional information
16	A2	Female	45	She becomes aware of the problem of learners when their performance changes drastically. She has known these learners for many years, and that their performance dropped after the death of their parents.
17	A2	Female	42	She is aware that these learners were orphaned. She saw one of them crying one day, because of hunger. She knew that these learners' parents had passed away.

18	A2	Female	54	She noticed that the performance of learners changed every time. These learners are always absent from school.
19	A1	Male	55	He is aware that one of the learners is an orphan . He visited this child because he was very ill.
20	A1	Male	45	He knows one learner very well because he was one of his best learners, but after the death of this learner's parents, his performance dropped.

Table 5.4 shows that three educators were female (N = 3), the other two educators were male (N = 2). The ages of educator participants ranged from 42 – 55 years of age. This table also indicates that all educators knew these learners very well.

5.2.1.4 Profile of social worker participants

The profile of social worker participants is depicted in Table 5.5.

Table 5.5: Profile of social worker participants

Participant	Code	Gender	Age	Additional information
1	A2	Female	43	She received a referral letter from the school a learner attends. She did not manage to attend to the learner because of a shortage of staff.

2	A2	Female	36	She knows a learner because this learner, together with his brother had applied for a government grant. But they did not manage to complete the application because they did not have all documents that were needed.
3	A2	Female	43	She told the guardian of a learner to bring all documentation in order to be able to apply for a grant for the learner. The guardian did not bring it. There is nothing that can be done without relevant documents.
4	A2	Female	45	She knows the family because they were in her office. She told them to bring birth certificates, but they never came back again. She did not know what happened.
5	A2	Female	47	She knows the learners. The last time she met them, was the day she gave them food parcels.

Table 5.5 indicates that all the social worker participants are female. The age of social worker participants range from 34- 50. This table also indicates that all social workers knew the orphans and that they had dealt with them in the past.

Having analysed the demographic data of the respondents, the *verbatim* analysis of the interviews follows.

5.3 ANALYSIS OF INTERVIEWS

A *verbatim* analysis of the interviews with the different groups of participants follows in the subsequent sections. Each question is initially stated, followed by the relevant themes and participants' responses.

5.3.1 Results of interviews with HIV/AIDS-orphaned learners (see Appendix C)

Question 1: "As a person affected by HIV/AIDS, in which ways did you become aware of your parents' sickness as a result of this disease?"

Responses of participants were as follows:

"My mother did not tell me that my father died because of HIV/AIDS, but she taught us everything about it. She told us that AIDS kills. She died because of TB."

"We became aware the time my father was very ill. Our parents always fight and talked about HIV/AIDS. When we ask my mother why my father is so ill, she said it is TB."

"We became aware after the death of our parents. People talk about it and said our parents died because of HIV/AIDS."

"We became aware while we were playing with other children. They told us their parents told them not to play with us. When we asked why, they told us because our parents died of AIDS."

"I am not aware that my parents died because of HIV/AIDS. But my grandparents always taught us about HIV/AIDS."

Theme 1: Orphans usually are not aware of the parents' status before they pass away (OL1).
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The majority of the participants highlighted that they were not aware of their parents' status, because their parents did not inform them about their status. After the death of a parent, the other parent taught them about the danger of

being HIV positive. They also became aware of AIDS when other people in the community talked about it, also when other people did not want their children to play with them. It is a fact that children always tell the truth because they told them that their parents died because of AIDS. It is time to tell all children the truth about their parents' status.

Question 2: *"How did you feel after you heard your parents' status?"*

Responses of participants were as follows:

"It was painful, but there was nothing I could do, my parents were my parents, no matter what happened to them. They will remain my parents."

"It was bad, because when they count the number of orphans, I am included."

"It was painful because I need my parents even now. I cannot survive without them."

"It was painful because I knew that if someone has AIDS they will die."

"I was afraid because if my parents were HIV positive, then it means I am HIV positive."

Theme 2: Usually after they had heard their parents' status, orphans get affected psychologically, socially and emotionally (OL2).

The majority of the participants felt bad about the fact that they were part of HIV/AIDS orphans. The stigma has traumatized them. On the other hand, community members discriminate against them. They also have the fear of being HIV positive. They are emotionally disturbed.

Question 3: *"How do you cope being without parents?"*

The responses were as follows:

"I don't want to remember what happened before they passed away. At the moment the situation is bad, because staying with someone that has his/her own children is not good. We are here because we don't have parents."

"I cannot cope to stay without parents. Every time when they talk about their own parents, I cry, because I need my parents."

"I need my parents. I cannot cope with the situation of having 'white' parents. I am having everything at this moment, but my real parents have left me alone."

"The situation is very bad because my sister is not working. The only money we have is a government grant."

"I don't know what to say because everything has changed. We are staying with granny. She does not have enough money. The money she has is her pension money. She cannot afford to give us everything we need. We cannot cope in such a situation."

Theme 3: Orphans seem not to be coping with the circumstances they find themselves in (OL3).

Parental support is very important. Children cannot cope without their parents. Parental love, care and support are what they want. The situation is not good, because the child-headed households still need to be guided by an adult.

Question 4: "Are you able to tell someone about your parents' status?"

Responses of the participants were:

"No, I cannot tell someone that my parents passed away because of HIV/AIDS, because even now I, myself could not believe that. My parents did not tell us about their status of being HIV positive."

"No, I cannot, because they can talk bad about our parents, even though we did not tell them, they refuse to play with us."

"No, I cannot tell people about my parents' status because, I am not sure about it. Many people died because of other diseases."

"No, they will talk bad about my parents. How can I tell them, meanwhile they talk about it without asking us."

Theme 4: Orphans usually have fear of disclosing causes of death of relatives (OL4).

The participants were unanimous in stating that they cannot tell other people that their parents' passed away because of HIV/AIDS, because they will talk maliciously about them. Secondly, they cannot talk about something they are not sure of. Their parents never told them that they were HIV positive. Although they heard about it from other people, they do not agree with them, because many people are dying.

Question 5: "Are your neighbours aware of your parents' status, and what was their reaction after learning about it?"

Participants' responses were:

"They are aware of it, but our relatives decided to take us away to their place where they stay."

"They know about it, but they love us and gave us food. The one we are staying with was the one who looked after my mother before she passed away."

"They knew about it, they don't want us to play with their children."

"They knew about our parents status, but they didn't say anything about it. They talked if we are not there."

"They knew about it, but they usually help us if we need some help, but if we are not there, they talk bad about our parents. Our grandparents told us not to eat food that they gave us. Granny is afraid that they can kill us and say we died because of AIDS."

Theme 5: Orphans of HIV/AIDS are usually stigmatized and discriminated against by their relatives and community members (OLS).

The participants reveal that their neighbours knew about their parents' status, but they are not happy about the treatment they receive from them. They talk badly about them. Others pretend that they love them, but do not. They only want information from them and then talk about it.

Question 6: *"In which ways were your family affected because of the sickness?"*

Responses were as follows:

"Our family is affected because we always blame each other, blame our neighbours and relatives if things are not OK."

"We are affected because my brother always fights with my sister. They also fight with my uncle."

"I am affected because there is nothing that I can do without parents. I am staying with someone whom I don't love."

"We are affected, heading a family is a problem. My sister cries every time because she does not have money to give us. Every time when we need our sister to help us with some work, she just cries because she has her own work to do."

"We are affected because we are staying with our grandparents. Then if they can die one day, it means nobody will look after us. We will be left alone without any adult person."

Theme 6: Orphans usually blame themselves, or are blamed by their relatives and community members for being affected by and infected with HIV/AIDS (OL6).

The participants highlighted that they are affected as a family because of the death of their parents. They are so depressed about the situation. They are aggressive against one another. They blame the community members and they blame their siblings. The situation is stressful because they cannot cope without parents.

Question 7: "Who is taking care of you and your siblings?"

Participants responded as follows:

"My uncle is taking care of us, even though we are many children, because we are not the only orphans."

"My neighbour is the one who is taking care of us."

"My mother, she taking care of me, but she told me that I am an adopted child. She usually stays with my mother before she passed away."

"My sister is the one who is taking care of us."

"My grandparents are taking care of us."

Theme 7: Orphans are usually forced by cir-cumstances to take adult responsibilities at a very tender age (OL7).

The majority of participants indicated that there are people who are taking care of them. Others live with brothers or sisters and have to take responsibility for their own life.

Question 8: "Do you have support from people in your community?"

Responses were:

"I heard about a support group, but I never went to them."

"Yes, we have the support of people, but they support old people who are very ill. I saw them the time my mother was very ill."

"I never saw them, sometime it is because I don't know where they come from."

"We do not have support people."

"I don't know about the support people. Sometimes they are there, but I never saw them."

Theme 8: Orphans usually do not have support from their communities (OL8).

The majority of participants acknowledge that they do not have a support group in their community. Some participants say that they have people supporting others, but they never see them coming to their families to support them. The participants thought that support groups are not functioning because they never saw them at their homes.

Question 9: "In which ways are you coping financially in your family?"

Participants responded as follows:

"We are not coping financially because my uncle is not having enough money for his own use as well as for we children. We are suffering. We don't have money to buy clothes, food and school uniforms."

"We are not coping financially, my neighbour cannot afford to buy things that we need as well as to buy for their children."

"Financially we are struggling because they even close our water and lights because we do not have money to pay the municipality."

"We are suffering, my sister is not working. She told us that she will look for a part time job where she can work on weekends. But up to this day she did not get it."

"My grandparents are receiving pension. That money they receive they think should buy us everything we need, but everything is expensive and they cannot afford to buy it for us."

Theme 9: Orphans usually do not cope financially and materially and they need financial and materialistic support (OL9).

The response to this question shows that the majority of participants are experiencing a financial crisis, because they do not have enough money to

live on. They cannot even afford basic needs such as food, clothing, water and electricity.

Question 10: "Do you receive social grants from Social Development Department to support you both financially and materially?"

Participants responded as follows:

"Yes, I receive but my other siblings don't receive because they do not have birth certificates. My parents passed away before they got their certificates at home affairs."

"No, I don't receive a grant because of the documents. When we went there they wanted my father's 10, we did not have it."

"Yes, I do receive but it is too little to buy all the things I need."

"No, I don't receive it, my sister went there to apply for us, but they wanted some documents she did not have. Since we never went there again. My other brother received it because my mother applied for it before she passed away."

"No, I don't receive a grant, my grandparents are busy applying for us. We are still waiting for the social worker. She promised to call us again."

Theme 10: Orphans do not receive grants from Social Development because they do not have the necessary documents (OL10).
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The participants indicated that they do not receive a government grant because they lack the necessary documentation. Those who do receive a grant feel it is not sufficient to fulfil all their needs.

Question 11: "Were your teachers aware of your problems?"

Participants responded as follows:

"Yes, they are aware that we do not have food, because they usually give us something to eat."

"My teacher is aware of my problem, because the time my mother was very ill, she was the one who took her to hospital."

"My teachers are aware because one day they asked everybody in class who did not have parents to stand up. Then my teacher asked me when my parents passed away".

"My teacher knew about my problem because one day she sent a social worker to our place because we spent two days without food. My teacher asked me at school, then I told her that we had no food at home."

"My teacher knew about my problem because granny told her that I am an orphan. They wanted a development fund, because I did not have money to pay for anything."

Theme 11: Orphans' teachers are usually aware of their situation at homes as well as their problems (OL11).

The participants reflected that their teachers knew about their problems. Their teachers usually are the people who help them most of the time if they needed help.

This ends the section on results of interviews with orphans.

5.3.2 Interviews with caregivers ('see Appendix D)

Question 1: "As an affected person, are you aware what caused the death of your relatives?"

Participants responded as follows:

"Yes, I knew, because the person who died is my sister-in-law. She was HIV positive."

"Yes, she was my neighbour and she told me before that she had TB."

"Yes, because she came to us while she was pregnant and told us that her husband passed away two months before, because of HIV/AIDS."

"My mother told us after my father passed away, that our father died because of TB. Then she told us that she also had TB, and what surprised us every day, is that she prayed for us and asked God to protect us from HIV/AIDS."

"I am aware, that my son died because of HIV/AIDS. The time he was very sick he told me that he was HIV positive. He asked me to take care of their children. Then two months after his burial, my daughter-in-law also passed away".

Theme 1: Caregivers usually are aware what causes the death of their relatives (C1).

Responses to this question revealed that the majority of participants knew what caused the death of their relatives. Their relatives told them before they passed away that they were about to die because of HIV/AIDS.

Question 2: *"In which way did you become aware of the status of your relative or neighbour?"*

Participants responded as follows:

"She told me that she was HIV positive before she died."

"The time she was ill I took her to see the doctor. The doctor told me that she had TB and that her husband had died because of TB."

"When she came to the centre, she asked for help, she told me about her status."

"My mother did not tell us about their status, but she warned us about HIV/AIDS. She told us how it affects a person who is HIV positive."

"The time my son was very ill, I asked him, then he told me that I should take care of his children because my son and my daughter-in-law were both HIV positive."

Theme 2: The caregiver usually becomes aware of their relatives' status before they pass away (C2).

The majority of participants (80%) highlighted that they were aware of the status of their relatives, because their relatives had told them that they are HIV positive before they passed away. Only 20% of the participants indicated that their relatives never told them that they are HIV positive, but the mother taught them about HIV/AIDS. She warned her children to look after themselves because HIV/AIDS kills.

Question 3: *"In which ways are you coping by living with children whose parents died because of HIV/AIDS?"*

Responses by participants were:

"We cannot cope because we have our own children to take care of, but there is nothing we can do, they do not have parents and we should take care of them also".

"We cannot cope staying with these children because they are neighbours and no one else is willing to take them. As neighbours we will try our level best to look after them."

"We can cope, because we decided to adopt a child as guardians because we know his relatives. Even though this child is black, and we are a white family, it is not a problem, we will cope having the child stay with us."

"She cannot cope, because she is too young to be a head of a family. The first few weeks after the death of her parents she did not manage to sleep. Even now she cannot manage to live without parents."

"We cannot cope because we are older people, but they are our grandchildren and we should look after them."

Theme 3: Caregivers usually do not cope while staying with children or their relatives, but they are forced by circumstances (C3).

The majority of participants (80%), indicated that they cannot cope with having children of other people living with them, despite the fact that their parents had passed away because of HIV/AIDS. They cannot afford to take care of them because things are very expensive nowadays. A few participants (20%), indicated that they are able to cope with living with these children, because they do not have relatives to take care of them. Some were forced to adopt a child.

Question 4: "Are you able to tell your family members that the parents of the children living with you, died because of HIV/AIDS?"

Responses of participants were:

"We cannot tell others what caused the death of our sister-in-law. It was only her daughter who knew, because she told her daughter before she passed away."

"I cannot tell other people because I do not want people to talk badly about my neighbour."

"Yes, I told my children, because I wanted my children to know that we had adopted a black child whose parents died because of HIV/AIDS. Fortunately, the child is HIV negative."

"No, I cannot tell others, because I do not want people to talk badly about their parents."

"No, we cannot talk about the death of the parents, because the children still are in pain."

Theme 4: Caregivers usually do not tell their family members that they are staying with HIV/AIDS orphans (C4).

The majority of participants cannot disclose the status of their relatives because, they are afraid that people would talk badly about them. They fear others would discriminate against the children, because those who already knew the status, already discriminate against the children. Only a few

participants indicated that they told their children because they are not of the same cultural group. They wanted their children to accept that child although they disclosed the status of the child.

Question 5: *"What is your greatest fear you have in life?"*

Participants responded as follows:

"My greatest fear is being sick as a result of HIV/AIDS, because there is nobody who can take care of my children and my sister-in-law's children."

"We fear to be HIV positive because we are taking care of our neighbours' children, together with our own children."

"I had fear of death because the child I adopted is still young."

"I have a fear of death as a result of HIV/AIDS, because I saw my parents suffering before they passed away. If I die, who can take care of my sibling, because we are a child-headed household."

"We fear death, because we are old people and who is going to take care of our grandchildren?"

Theme 5: Caregivers' greatest fear is not being able to take care of the orphans in their care (CS).

The participants unanimously indicated fear of being sick as a result of HIV/AIDS. They have fear of dying, because they are taking care of orphaned children and fear that no-one would be able to take care of themselves and the children in their care.

Question 6: *"Do you receive any support from the community as a person staying with HIV/AIDS-orphaned learners?"*

Responses were:

"We don't receive any support from the community or relatives, we take care of the orphans on our own."

"I receive support from my husband because he is working. I do not receive any support from the community."

"We do not receive any support from the government, but believe in praying for assistance and the community give us offerings. We get support from the NGO sometimes, but not always, because sometimes we only get support after two to three years."

"We receive support from teachers, because they give us food parcels if we do not have food. We did not receive anything from our neighbours. Even our relatives do not support us."

"I do not get any support either from the community or government, because every time when I go there, they need a lot of documentation that I do not have. I do not even have money for transport."

Theme 6: Caregivers are devoid of family support as well as community support (C6).

The majority of participants emphasized that they do not receive any support from the community. They stand on their own in taking care of the orphans. Even the government does not help them, because they do not have the necessary documentation.

Question 7: *"In which ways are you coping financially with your family?"*

Participants responded as follows:

"We are struggling, we cannot cope financially, because everything is very expensive to support our family like that, but we do not have a choice, because these orphans have nobody to take care of them."

"We are struggling to survive financially, even though my husband is working, but his salary is not enough for the whole family."

"Financially we are struggling, because my husband is not working. The municipality closed the water and electricity, because we are owing a lot of

money for the centre. Now we are using a fire to cook food. People who are staying here usually give us some of their pension money instead of offering it to the church. It is how we survive."

"My mother applied for a government grant for my younger brother before she passed away. The other two siblings do not receive anything, because she did not manage to apply for them as well. I am too old for a grant. We are struggling financially, because things are very expensive."

"We are struggling financially, because our money is tied in a pension fund. The orphans staying with us don't receive any grant. We are still struggling to apply for them. The documentation needed for application is not in our possession."

Theme 7: Caregivers usually struggle to survive without financial support (C7).

The majority of participants indicated that they are struggling financially. Not all orphans staying with them receive a grant from the government. They are struggling to survive without enough money to live on.

Question 8: "Do the children have friends?"

Participants responded as follows:

"They do have friends, but they are not always playing with them. Most of the time they are playing on their own, because the neighbours discriminate against them. They do not want their children to play with them."

"They do have friends, some of the children always play with my children. They told their guardian that certain other children do not want to play with them, because their parents told them not to play with children whose parents died because of AIDS."

"The child does not have friends, because they cannot speak the language of black children. The child is always with their own white children, but want to

play with black children, but not understanding their language causes them not to be able to play with them."

"They don't have friends, because one day they heard people talking badly about their parents and then decided to play on their own."

"They usually had friends before, but after their parents had passed away, they always were at home, because those people don't want their children to play with them."

Theme 8: Orphans usually have the tendency to isolate themselves (C8).

The majority of participants mentioned that the orphaned children did not have friends, because the community discriminated against them and said that their parents had died because of AIDS. They did not want their children to play with HIV/AIDS-orphaned children. Other children preferred to play on their own or with their siblings at home.

Question 9: *"Are their teachers aware that they are staying with you?"*

Participants responded as follows:

"Their teachers know that these children are orphans, because they have heard that their parents passed away. When they have parent meetings, the guardians attend."

"The teacher knows, because she is the one who asked me whether I could take care of the children as a neighbour."

"Their teacher knows, because when there are parent meetings, I am the person who attends".

"Their teacher knows, because the teacher gave a food parcel to the children."

"The teachers knows, because when the child had problems at school, they wrote a letter to me and they attended to the problem."

Theme 9: Orphans' teachers usually know about their problems (C9).

It is encouraging to note that the majority of guardians know the teachers of the orphaned learners. They attend meetings and discuss the problems of these orphans. The teachers support them and attempt to see that they are progressing at school.

Question 10: *'What are the challenges you have, staying with HIV/AIDS-orphaned learners?'*

Participants responded as follows:

'The challenges are of raising children whose parents passed away after they were very ill for a long time. These children sometimes cry without saying anything to you. You end up crying, because of seeing them cry.'

"The challenge that I experience is helping another person's children who are not my relatives, just a neighbour. They are the children of people whose death was caused by HIV/AIDS. Every time when they pray, they pray that God protects them wherever they go, because they don't want to die."

"It is a big challenge to have a child of a different culture. It is also a problem growing up with a white family who speak Afrikaans, without knowing any African language."

"It is a challenge to raise siblings without adult guidance. I am still too young to head a family. I also fear getting married, because there is nobody who can take care of my siblings."

"It is a challenge to older people looking after grandchildren who are still attending school, needing someone who can help with the homework."

"Grandparents are not educated. We don't know how to read, but we have to help the children without knowing what to do."

Theme 10: Caregiverst challenges to raise orphans (C10).

All participants reported that to stay with orphans is a very big challenge to them, but they do not have any other option to take care of them .

Question 11: "As caregivers/guardians, when you are away from home, who looks after the children?"

Responses of caregivers were:

"When I am not at home, I tell my neighbour to look after them, because it is not safe in the township when you leave children alone."

"When I am away, my husband and my children look after them. I do not want to leave them alone without adult supervision. It is not safe to leave children alone."

"There are a lot of people who are staying at the centre. Even though we do not stay at the same house, if I am not there, he still is safe."

"When I go somewhere, I take them along, because I do not want any person to harm them. I love them and cannot leave them alone, because of the tsotsi's being around us."

"I can't leave my siblings alone without any adult, if it is necessary for me to leave them, I ask somebody from the neighbours to look after them until I come back. At night we ourselves look after them inside the house, to protect them from the tsotsi's."

Theme 11: Caregivers are concerned about the orphans' safety (C11).

All the caregivers do not want to leave the children alone and without supervision of another older person.

This ends the section of the responses of guardians.

5.3.3 Interviews with educators (see Appendix E)

The names of children used in this section are fictitious and not related to any child who participated in this study.

Question 1: "As a teacher, do you know of an orphaned learner in your class?"

Responses of educators were:

"Yes, I know Ronel is an orphan."

"Yes, I know Vusi is an orphan."

"Yes, I know Tiko is an orphan."

"Yes, I know Zibu is an orphan."

"Yes, I know Tuka is an orphan."

Theme 1: Educators know all orphans in their classes (E1).

Educators knew all the orphans in their classes because guardians give this information to the educators as they know that educators will support the learners by providing books, food and clothes. During the time of referral, educators have to complete referral forms to be submitted to social workers.

Question 2: "When did you become aware of his/her social problem?"

Responses of participants:

"I became aware when she started to be absent nearly every week."

"She came crying one day and complained about a headache."

"I asked her why she comes to school with dirty clothes and she told me that her sister did not have money to buy soap."

Theme 2: Educators are usually aware of the orphans' social problems (E2).
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From the responses it became clear that orphan learners always have social problems because they do not have adults or any other person to help them with their needs.

Question 3: *"In which way do you see his/her scholastic performance?"*

Responses were:

"Ronel's performance is very bad, sometimes you can see that she lacks concentration."

"Vusi's performance is very low, sometimes he does not come to school."

"Tiko's performance keeps on changing every time. Sometimes he promises to improve, but after two days it changes again."

"Zibu's performance is decreasing, sometimes he does not come to school."

"Tuka's performance keeps is going down. Sometimes he promises to improve, but after two days it changes again."

Theme 3: HIV/AIDS-orphaned learners are not performing very well because of the traumatic situation during the illness of their parents (EJ).

Orphaned learners experience learning problems because the death of their parents is affecting them.

Question 4: *"As an educator, what do you do if you see a learner who does not perform well in your class?"*

Responses of participants were:

"I refer the learner to the School Based Support Team because I cannot do anything, because I have other learners in my class as well."

"There is nothing that I can do, because when I gave him homework he comes to school the following day without having done it."

"Tiko is not the only learner who experiences problems, but I do not know how to support them. I refer these learners to the support educator."

Theme 4: Educators do not know what to do if a learner experiences learning problems (E4).

Educators do not know how to support learners who are experiencing learning problems in their class. They explain that they have other learners in their class, although some educators mentioned that they would refer them to specialist people.

Question 5: "As an educator, are you aware of your learners' HIV/AIDS status?"

Responses of participants were:

"I do not know their status, but I do not have interest in knowing it."

"I do not know their status, because they do not know themselves."

"I do not know, because it is their right not to disclose their status."

Theme 5: Educators are not aware of their learner's status because to disclose your status is your right. Even learners have their right not to disclose their status (E5).

Educators do not know their learners' status, because they declare that it is their right not to disclose their status. Some educators are not interested in knowing learners' status.

Question 6: "Can you estimate the number of orphans in your class?"

Responses from participants were:

"The number of orphans increase every day in our classes."

"I cannot tell the exact numbers, because it is increasing every day."

"The number increases every day, you cannot know the exact number."

Theme 6: Educators mentioned that the number of orphans increase every day. They cannot tell exact numbers, it differs day-to-day (E6).

Owing to the increase of adult mortality, the number of HIV/AIDS-orphaned children increases every day. Educators are not able to give estimated numbers.

Question 7: "Do all the orphans in your class receive grants from Social Development?"

Responses of participants were:

"Some do receive grants, but not all of them, because others do not have the necessary documents that are needed when applying for the grant."

"My learners receive grants from Social Development, but there are others that are still waiting for grants."

"They do receive, but there are other learners who do not have an ID or any documentation of their parents. We are still helping them to get a grant."

Theme 7: Orphans should receive grants from Social Development, but not all of them do. Some orphans have problems with documentation that is needed (E7).

Educators stated that some of their learners receive grants, but not all learners. There are some learners that still need help to get the necessary documentation.

Question 8: "Because of an increased number of HIV/AIDS orphans at schools, do you have policies that cater for them?"

Responses from participants were:

"We do have a policy that helps us to assist learners with their needs such as food and clothes from NGOs."

"We do have a policy that we use when we distribute food parcels."

"We do have a policy that helps us to give bursaries to orphaned learners."

Theme 8: Schools do have a policy to help them to cater for HIV/AIDS-orphaned learners (E8).

All schools where the above educators teach do have a policy that caters for HIV/AIDS-orphaned learners.

Question 9: *"In which ways do you manage to solve problems of your orphans?"*

Responses of participants were:

"We do not manage to solve all problems, because of our time, we try by working as a team. Usually we refer the matter to the School Based Support Team (SBST)."

"We don't manage, because orphans have lots of problems, sometimes you do not know what to do."

"We do not manage, because you receive a new problem every day."

Theme 9: Orphans usually have a lot of problems that educators cannot attend to as they have a lot of work to do (E9).

Educators do not manage to teach learners as well as solve their problems. Orphans have lots of problems that need professional attention and only professionals know how to deal with it.

Question 10: *"Based on the experience you have as an educator working with HIV/AIDS orphans at your schools, what challenges do you have concerning them?"*

Responses of participants were:

"Working with HIV/AIDS orphans is a very difficult work, because these learners are traumatized and depressed because of the situation of their families. They come to school being hungry because they do not have food to

eat. They also come to school with dirty clothes and their homework is not done. Sometimes they absent themselves from school."

"It is a challenge to work with orphans that are staying with guardians without having the knowledge of how to help them. These learners are surviving, but sometimes we help, until we give it up."

"It is a challenge, because those who are looking after them, are not working. When they start applying for a grant, they do not have the knowledge how to do it. We try to get information for them, but they do not have money for transport. As educators, we try to help learners and their guardians."

Theme 10: Teaching HIV/AIDS orphans is challenging for educators (E10).

Educators indicated that teaching orphans is a very challenging job . Sometimes these learners come to school hungry and mostly they do not have the knowledge to help themselves .

This ends the section of interviews with educators.

5.3.4 Interviews with the social workers (see Appendix F)

***Question 1:** "Are you aware of the situation experienced by HIV/AIDS orphan learners that are referred to you ?"*

Responses of participants were:

"Yes, I am aware of their situations. I am still trying to work on it, but I am having a lot of referrals that I cannot do immediately. It needs a lot of time."

"Yes, I am aware of it, there are a lot of referrals from schools, but because of shortage of staff, I cannot manage to cover it in one day."

"I saw a name on the list of referrals, but I will attend to it as soon as possible."

Theme 1: Social workers usually do receive referrals from schools, but it takes time to attend to the problem (51).

Social workers are not able to attend to referrals immediately since there is a shortage of staff and the referral lists are full.

Question 2: "In which ways do you give help to HIV/AIDS-orphaned learners?"

Responses of participants were:

"We give help according to the referral. Educators usually state what the learner needs."

"We give help because our Department deals with counselling learners to cope with a stigmatized situation."

"We do help learners according to their referral needs."

Theme 2: Social workers usually attempt to help HIV/AIDS-orphaned learners (52).

Social workers reflected that they do give help to HIV/AIDS-orphaned learners according to their needs stated in the referral letter. These learners also receive counselling for traumatic situations because of the death of their parents.

Question 3: "As social workers, have you ever been at their family home?"

Responses from participants were:

"No, most of the time we meet with guardians at the school that the learner attends."

"No, we meet learners at school."

"No, we only go there if it is necessary, but most of the time we meet learners and guardians at school."

Theme 3: Social workers working for the Department of Education usually visit schools. They only visit families if it becomes necessary (53).

Social workers stated that if a learner has problems, they visit the school to help the learner. They meet with guardians at school, but if there is a need, they do visit the families at their home.

Question 4: "In which ways do you assist orphans who need grants?"

Responses of participants were:

"It we get such learners, we usually refer the matter to Social Development because at the Department of Education we deal with. We do referral letters and give it to guardians to take it there."

"We refer learners to Social Development."

"We do refer learners, but the report we get from educators is that most learners stay with their siblings and thus there is no adult who can help them to apply for the grant."

Theme 4: Orphans usually stay with their siblings without adults who can help them to access grants from the Department of Social Development (54).

Social workers from the Department of Education reflected that they did not work with grants, but they do assist the guardians to meet the person dealing with such matters. They also indicated that most of the orphans do not have access to a grant because they do not have the necessary documents or they have no adult to assist them with the application.

Question 5: "What challenges do you have working with HIV/AIDS orphans?"

Responses of participants were:

"Working with orphans is challenging, because sometimes you see what these children are experiencing. You think you can help, but you need to follow some procedures that can take even years to solve."

"Working with HIV/AIDS-orphaned learners is a stressful job, but there is nothing we can do."

"The challenge is when you find a situation where a learner is an orphan but taking care of siblings who are HIV positive."

Theme 5: Social workers usually have challenges working with HIV/AIDS- orphaned learners (55).
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Social workers indicated that dealing with HIV/AIDS-orphaned learners is a challenging work. They explained the situations these learners experience at their homes, which is mostly taking care of their siblings who are HIV positive.

This section ends the responses of interviews with social workers.

5.4 OBSERVATION

In the family structure consisting of learners staying with their siblings, the learners are sleeping without food, electricity, running water and clothes to wear. The clothing they have is too big for them and those clothes usually come from their neighbours. They only have food available if somebody supplies them.

The second observation was learners staying with their grandparents. These learners have a better lifestyle because their grandparents are earning pension money. They manage to buy essential things like maize-meal and sugar. They cannot afford expensive food.

The reason for the observation was to make a comparison between the situation before the development programme was implemented and

afterwards. The researcher also notes the reaction of the learner after the development programme has been implemented.

5.5 CONCLUSION

In this chapter, an analysis and interpretation of the responses that the interviewees (N = 20) who participated in this research gave to the questions that the interviewer posed to them, was done. From the analysis and interpretation of their responses themes were formulated.

The next chapter deals with conclusions, findings and recommendations.

CHAPTER SIX

SUMMARIES, RECOMMENDATIONS AND CONCLUSION

6.1 INTRODUCTION

The aim of this research was to investigate the nature and extent of the psycho-social support HIV/AIDS-orphaned learners receive from all stakeholders; to investigate the life experience of HIV/AIDS-orphaned learners and to develop a programme with *Ubuntu, Botho, Vumunhu* as point of departure. The programme includes communitarian ideas in communities and makes suggestions on what schools and communities can do to render assistance to HIV/AIDS-orphaned learners.

This last chapter of the dissertation provides summaries of the findings from both the literature review (see chapters one, two and three) and qualitative empirical research (see chapter 4 and 5) with a view of making recommendations for both implementation and further research.

6.2 FINDINGS OF THE LITERATURE REVIEW AND EMPIRICAL RESEARCH

6.2.1 Findings from the literature review

The investigation of related literature revealed the following:

- There are approximately 1,5 million orphaned children in South Africa . The number of children orphaned is escalating, abandoned children are reaching worrying members, and carelessness and exploitation of offspring occur frequently. Most of the babies left orphaned need homes where they can grow up (*cf* 2.1)
- HIV/AIDS-orphaned children who show emotional behaviour are unable to build a relationship with peers, parents, community members and educators (*cf* 2.3).

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- Due to the number of orphans increasing, extended families are no longer able to support them according to their traditional customs. The care for children affected by HIV/AIDS should be increased and ways should be found to support children who are cared for by relatives or by older brothers or sisters in child-headed homes (*cf.* 2.3.1).
 - African countries are most affected by HIV/AIDS. The obvious effect of this disaster has been illness and death, but the impact of the pandemic has certainly not been restricted to the health sector. Households, education, the workplace and the economy have been significantly affected, along with the sectors of society (*cf.* 2.3.1.1).
 - African countries affected by the HIV/AIDS pandemic are struggling to cope. There are high demands for care for those living with HIV/AIDS (*cf.* 2.2.1.2).
 - Orphans are vulnerable to many unsafe circumstances such as poverty, physical and sexual abuse, erratic attendance of/or dropping out of school, harassment and transactional sex. Many children who become heads of a household, have to work outside the home at adolescent age and receive the poorest nutrition and supervision at home (*cf.* 2.3.2).
 - South African children are dying, not only because of mother-to-child HIV transmission, but also because HIV/AIDS takes their parents and caregivers – their means of support. Orphans and vulnerable children are more likely to be malnourished, less likely to be breastfed and have minimal access to healthcare (*cf.* 2.3.2).
 - Children orphaned by HIV/AIDS top the scales of emotional complexities and because of losing a parent to HIV/AIDS, they are even sometimes teased by classmates for being orphans or for having HIV/AIDS (*cf.* 2.4).
 - Negative incidents that most often occur in the lives of HIV/AIDS affected children, include family difficulties, continuous failure at school or other major life changes because of the death of their parents. Stressful life

events seem to be the major precipit of symptoms of depression and anxiety in children (*cf.* 2.4.1).

- The death of parents also results in the traditional skill to maintain traditional homes made of mud, stone, wood and weed, not being passed on to young adults. Unfortunately the homes of children in child-headed homes are increasingly derelict, leaving them physically exposed to the elements, as well as being unprotected (*cf.* 2.4.2).
- HIV/AIDS-orphaned children develop psychological stress because of losing their parents. It causes mental problems because they are confused about what is happening in their environment. They need parenting. Most children come to terms with the truth of being orphaned and feel deprived of the loss of parent attention and of physical and social security (*cf.* 2.4.3).
- The rights of the child are enshrined in Section 28 of the Bill of Rights of the South African Constitution (*cf.* 2.5).
- Children orphaned by HIV/AIDS may miss out on school enrolment, have their schooling interrupted or perform poorly at school as a result of their situation. Expenses such as school fees and school uniforms, present major barriers, since many orphans' caregivers cannot afford these costs. Extended families sometimes see school fees as a major factor in deciding not to take on additional children orphaned by HIV/AIDS (*cf.* 2.6).
- Educational support is not viewed as a means of providing help in an interpersonal, interactive way which in itself promotes growth and change (*cf.* 2.8).
- It does not matter what type of school a learner attends. It can be any school, whether the child is attending a special school, ordinary school or full-service school. Such a learner needs support.
- The school-based support team together with the Education Support Service of the district should take responsibility for the in-service training of

teachers in identification, assessment and support of all learners, including those who experience barriers to learning and those who are having behavioural difficulties (*cf.* 2.8.2).

- Despite great changes in the means and forms of socialization, all communities share a common interest in child-rearing, that is: they want their offspring to be competent and responsible adults. A major challenge to the process of socialization is, of course that the period of childhood is a time of dramatic physical, psychological and social transitions (*cf.* 3.1).
- The family as a system also interacts with other family members outside, such as grandparents and parents of other children, and may thus be seen as a subsystem within families (*cf.* 3.3).
- HIV/AIDS orphans are vulnerable in our communities and as communitarians we need to take action and assist the children (*cf.* 3.5).
- In the olden days the community/relatives used to be a substitute family for the children whose parents had passed away. As a result of the current economic situation, relatives cannot support these learners and they have to cope on their own (*cf.* 3.6).

6.2.2 Findings from the empirical research

The empirical research led to the extraction of the following themes from the responses of the participants who formed the sample of this research.

In this section, themes from the responses of all participants who participated in this research are provided.

Theme 1 (OL1): Orphans are usually not aware of their parents' status before they pass away.

Theme 2 (OI2): After orphans have heard of their parents' status, they are usually psychologically, socially and emotionally affected.

Theme 3 (OL3): Orphans do not seem to be coping with the circumstances they find themselves in.

Theme 4 (OL4): Orphans usually have fear of disclosing the cause of death to their relatives.

Theme 5 (OL5): Orphans of HIV/AIDS are usually stigmatized and discriminated against by their relatives and community members.

Theme 6 (OL6): Orphans usually blame themselves or are blamed by their relatives and community members for being affected and infected with HIV/AIDS.

Theme 7 (OL7): Some orphans are forced by circumstances to take adult responsibilities at a very young age.

Theme 8 (OL8): Orphans usually do not have support from the communities.

Theme 9 (OL9): Orphans usually do not cope financially and materially because they need financial and materialistic support.

Theme 10 (OL10): Orphans do not receive grants from Social Development because they do not have the necessary documentation

Theme 11 (OL11): Orphans' teachers are usually aware of their problems and situation at home.

Theme 12 (C1): Caregivers/Guardians are usually aware of what causes the death of their relatives.

Theme 13 (C2): Caregivers/Guardians usually knew the status of their relatives before they passed away.

Theme 14 (C3): Caregivers/Guardians usually do not cope staying with children of their relatives, but they are forced to by circumstances .

Theme 15 (C4): Caregivers/Guardians usually do not tell their family members that they are staying with HIV/AIDS orphans.

Theme 16 (C5): Caregivers'/Guardians' greatest fear is being sick as a result of HIV/AIDS.

Theme 17 (C6): Caregivers/Guardians are devoid of family support and community support.

Theme 18 (C7): Caregivers/Guardians usually struggle to survive without financial support.

Theme 19 (C8): Orphans usually have a tendency to isolate themselves.

Theme 20(C9): Orphans' teachers usually know about their problems.

Theme 21 (C10): It is a great challenge for guardians to raise orphans.

Theme 22 (C11): Guardians are concerned about the orphans' safety.

Theme 23 (E1): Educators have knowledge of all orphans in their classes.

Theme 24 (E2): Educators are usually aware of their orphans' social problems.

Theme 25 (E3): HIV/AIDS orphaned learners are not performing well at school because of the traumatic situation during the illness of their parents.

Theme 26 (E4): Educators do not know how to assist learners with learning problems.

Theme 27 (E5): Educators are not aware of their learners' status, because of their right not to disclose their status.

Theme 28 (E6): Educators acknowledge the way the numbers of orphans are increasing in their classes.

Theme 29 (E7): Orphans usually receive grants from Social Development, but not all of them do. Others have problems to get grants because of incomplete documentation.

Theme 30 (E8): Schools have policies that help them to assist HIV/AIDS-orphaned learners.

Theme 31 (E9): Orphans have a lot of problems. Educators do not get time to assist them, because they have other work to attend to as well.

Theme 32 (E10): Teaching HIV/AIDS children is usually challenging work for educators.

Theme 33 (S1): Social workers are usually aware of HIV/AIDS-orphaned learners because they do receive referrals from schools, but it takes time to attend to their problems.

Theme 34 (S2): Social workers usually give help according to referrals from schools.

Theme 35 (S3): Social workers, working at the Department of Education, attend to problems of learners at school. They do visit their families if necessary.

Theme 36 (S4): Orphans usually stay with their siblings without an adult who can help them to access a grant from the Department of Social Development.

Theme 37 (S5): Social workers usually face challenges working with HIV/AIDS-orphaned learners.

6.2.3 General findings

From the revelations of the literature review and the empirical research, the following general findings emerged:

- Orphans are usually not aware of their parents' status before they pass away and afterwards they are usually affected psychologically, socially and emotionally .
- HIV/AIDS-orphaned children are unable to build relationships with peers, parents, community members and educators.
- Orphans do not seem to be coping with the circumstances they find themselves in, they are vulnerable to many unsafe circumstances such as

poverty. Some are physically and sexually abused, drop out of school, suffer harassment and may revert to transactional sex.

- Many children who become head of the household, have to work outside the home at adolescent age and receive the poorest nutrition and supervision at home.
- Orphans usually fear disclosing the cause of death to their relatives, because orphans are usually stigmatized and discriminated against by their relatives and community members. HIV/AIDS-orphaned children also develop psychological stress because of losing their parents. It causes mental problems because they are confused about what is happening in their environment and they need parenting. Most children come to terms with the truth of being orphaned, but feel deprived of parental attention and of physical and social security. Working with HIV/AIDS-orphaned children is a challenging task.

6.3 RECOMMENDATIONS

Based on the findings of the literature review in chapters two and three plus those of the empirical research, the following recommendations are made:

- Educators need to support all orphans in their respective schools. HIV/AIDS-orphaned learners need to be supported materially, financially and emotionally . Communities should have a sensitive attitude towards working with HIV/AIDS orphaned learners. They need secure places at their homes that can strengthen them against vulnerability.
- The South African government should recognize the rights of children in their policy-making and work towards policies that can protect and promote children's rights. Community programmes should be meaningful in children's everyday lives.
- The Department of Education should reduce the number of learners in the classroom in order for educators to support learners with difficulties and education should be accessible to all children that are vulnerable .

- Communities should communicate with orphans and mobilize programme that can help them in preventing HIV/AIDS.
- Counsellors should render counselling and support to the children whose parents died because of HIV/AIDS and assist the children in their traumatic situation. Discrimination and stigmatization because of HIV/AIDS should be addressed in a proper way.
- As further recommendation, a proposed communitarian programme for the support of HIV/AIDS-orphans is provided in the section that follows.

6.4 RECOMMENDATION FOR FURTHER RESEARCH

Future research on a communitarian programme for supporting HIV/AIDS-orphaned learners should consist of a larger sample, including participants from South Africa as a whole. Such extensive research should provide more exact information about the nature and extent of the experiences of HIV/AIDS-orphaned learners.

The proposed communitarian programme needs to be implemented in order to help AIDS-orphaned children in communities.

There is also a need to investigate ways in which educators can be trained by the Department of Education to support learners in an inclusive classroom setting.

6.5 CONCLUSION

This research provided a literature review on a communitarian programme to support HIV/AIDS-orphaned learners. An empirical research of the psychological experiences of learners orphaned or affected by HIV/AIDS was also undertaken in the Lejweleputswa district of the Free State Province. It is hoped that the results provided by this research will help people to understand the situation of learners affected or orphaned by HIV/AIDS in South African communities and restore the spirit of *Ubuntu/Botho/Numunhu* in communities in order to support HIV/AIDS-orphaned learners appropriately.

CHAPTER SEVEN

A PROPOSED COMMUNITARIAN PROGRAMME FOR SUPPORTING HIV/AIDS-ORPHANED LEARNERS

7.1 INTRODUCTION

It is proposed that this communitarian programme should be facilitated by a multi-disciplinary team in our communities. It should consist of the following people: parents, social workers, educational psychologists, sociologists, educators, police, magistrates, nurses, religious leaders, medical doctors, support councillors, the business sector, the agricultural sector and the local government. All these sectors should work together with the communities and school to support all learners who are affected because of HIV/AIDS. This programme is not intended for orphaned learners only. It can be implemented for all learners who have physical as well as psychological problems. The support provided by this programme is intended to correct problems and enhance learners' future.

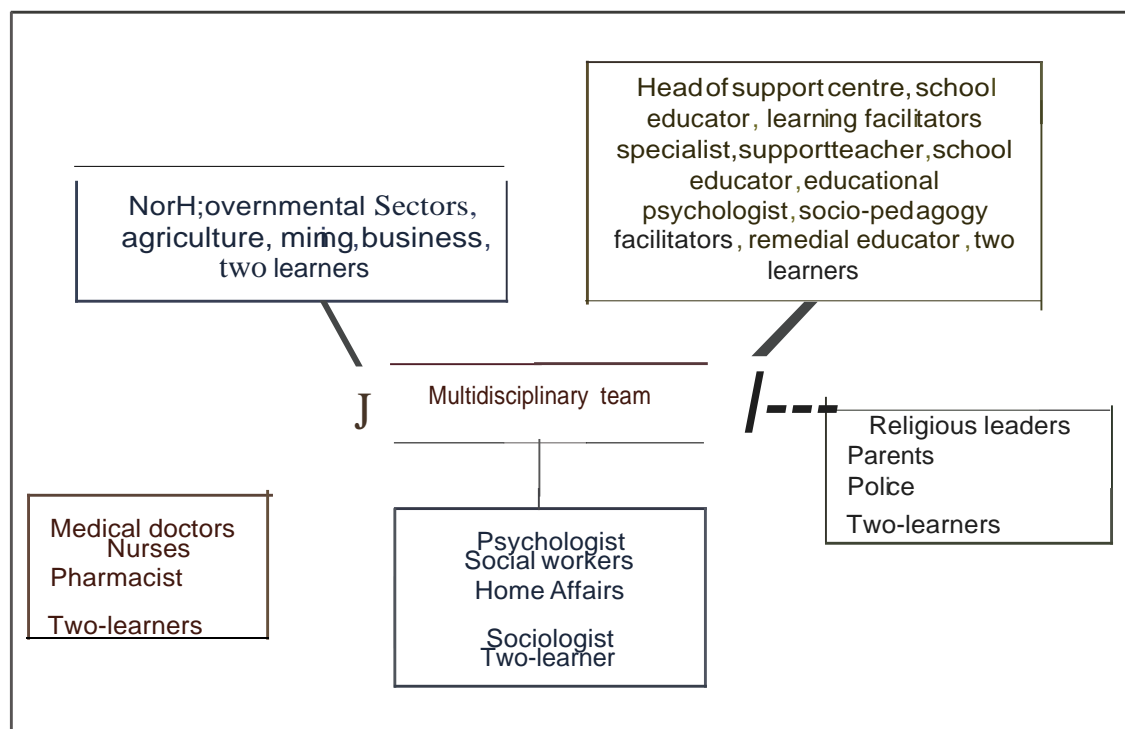
The aim of such a programme should be to focus on the needs of the learner in the community.

7.2 A MULTI-DISCIPLINARY TEAM

The duty of each representative of a multi-disciplinary team should be to apply their knowledge that can be utilized during the training of people who could implement the communitarian programme. The multi-disciplinary team should consist of work-related clusters and each cluster should draw up their action plan or strategy to use during implementation. In each multi-disciplinary cluster that is formed in a community there should be two representative learners.

An illustration of proposed clusters is provided in figure 7.1.

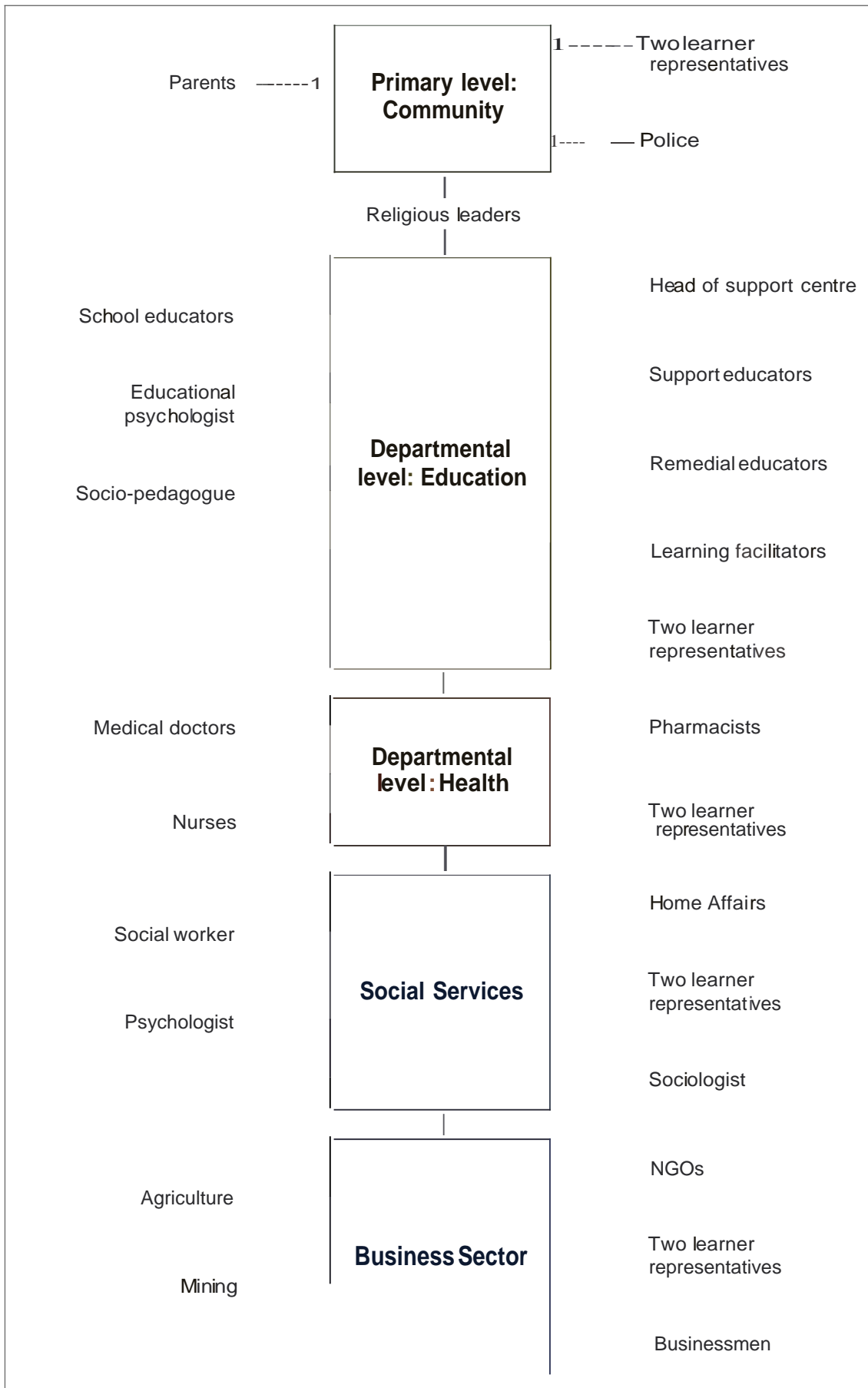
Figure 7.1: The cluster of multi-disciplinary teams



It is proposed that all these clusters should present an action plan for implementation. During the planning stage of the programme, the main aim should be to support HIV/AIDS-orphaned learners in the community. It is also proposed that learners should be part of the planning process as they are quick to come with solutions on how to solve their own problems.

The proposed structure of each cluster is illustrated in Figure 7.2.

Figure 7.2: Proposed structure of each group



A support programme for learners who are affected by HIV/AIDS should play a major role in the development of the child and should address psychological, educational, financial, physical and social needs.

7.3 A PROPOSED COMMUNITARIAN PROGRAMME

This proposed programme is based on Epstein's Model of Partnership (*cf* 3.4.1), as well as on Mazibuko's communitarian social values (*cf* figure 3.3), that illustrates the involvement of the community in supporting HIV/AIDS-orphaned learners.

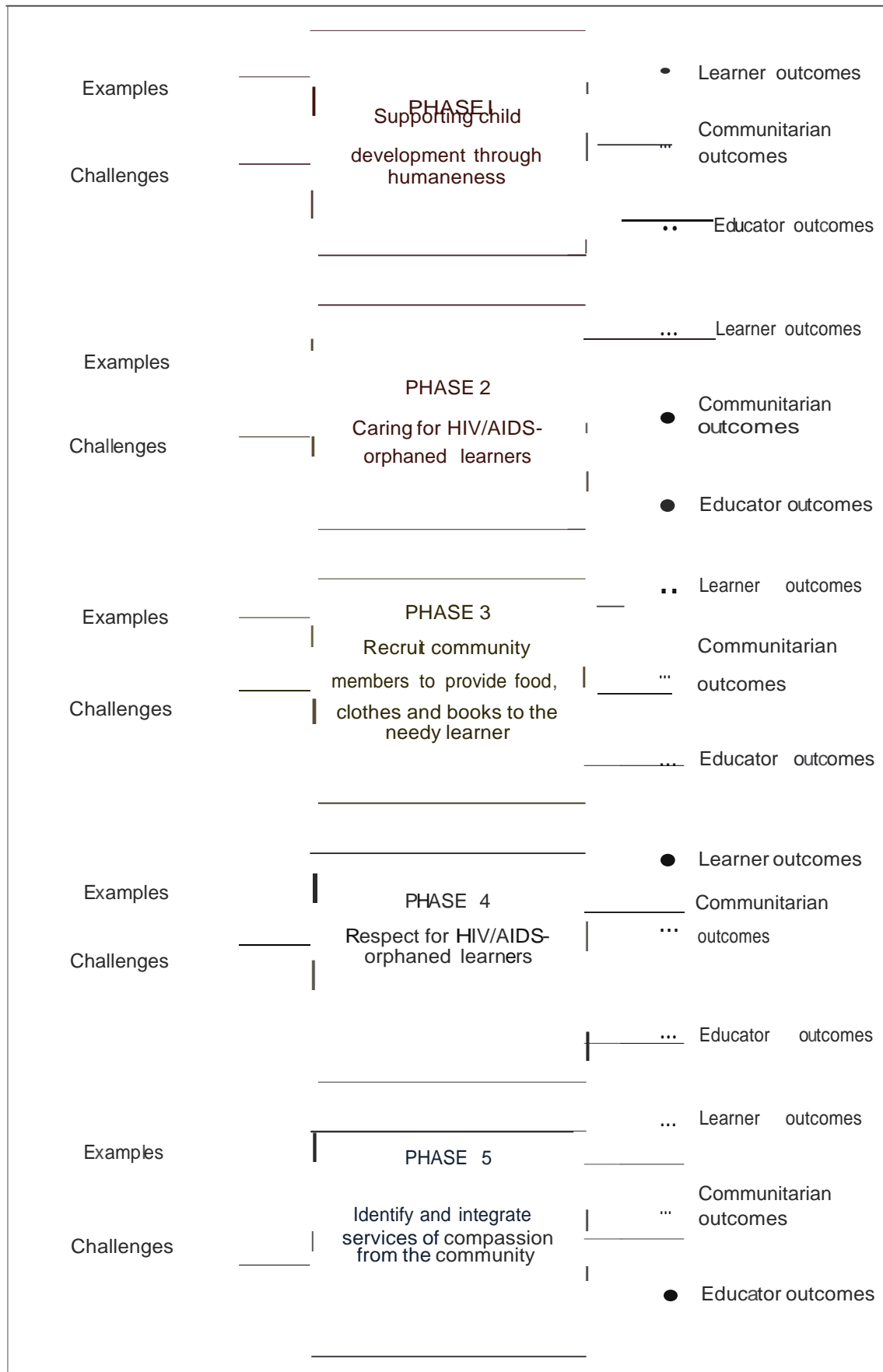
Communitarian suggestions for a suitable practice of support consist of five phases and each phase includes sections on examples of human practices, challenges of practices, results for HIV/AIDS-orphaned learners, results for educators after supporting orphan learners .

The programme consists of five phases, namely:

- Phase 1- Supporting child development through humaneness.
- Phase 2- Caring for HIV/AIDS-orphaned learners.
- Phase 3- Recruit community members to provide food, clothes and books to the needy.
- Phase 4 – Respect for HIV/AIDS-orphaned learners.
- Phase 5 – Identify and integrate services of compassion from the community.

The above five phases are represented in Figure7.3.

Figure 7.3: Illustration of complete programme



Each phase will be dealt with individually in the next sections.

7.3.1 Phase 1 :Supporting child development through humaneness



In this phase of supporting the child, the following should be done:

- Help all families to establish home environments to support learners as learners.
- Give warmth and tolerance to HIV/AIDS-orphaned learners.
- Support orphans' needs.

Examples of practising humaneness

- Create a home environment that can support affected learners at each grade level.
- Use workshops, videotapes and computerized phone messages on warmth, composure and tolerance for child development and support.
- Train care-givers and grand-parents on supporting HIV/AIDS orphans.
- Arrange neighbourhood meetings to help families understand humaneness and support.

Challenges of practising humaneness

- Provide information for the people in the communities who want to attend the workshops.

-
- Enable communities to share information about warmth, tolerance, composure and support that can be rendered to HIV/AIDS-orphaned learners.
 - Make sure that the information is clear and linked to orphaned learners' needs.

Outcomes for HIV/AIDS-orphaned learners

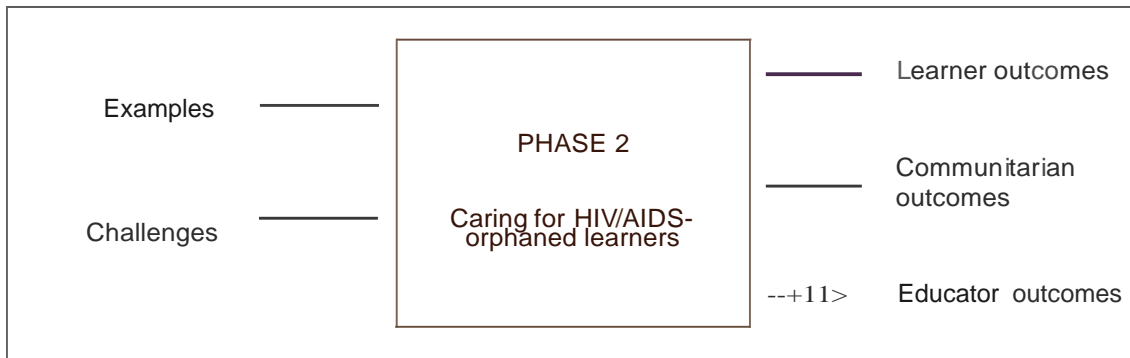
- They will be aware of family supervision and the respect they get from the family.
- They will develop positive qualities, habits, beliefs and values as upheld by the communities.
- A balance will exist between the time they spend at home and the time spent on their school work at school.
- School attendance will improve.
- Orphans will become aware of the importance of attending school.

Outcomes for educators after supporting orphan learners

- Understanding of learners' family background, culture, concerns and needs.
- Give respect and commitment to HIV/AIDS-orphaned learners.
- Have awareness skills and share information on learner support and development.

7.3.2 Phase 2: Caring for HIV/AIDS-orphaned learners

The following section of the programme is discussed below.



In this phase, the communities should establish a caring environment for HIV/AIDS-orphaned learners.

Examples of practising caring

- Friendliness
- Empathy
- Sympathy
- Helpfulness
- Charity

In order to practise caring in such a way, the following is relevant:

- Families in the community support these learners and give sympathy relating to the loss of their parents
- Home-visits to provide sympathy to orphans who lost their care-givers
- Communities build a strong relationship with orphans and give help where it is necessary.

Challenges of practising caring

- Some of these learners live with siblings without an adult to supervise.
- Communication with community members on the manner in which caring should be implemented.

- Strategies on how caring will be implemented at home and at school

Outcomes for HIV/AIDS-orphaned learners

- They will be aware of caring strategies.
- They will understand friendship from communities.
- Empathy, sympathy, helpfulness and charity will be recognized.

Outcomes for the communities

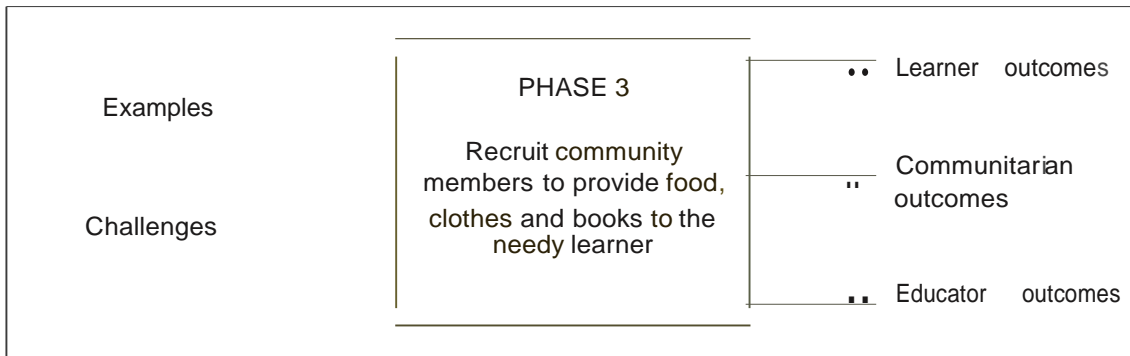
- Better understanding of orphans
- Monitoring their progress at school and giving help where necessary
- Respond in a helpful manner to orphans
- Interact together with educators.

Outcomes for educators

- Increased understanding of diversity and the practice of caring conduct with families
- Increased awareness of own ability for caring of others
- Appreciation for the communities' network as part of charity work
- Understanding communities' views on support of HIV/AIDS-orphaned learners

7.3.3 Phase 3: Recruit community members to provide food, clothes and books to the needy learner

The following section of the programme is discussed below.



Examples of practising caring

- Educators and learners at school should share their educational knowledge, clothes, books and food with needy learners
- Communities should share their knowledge, food, clothes and books with HIV/AIDS orphans as part of unconditional giving.

Outcomes for learners

- Develop the skill of sharing with others
- Increase development of the skills of Ubuntu / Sotho in their communities
- Learn how to give unconditionally and be open-handed

Outcomes for communities

- Understand how to give unconditionally
- Have confidence about the ability to share with orphans
- Develop specific skills of redistribution, open-handedness and unconditional giving

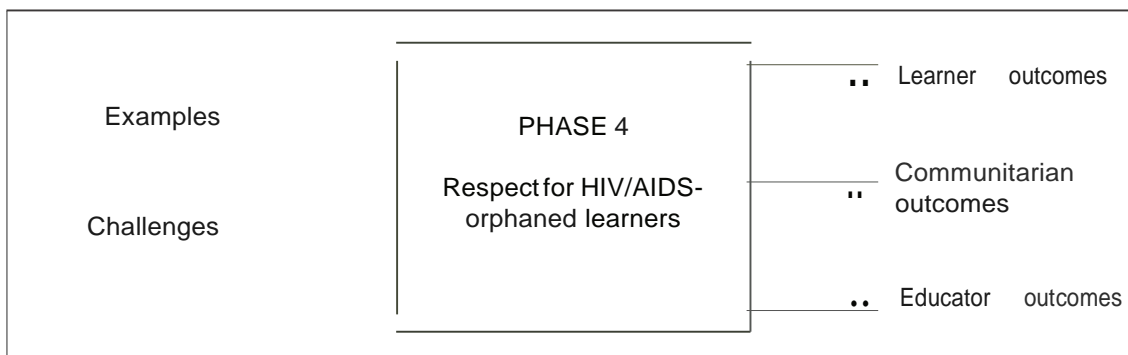
Outcomes for educators

- Readiness to involve communities in new ways of sharing with orphans at school
- Awareness of the orphans' interest in school

- Greater individual attention to learners who have serious problems

7.3.4 Phase 4: Respect for HIV/AIDS-orphaned learners

The following section of the programme is discussed below.



Examples of practice

- Community members commit themselves to respect HIV/AIDS orphans and not to discriminate against them.
- Treat HIV/AIDS orphans with love and dignity.
- Community members give direction to HIV/AIDS-orphans as they would give to their own learner.

Challenges for the communities

- Not all members of the community will feel obliged to take part in the practice.
- The economical situation of the country could lead to non-compliance of community members.

Outcomes for learners

- When they are respected by the community, HIV/AIDS-orphaned learners will develop a positive attitude towards other people and learners.
- HIV/AIDS-orphaned learners will view any person in the community as a substitute parent.

Outcomes for communities

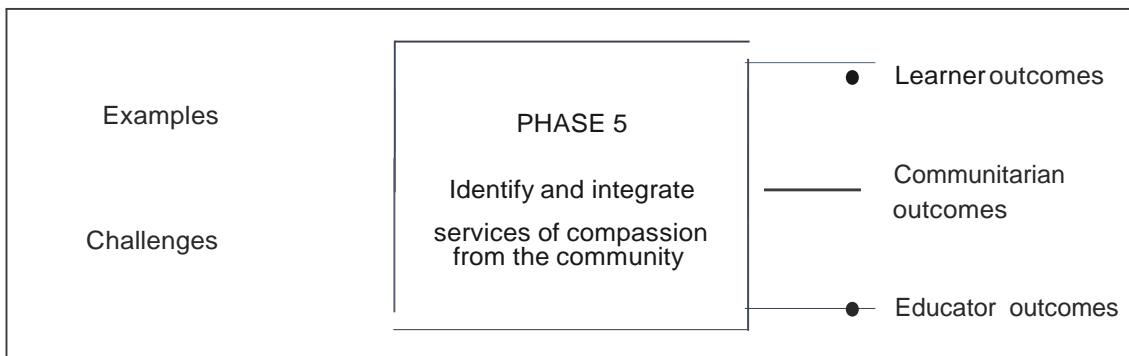
- Know how to support, encourage and help orphaned learners.
- Have appreciation for all people who take part in supporting HIV/AIDS-orphaned learners.
- Respect an orphan as a child similar to other learners.

Outcomes for educators

- Respect families and learners.
- Recognize HIV/AIDS orphans as equal to other learners.
- Understand community involvement and support for HIV/AIDS-orphaned learners.

7.3.5 Phase 5: Identify and integrate services of compassion from the community

The following section of the programme is discussed below.



This phase of the communitarian programme focuses on providing information and ideas to communities on how to identify and integrate services of compassion to support HIV/AIDS orphans at home and at school.

It is thus concluded that all individuals need to support HIV/AIDS-orphaned learners residing in their communities with dignity and respect. These learners deserve to be part of the community.

Examples of practising caring

- Emphasis on togetherness.
- Community members should respect one another.
- Community members should see themselves as together in life.
- Love one another and share whatever you have.

Outcomes for communities

- Feelings of love for orphans as part of the community
- Sharing experiences of love and cohesion and encouraging positive attitudes about what is happening in the life of orphans

Outcomes for learners

- Awareness of the love they received from the community and school
- Improved performance because of acceptance by communities
- Being part of the community

Outcomes for educators

- Awareness of community involvement in love, compassion, cohesion and acceptance
- Awareness of learner improvement in performance
- Continued support for HIV/AIDS-orphaned learners in the communities

As part of a communitarian attitude, it is thus concluded that all individuals need to support HIV/AIDS-orphaned learners residing in their communities with dignity and respect, because these learners deserve to be part of the community .

This is in agreement with Peoven, Du Toit and Engelbrecht (2006:26) (*cf.* 3.4) when they concur that, as soon as an individual is included into a community he/she begins to appreciate the idea of having an extended family

In the next section, the researcher will share his/her experiences during an attempt to implement the proposed communitarian programme for supporting HIV/AIDS-orphaned learners. This is in no way an attempt to claim that the programme could be used as a blueprint to achieve a successful intervention in the lives of HIV/AIDS-orphans . It is merely the researcher's experience .

7.4 AN ATTEMPT TO IMPLEMENT THE COMMUNITARIAN PROGRAMME SUPPORTING HIV/AIDS-ORPHANED FOR LEARNERS

7.4.1 Introduction

The researcher got permission from the participants to conduct interviews concerning their participation in the programme. As a measure to confirm participation, there was a discussion with the learner and the principal concerned. Both agreed that if they could be quoted as anonymous, they had no reason not to make their experiences known. Therefore, this discussion will refer to the learner as a girl and the principal as Mr Carrots. Their backgrounds will now be discussed .

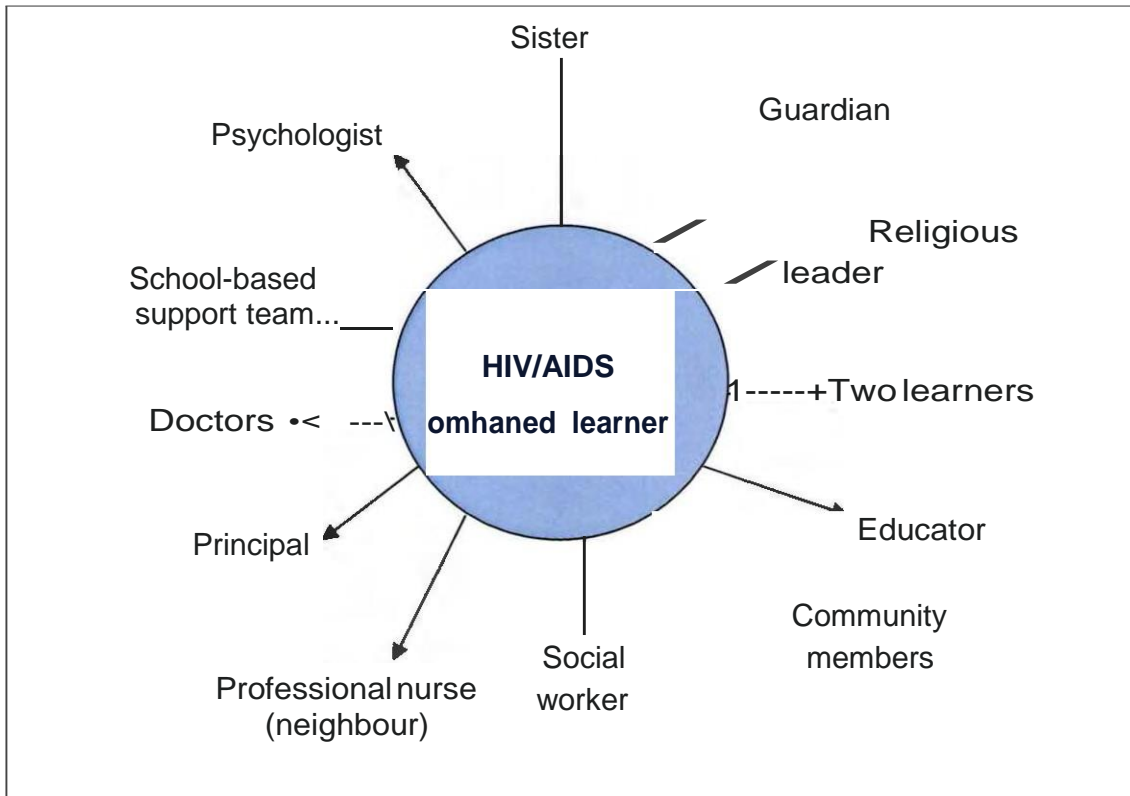
7.4.2 The learner

Initially, both parents of the learner died because of the HIV/AIDS disease. As a result she was left with her brother and sister as family. Only seven days after the burial of her father, her brother died in a car accident and only she, at 12 years of age and her 17-year-old sister remained.

After the death of her brother, she still attended school as normal. Two weeks later the school principal, Mr Carrots, called her to voice her feelings about what had happened to her. She explained that she firstly felt rejected, not only about being poor, but also about being HIV/AIDS-orphaned . After this explanation, she did not feel to return to school and never went back.

At home, she tried to commit suicide twice and was then referred to the social worker. The social worker appointed people to be involved in her life as part of an intervention programme.

Figure 7.4: The people involved in the intervention programme



7.4.2.1 Roles in intervention programme

The role of each person in the intervention programme will now be discussed.

(a) Sister

The girl's sister, after seeing that her younger sister refused to go back to school, reported the matter to their aunt, who was appointed as their guardian. She was not sure what had caused her sister to stop attending school. Two days after the matter was reported to the aunt, the younger sister tried to commit suicide again. As a result of this attempt, she started vomiting and the older sister had to call in professional help. Fortunately their neighbour was a professional

nurse who then investigated the matter and found that she had taken an unknown number of tablets.

(b) Professional nurse

The neighbour, being a nurse, who had come to assist the learner who had attempted to commit suicide, advised the elder sister to take her to hospital. Their guardian took them both to hospital and at the same time, contacted the social worker involved in this case.

(c) Guardian aunt

The role of the guardian aunt in this instance was that she then had to explain the problems this learner had experienced in the past. She told the social worker that both their parents had died, as well as that their brother had died and indicated that the two young girls now had to fend for themselves and that the younger one repeatedly tried to commit suicide because of the problems they had to face. The social worker then took over and tried to assist the learner.

(d) Social worker

After thorough investigation, the social worker discovered that the two children did not have proper food to eat. Although the aunt provided food for them, she also had her own family to care for and could not provide ample food for them. The social worker then applied for a government grant for the learner. She also completed a referral form to refer both learners to a psychologist.

(e) Psychologist

Both these HIV/AIDS-orphaned learners attended counselling sessions with the psychologist. Although the elder sister improved after counselling, the younger sister did not show any improvement and she told the psychologist that she wished to be admitted to hospital and be allowed to die. After further therapy, the psychologist discovered that she wanted to kill herself because she was not aware of her value in

life. She also believed that when a person was admitted to hospital, he/she would die, because her parents never returned from hospital. She indicated that she could not stop her attempts at suicide, because she could not live without her parents.

The psychologist refused that she should be admitted and alternatively referred her to a doctor for further treatment because the tablets she had taken in her attempt to commit suicide, had affected the insides of her mouth.

{f) The doctor

The doctor discovered that the girl had taken her aunt's chronic medication in her attempt to commit suicide. The doctor then prescribed medication free of charge because she did not have money. He referred her back to the psychologist for more sessions, because she showed signs of depression as well. The doctor advised her to return to him in two weeks' time for assessment of her condition.

{g) Community member

In this case, the researcher acted as caring community member and paid the two girls a visit. During the visit, it was noted that the younger child was not well at all. The elder sister explained that the younger one refused to attend school and that it had been six weeks since she last attended school.

The researcher attempted to identify the cause of her not attending school, only to learn that after voicing her feelings toward the school principal, the learner could not face him again at school. The learner was then asked whether she would like to attend another school, to which she agreed. All stakeholders in this matter were consulted before the final decision was taken. She was moved to a new school, where the principal was informed about her background and declared himself willing to assist her where necessary.

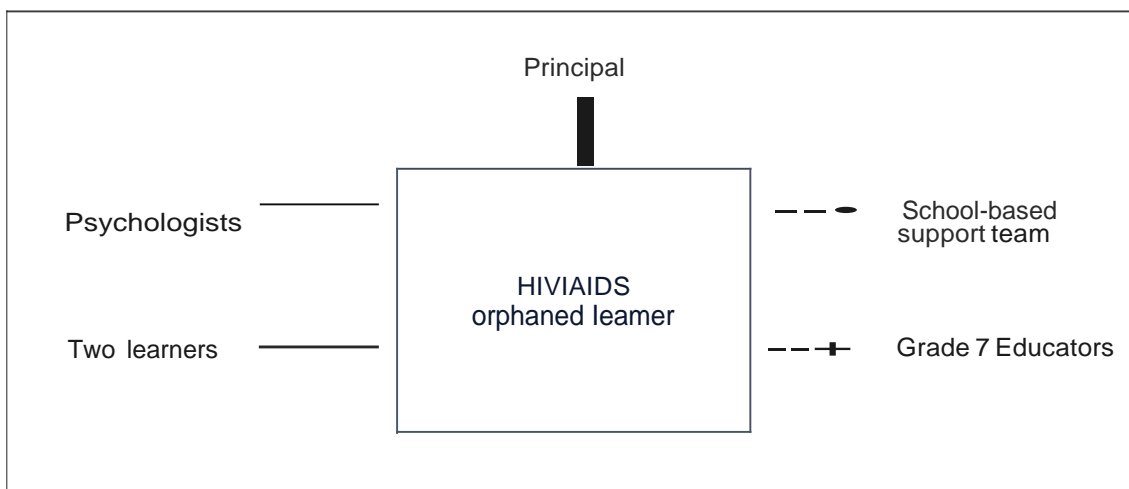
7.4.3 Intervention at school

In this study all the participants agreed to be interviewed at their homes. The choice of their homes as a setting was convenient for the interviewees as it provided them with both privacy and comfort.

For the intervention at school, the following people were interviewed: the school principal, the school-based support team, one member represented the team although other members were present, a psychologist, two learners and a grade 7 educator. The educators were also represented by one educator.

Figure 7.5 presents an illustration of the intervention in the life of the younger girl that took place at school. It is an example of people at school working together to help the HIV/AIDS-orphaned learner.

Figure 7.5: A group of people working together to help HIV/AIDS-orphaned learner



7.4.3.1 Roles of school intervention team members

The roles of each member of the intervention team will be discussed in the next paragraphs

(a) Principal

The role of the school principal was to supply information about the learner to the stakeholders involved: the school-based support team, the grade? educators handling the case, the psychologist working with

the support team and also a religious person. The information enabled these people to supply support when and where necessary and possible. They were also informed that, in the case of their not being able to provide suitable support, they should seek help from professionals.

(b) School-based support team

The members of the school-based support team were made to realize that an HIV/AIDS-orphaned child could not recover fast from his/her malady and that it takes time for the wounds to heal. They were requested to support the learner in every way, because support is very important in such a situation.

They contacted the psychologist involved in this case and also arranged for counselling sessions at school. After these sessions, they were able to advise her.

(c) Grade 7 educators

As it was only a week before the midyear examinations that she had been admitted to that school, the grade educators agreed to assist the learner by giving her extra classes after school in order to enable her to catch up the work she had missed since she had not been attending school.

In order not to put pressure on her, they agreed to give her the freedom to decide whether she wanted to write the examination. They then allowed her to write when she considered herself prepared enough to write the subject. Those subjects that she did not write were postponed until the next term.

{d) Psychologist

The psychologist continued her sessions at school and eventually compiled a report from responses gained from the learner, which indicated that she was happy to be at her new school. She also

indicated that she had made two friends at school who helped her to complete her work. The psychologist could not believe the immense improvement noted in her schoolwork as well as in her appearance. She looked beautiful in her new school uniform and her new environment helped her to respond positively to each counselling session.

(e) Two fellow learners

One of these learners was a child of her mother's friends and the other child she made friends with at the new school. Both these learners were happy to support her with all her activities and they also shared their lunch boxes with her. The learners even went so far as to collect clothing from educators and gave her some of their own clothes to wear, because they were of the same age. The three of them enjoyed themselves during school breaks and after school as well. When they had to write assignments, they did it as a group and they also assisted her to study for examinations and shared information on the day before they wrote each subject.

(f) Religious leader

One of her friends invited her to the church she had been attending and introduced her to the minister who was then informed of the situation of the two girls. The minister, being a man of God, prayed for her and encouraged her spiritually as well. He also supplied food and clothes for the two learners and promised to pray for them regularly.

With this intervention, the programme for the HIV/AIDS-orphaned learners was concluded. In an attempt to show how effective this programme (in the stages of its testing) has been, the HIV/AIDS-orphaned learner was interviewed. We did again ask for consent and voluntary participation. It should be taken into consideration that it had not been an easy task for stakeholders to take part in this intervention, making it all the more important for complete feedback.

7.4.4 The learner's response after intervention

After all stakeholders in the community as well as at school had been involved in the intervention of the HIV/AIDS programme, we reached a final decision that it was time for the child to move on with life on her own. She was asked to comment on all levels of intervention that she had experienced.

The child responded in a positive way on all issues and it was noted that she had managed to pass all learning areas that she had written examinations in. She did not recently demonstrate any spells of aggressiveness or depression and was enjoying herself at school.

What made her recovery more worthwhile was that she showed willingness to help other learners who had the same problems as herself. As token of her appreciation, she wrote letters to all the people who took part in the intervention programme. She felt that it was a way of proving how thankful she was to have recovered.

Feedback from stakeholders in the intervention programme will now be presented.

7.5 INTERVIEWS WITH ALL STAKEHOLDERS

Cohen, Manion and Morrison (2002:267) define an interview as pure data transfer and collection as a transaction which inevitably has bias which is to be recognised and controlled.

De Vos (2002:292) defines an interview as a way to understand the world from the participant's point of view, to explain the meaning of people's experiences and to uncover their lived world prior to scientific explanations. De Vos (2002:292) regards an interview as a conversation which implies a discussion that will capture the attitude of the interaction.

Collins and Hussy (2003:349) define an interview as a method of collecting information in which selected participants are asked questions to find out what they do, think and feel.

De Vos (2003:300) argue that an interview setting must be prepared for unstructured interviews. This includes arranging the time and place ahead of time and following it up in writing and confirming closer to the date.

The researcher adhered to the above-mentioned guidelines. The transcription of the interviews will now be presented.

7.5.1 The interview with the learner's sister

Do you remember me? I came to your place as a researcher.

"Yes, I remember you."

How are you and your younger sister coping with the situation?

"It is difficult for my younger sister to cope. The situation is getting worse because my younger sister is no longer going to school."

Why is she not going to school?

"She decided not to go to school because sometimes we don't have enough food to eat."

Did you speak to your aunt about not having food, as well as your younger sister not going to school?

"Yes, I spoke to my aunt, but she still does not want to go to school. My aunt gives us food when she has some at home. It is difficult because she has four other HIV/AIDS orphans at her place."

What did your aunt say to your younger sister about not going to school?

"My aunt tried to speak to her about the importance of getting educated but she still refused to go. Two days after my aunt spoke to her, she took unknown tablets and wanted to commit suicide. "

How did you notice that she took tablets?

"I saw her vomiting and I could smell the tablets. I decided to take her to my neighbour who is a professional nurse."

Did you get help from your neighbour?

"Yes, I did get help. My neighbour has helped us before."

7.5.2 Interview with the neighbour

As a professional nurse, what did you observe about the child when she was brought to you?

"She had been vomiting and smelled of unknown tablets."

Did the sister bring some of the tablets to you?

"No, I asked the child to bring the tablets, but she said there weren't any tablets left."

What did you do next?

"I called the aunt."

Did the aunt come?

"Yes, she came and asked what happened. The sister explained that her younger sister took unknown tablets. Then I told the aunt to take the child to the social worker at the hospital where I work and to explain what happened."

7.5.3 Interview with the aunt

Here follows all interview questions and responses thereto.

As the legal guardian of the two learners, how do you view their situation?

"It is a life-threatening situation."

What had caused the actions of the child?

"Two weeks ago she told me that her principal asked her to voice her problem of being a HIV/AIDS learner."

Did you ask why the principal decided to do that?

"Yes, because I did not agree with what the principal made the child do."

Did you visit the principal at school to find out why the principal decided to do what he did?

"No, I did not want to see or talk to Mr Carrots."

The neighbour told me that she referred the learner to the social workers.

"Yes, I took her to the social workers. They investigated the problem and referred the learner to the psychologist."

7.5.4 Interview with the social worker

Here follows all interview questions and responses thereto.

As a social worker, how did you assist the two learners?

"I investigated the problem and referred the learner to a psychologist."

What did you find in your investigation?

"I realised that the biggest problem is that the learner does not have enough food to eat and that she sometimes goes to sleep without eating."

How are you going to attempt to solve the problem?

"As a social worker, I will apply for a government grant for the younger child. The younger child's age qualifies her for the government grant. Then I will refer them to a psychologist because they show signs of depression."

7.5.5 Interview with the psychologist

Here follows all interview questions and responses thereto.

As a psychologist, how did you view the situation of the two orphaned learners when you first had contact with them?

"The learner showed signs of depression and withdrawal."

Was there any improvement after the session?

"The older sister showed improvement after the first session, but the younger sister showed no improvement."

What did you discover as a cause for her not improving?

"She wanted to be admitted to hospital."

Did you ask her why?

"Yes, I asked why she wanted to be admitted. She said that both her parents died in hospital and she also wanted to die in a hospital."

What did you do to handle the situation?

"I referred the child to a doctor and told the doctor to give her medication. Then I told the doctor that the child must come back for more sessions. I told the doctor not to talk about her getting admitted to hospital. Even though she was weak, she must come back for more sessions and get food to give her energy."

7.5.6 Interview with the doctor

Here follows all interview questions and responses thereto.

As a doctor, what did you view as a problem for the child?

"The child had a low intake of food and lacked nutrients."

What did you do?

"I prescribed medication for her. The child's older sister told me that they did not have money, so I bought the medication for her and I bought food because she cannot take medication without eating."

7.5.7 Interview with the school-based support team

Here follows all interview questions and responses thereto.

How did you hear of the orphaned new learner at your school?

"The principal told us at a meeting and said that the child needs support with regard to clothes, food and stationery."

What are you going to do?

"It is our duty to support learners, we have previously supported other learners. We are going to support her like we did with other learners."

Do you know that this new learner is an HIV/AIDS-orphaned learner?

"Yes, we are aware. We treat all orphans equally."

7.5.8 Interview with the grade 7 educator

Here follows all interview questions and responses thereto.

How were you made aware of the HIV/AIDS learner in your class?

"The head of our department told us."

How are you going to help the new learner catch up with her school work?

"She will have to attend extra classes. Next week we write mid-year examinations, the learner has an option to write if she wants to."

What about the new learner's mid-marks?

"We are going to give her assignments and even help her with the assignments ."

7.5.9 Interview with fellow learners

Here follows all interview questions and responses thereto.

Is it true you have a new friend?

"Yes, my other friend introduced her since she has known her for some time."

How did your friend know the new learner?

"Her mother used to work with the new learner's mother, but the new learner's mother passed away two years ago."

Your friend came to school in the middle of the year and you are writing exams next week, how are you going to help her?

"We are going to help her with her assignment and we are going to share our notes with her."

What happens at lunch when she comes to school with no food?

"We share our food with her. Sometimes our parents give us more food so we can share the food with her."

You say that you are going to share food with her during the week, what about the weekends?

"We will take food to her house on Saturdays and Sundays after church."

7.5.10 Interview with the religious leader

Here follows all interview questions and responses thereto.

As a religious leader, do you know all the people in your church?

"No, I do not know all the people in my church. We have leaders that head the different locations. The leaders know all the people in their respective locations."

Have you had an encounter with the learner at your church?

"Yes, I noticed that she needed spiritual revival. I regard her as my spiritual child."

Did you know that the child is a HIV/AIDS-orphan?

"No, we have orphans in my church and we do not discriminate."

What have you contributed to her life?

"The learner told me that it was just the two of them left in the family. As a church, we have taken initiative to give food parcels and clothes to the family. We are also going to contribute to her school uniform."

Are you going to take her away from her mother's church?

"No, it will be up to them. We are still going to contribute even if they stay at their mother's church."

The researcher thanked all stakeholders for answering all questions, as well as for their contributions and what they had done for the family, and especially for helping to improve their living conditions.

7.6 CONCLUSION

Although this communitarian programme was only tested on one family, the conclusion can be reached that acts of working together as a team could only result in positive outcomes, and that it could be used to help other learners as well.

This intervention programme proves that whenever a multidisciplinary team works together to assist HIV/AIDS learners, positive responses should be the result.

The outcry can then only be: "As members of a community, let us restore the spirit of *Ubuntu, Botho, Vumunhu* in our communities and support orphaned learners in their environments, not separating them from one another."

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APPENDIX A

LEITER TO SOCIAL DEVELOPMENT

POBox4033

WELKOM

9460

Social Development

WELKOM

Dear Sir/Madam

PERMISSION TO CONDUCT A RESEARCH

I am currently studying for the PhD degree in Educational Psychology at North West University, Vaal Triangle Campus, developing a proposed communication programme for supporting AIDS orphaned learners.

Please grant me permission in conducting this research by asking educators who are working with HIV/AIDS orphan learners to answer interview questions? Interviews will be conducted by the researcher after working hours. The genuine and honest responses from Social Workers will be highly appreciated. Anonymity is guaranteed and that the information provided will only be used for research purposes.

Thank you in anticipation.

MRS R R MAYIMELE

APPENDIX B

LETTER TO PRINCIPALS

P0Box4033

WELKOM

9460

The Principal

Dear Sir/Madam

PERMISSION TO CONDUCT A RESEARCH

I am currently studying for the PhD degree in Educational Psychology at North West University , Vaal Triangle Campus, developing a proposed communication programme for supporting AIDS orphaned learners.

Please assist me in conducting this research by asking educators who are working with HIV/AIDS orphan learners to answer interview questions for me. Interviews will be conducted by the researcher after working hours. The genuine and honest responses from educators will be highly appreciated . Anonymity is guaranteed and your school's name will nowhere be mentioned. You are further assured that interview questions and information will only be used for research purposes.

Thank you in anticipation for your cooperation .

MRS R MAYIMELE

APPENDIX C

INTERVIEW QUESTIONS FOR ORPHANED LEARNERS

INTERVIEW QUESTIONS FOR ORPHANED LEARNERS

Questions posed to the AIDS orphaned learners

- 1 As a person affected by HIV / AIDS, in which ways did you become aware of your parents sickness as a result of this disease?
- 2 How did you feel after you heard your parents status?
- 3 How do you cope being without parents?
- 4 Are you able to tell someone about your parents status?
- 5 Were your neighbours aware of your parents status and what was their reaction after learning about it?
- 5 In which ways was your family affected because of the sickness?
- 6 Who is taking care of you and your siblings?
- 7 Do you have support from people in your community?
- 8 In which ways are you coping financially in your family?
- 9 Do you receive social grant from the Social Development Department to support you both financially and materially?

APPENDIX D

INTERVIEW QUESTIONS FOR GUARDIANS

INTERVIEW QUESTIONS FOR GUARDIANS

1. In which way did you become aware of the status of your relative and or neighbour?
2. In which ways are you coping by living with children whose parents died because of HIV /AIDS?
3. Are you able to tell your family members that the parents of the children living with you, died of HIV /AIDS?
4. What is your greatest fear you have in life?
5. Do you receive any support from the community as a person staying AIDS orphaned learners?
6. In which ways are you coping with your family?
7. Do the children have friends?
8. Are their teachers aware that they are staying with you?
9. What are the challenges you have staying with AIDS orphaned learners?
10. As guardians, when you are away from home, who looks after the children?

APPENDIX E

INTERVIEW QUESTIONS FOR EDUCATORS

INTERVIEW QUESTIONS FOR EDUCATORS

1. As teacher, do you know of a orphaned learner in your class?
2. When did you become aware of his/her social problem?
3. In which way, do you see his/her scholastic performance?
4. As an educator, what do you do if you see a learner who does not perform well in your class?
5. As an educator are you aware of your learners HIV/AIDS status?
6. Can you estimate the number of orphans in your class?
7. Does all orphans in your class receive grants from social development department?
8. Because of an increased number of HIV /AIDS orphans at schools, do you have policy that cater for them/
9. In which ways do you manage to solve problems of your orphans?
10. Based on the experience you have as an educator working with HIV/AIDS orphaned learners at your schools, what are the challenges do you have concerning them?

INTERVIEW QUESTIONS FOR SOCIAL WORKERS

1. Are you aware of the situation experiences by HIV/AIDS orphaned learners that are referred to you?
2. In which ways do you give help to HIV/AIDS orphaned learners?
3. Have ever been at their family home?
4. In which ways do you assist orphans who need grants?
5. What challenges do you have working with HIV/AIDS orphans?

APPENDIX F

INTERVIEW QUESTIONS FOR SOCIAL WORKERS

