

**SUPPORT NEEDS OF HIGH SCHOOL EDUCATORS
DIRECTLY AFFECTED BY THE HIV/AIDS PANDEMIC**

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degree Magister Educationis
(in Educational Psychology)**

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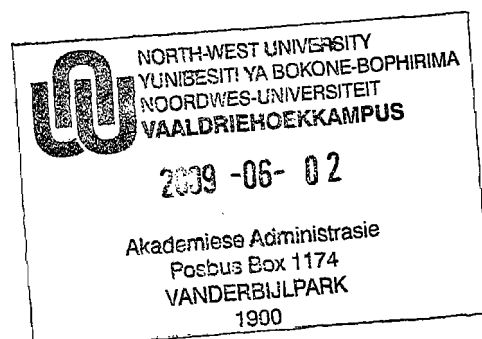
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DECLARATION

I, Lebogang Ivy Esther Serero declare that this dissertation, "Support needs of Secondary educators affected by HIV/Aids", is my own work and all sources that I have quoted have been referred to in the bibliography.

I also declare that the NRF is exonerated from the interpretations made in this study.

Lebogang Ivy Esther Serero

SUMMARY

This study focuses on the impact of HIV/Aids on secondary school educators who are affected by the HIV/Aids pandemic. The study seeks to understand how the pandemic has impacted on educators and identify support needs of educators affected by HIV/Aids. Many educators are negatively affected by HIV/Aids due to the fact that their family members, loved ones, friends, learners and colleagues may be ill, dying or affected by HIV and Aids. Educators are personally and professionally affected by HIV/Aids. Personally many educators are emotionally, socially, spiritually and physically affected. Professionally many are negatively impacted as educator absenteeism rises, morale is lowered and professional roles become more complex. There are very few avenues of support for educators who are affected by the HIV pandemic.

To determine how high school educators are affected and what their subsequent support needs are, this study followed a phenomenological design. Fourteen high school educators were interviewed. All participants taught at township schools in the Free State and were affected by the HIV pandemic. The data were coded with regard to how these educators were affected by the pandemic and what support they wished for.

According to this study's findings, educators in township secondary schools in the Free State are personally and professionally affected. Their experiences are mostly negative. They wish for support from the Department of Education, school management, their colleagues and the community. Examples of requested support include training and counselling programmes, supportive attitudes and additional educators so that they might be assisted to cope with the HIV/Aids pandemic challenges.

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GLOSSARY

Aids	Aquired Immune Deficiency Syndrome
ART	Anti-retroviral treatment
DoE	Department of Education
DoH	Department of Health
FBO's	Faith- based Organisation
HIV	Human Immunodeficiency Virus
Naptosa	National Professional Teachers' association
NGO	Non Government Organisation
SADTU	South African Democratic Teachers' Union

CHAPTER 1

ORIENTATION OF THE STUDY

1.1 INTRODUCTION

South Africa is one of the many countries that is faced with HIV/Aids challenges. Its effects have had negative impacts and continue to do so in most, if not all, communities. Schools and all stakeholders involved, form part of South African communities and so are often greatly affected by the pandemic.

Schools, educators and learners are affected in various negative ways. Some of these negative impacts include poorer teaching and learning, poorer attendance by both educators and learners, fewer educators and fewer learners and negative psychological, financial and professional side-effects (Abt, 2001; Coombe, 2003:11; Donald, Lazarus & Lolwana, 2007: 231-2; Kelly, 2000:48). UNESCO (2006:9) also highlight that educators' attendance at work is negatively impacted by HIV/Aids as a result of prolonged absenteeism. Consequently, schools and educators are forced to be involved in additional activities to lighten and address these challenges brought about by the impact of HIV/Aids. In the researcher's experience as an educator, both the effects of the pandemic on schools, educators and learners and the additional responsibilities that come with the pandemic (like assisting grieving learners) cause stress for educators.

In this study the reality and impact of the HIV/Aids pandemic on high school educators and why this needs to be researched will be briefly outlined. Chapter One will also include the study's aims and an overview of the methodology that will be used to achieve these aims.

1.2 STATEMENT OF THE PROBLEM

In 2007 it was estimated that globally 33,2 million people are living with HIV/Aids (UNAIDS/WHO: 2007), of which, out of that number 22,5 million people living with Aids are from Sub Saharan Africa. In percentages the statistics in Sub Saharan Africa make 68% of the global total. Regionally South Africa is currently estimated to have the highest number of persons living with HIV/Aids in Sub-Saharan Africa (UNAIDS/WHO: 2007).

The relationship between HIV/Aids and the education sector is circular: as the epidemic worsens, the education sector is damaged, which in turn is likely to increase the incidence of HIV transmission. In the absence of effective and preventive education, HIV/Aids will continue to spread at an alarming rate. The HIV/Aids epidemic worsens the challenges facing education in South Africa (Cohen, 2002:14; Theron, 2005:56).

Some of the HIV/Aids-related challenges facing education include:

- South African educators are not isolated from the group of people being affected by HIV/Aids as educators are considered to be at high-risk for HIV infection (Vass in Hall, Altman, Nkomo, Peltzer & Zuma, 2005:4). Isaacs (2005:4) indicates that in South Africa one out of eight teachers (1:8) is HIV-positive and every two hours an educator dies due to the pandemic. In other words, education is challenged by educator mortality.
- Crewe (2000:16) says that there are many challenges posed by the effects of HIV/Aids pandemic at schools. Among other things, schools have to contend with the high rates of absenteeism. Teachers who are affected by HIV and Aids are likely to take increasing periods of time off work. Teachers with sick families may also take time off to attend

funerals or to care for sick or dying relatives, and further absenteeism may result from the psychological effects of the pandemic (World Bank, 2002:13).

- HIV/Aids is negatively affecting the already inadequate supply of teachers in African countries. When educators infected with the pandemic get seriously ill with HIV/Aids they often absent themselves from work, leaving children in schools unattended, thus those learners might not be learning and progressing as they might have. When educators die from Aids-related complications, there may not always be replacements for them (UNESCO, 2005:30).
- Educators are not only affected when their colleagues die, they are partly affected when they lose learners as a result of HIV/Aids. Fewer learners will be able to complete their schooling, as many of them will drop out of school to become breadwinners when HIV –positive parents are ill or even die (UNESCO, 2005:39). This may place more stress on already burdened educators.
- According to the World Bank (2002:15) because of HIV/Aids the number of learners who register at schools to receive basic education is decreasing. This implies that a lack of basic education will make it increasingly difficult to address issues of HIV/Aids prevention.

The above exposition highlights some of the challenges faced by the entire education system due to HIV/Aids. In the researcher's experience as an educator, these challenges are very stressful to educators who are affected by the pandemic. The fact that some educators are negatively affected has also been established by large-scale South African studies (Hall *et al.*, 2005) and various researchers (Coombe, 2003; Theron, 2007a:178).

Educators can be affected by the HIV/Aids pandemic in one of three ways:

- educators who have HIV positive loved ones, colleagues or learners;
- educators who have loved ones, colleagues or learners who have died from Aids- related diseases; and
- educators who teach Aids-orphans (Hall *et al.*, 2005:26).

Support for educators affected by the HIV/Aids pandemic is essential (Bennell, 2005a:460; Hall *et al.*, 2005: 30; Kinghorn & Kelly, 2005:495; Theron, 2007a; UNICEF, 2004). If educators are not supported to cope with the pandemic, they may prefer to quit education (Hall *et al.*, 2005). In current literature there are some recommendations on how to support educators affected by the pandemic (Coombe, 2003:11; Simbayi, Skinner, Letlape & Zuma, 2005:39). However, to effectively support educators who are affected by this pandemic, we need to understand more clearly what educators who are affected experience, both personally and professionally. There is one small qualitative study to date which describes the experience of educators affected by the pandemic (Theron, 2007a). However, this study does not focus on only the high school educator.

The above leads to the following research question:

How are high school educators affected by the HIV/Aids pandemic?

This question can be divided into

- i. What is the impact of HIV/Aids on the high school educators professionally?
- ii. What is the impact of HIV/Aids on the high school educators personally?
- iii. What are the resultant support needs of educators affected by HIV/Aids?

1.3 RESEARCH AIMS

The overall aim of the study is to investigate the experience and subsequent support needs of high school educators affected by the HIV/Aids pandemic.

The overall objective can be operationalised as the following specific objectives:

- to conduct a literature study to determine how HIV/Aids impacts on educators;
- to conduct an empirical investigation to determine how HIV/Aids impacts professionally on high school educators;
- to conduct an empirical investigation to determine how HIV/Aids impacts personally on high school educators;
- to determine what the support needs are of high school educators affected by HIV/Aids; and
- to provide guidelines for addressing these support needs.

1.4 METHOD OF RESEARCH

Leedy and Ormrod (2005:133 & 161) say that there are two types of approaches to research, the qualitative approach and quantitative approach. Qualitative research methodologies are identified as dealing with data that are verbal and quantitative research methodologies deal with data that are numerical. In this study, a qualitative approach (based on a literature and empirical study) will be followed.

Qualitative research is often based on an interpretive perspective which means that qualitative researchers do not believe that there is one absolute truth to be researched. They believe that:

- human life can only be understood from within or from people's subjective experiences;
- people give meaning to phenomena;
- the uniqueness of a social situation affects the meaning that people make;
- there are multiple realities of phenomena which vary across space and time; and
- researcher's humanness and social knowledge influence their understanding of their research (Nieuwenhuis, 2007: 58-60).

This study is based on an interpretive approach, which means that high school educators were asked how the pandemic affected them. In other words their personal experience was used to help the researcher understand the pandemic's impacts. Their experience was their interpretation of the pandemic's impacts and the conclusions reached at the end of the study are the researcher's interpretations, rather than universal facts.

In order for a qualitative approach to be transparent, the researcher needs to indicate clearly what personal experience and theoretical foundations she brings to the qualitative study (Gilgun, 2007) as these will affect how the researcher interprets what she finds. In terms of personal experience, the researcher has been a high school teacher for 12 years. In this time she has been affected by the HIV pandemic in that she has experienced close colleagues dying as a result of HIV/Aids, and was also stigmatised as a result of her friendship with colleagues who had HIV-related deaths. Furthermore due to absenteeism caused by HIV infected colleagues around her, she had to deal with an unbearable workload and overcrowded classes in her teaching profession. These personal experiences, as

well as literature which suggests that the pandemic affects many educators negatively (Coombe, 2003; Hall *et al.*, 2005: 30; Kinghorn & Kelly, 2005:495; Theron, 2007a; UNICEF, 2004) may have influenced the researcher to be more open to similar stories.

The literature study, which formed the basis of the researcher's theoretical understanding of the impact of the HIV/Aids pandemic is summarized in 1.4.1 below.

1.4.1 Literature study

Relevant literature was surveyed and the following themes and sources were found as summarised in Table 1.1. below:

Themes	Sources
HIV is a pandemic	<ul style="list-style-type: none"> • Ateka, 2000 • Carr-Hill and Oualai, 1993 • Coombe, 2003 • UNAIDS/WHO, 2007 • UNESCO, 2005
Impact of HIV/Aids on SA	<ul style="list-style-type: none"> • Ateka, 2000 • Crewe, 2000 • Kelly, 2000 • Russel and Schneider, 2000 • Saloner, 2002 • Strydom, 2002 • UNICEF, 2004
Impact of HIV/Aids on education in SA	<ul style="list-style-type: none"> • Coombe, 2002 • Gachuhi, 1999 • Hall, Altman, Nkomo, Peltzer

	<ul style="list-style-type: none"> • & Zuma, 2005 • Kelly, 2002 • Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste and Pillay, 2005 • Theron, 2005 • Theron, 2007 • UNESCO, 2005
<p>Support for Educators affected by HIV/Aids</p>	<ul style="list-style-type: none"> • AFROAIDSINFO, 2006 • Bana Pele, 2005 • Bennell, 2002; 2005 • Bhana, Morrell, Epstein and Moletsane, 2006 • Cohen, 2002 • de Lange, Mitchell, Moletsane, Stuart, and Buthelezi, 2006 • Department of Health, 2006 • Department of Public Service and Administration, 2002 • Donald, Lazarus and Lolwana, 2002 • Esterhuizen, 2007. • Kinghorn and Kelly, 2005 • Lehloka, 2008 • Parker, Colvin and Birdsall, 2006 • Reber and Reber, 2001 • Ross & Deverell, 2004

	<ul style="list-style-type: none"> • Seckinelgin, 2005 • Simbayi, Skinner, Letlape and Zuma, 2005-2006 • Soul City, 2005 • Theron, 2007; 2008 • Van Vollenhoven, 2003 • Van Dyk, 2005 • Xaba, 2006; 2007; 2008
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Table 1.1: Literature overview

Literature that was surveyed gives a general overview of the impact of HIV/Aids on the education sector in general. Only one qualitative study (Theron, 2007a) could be found which described the experience and support needs of educators affected by HIV/Aids pandemic. No study referred specifically to the experience or support needs of high school educators.

1.4.2 Empirical study

The empirical study is described in detail in Chapter 4 and will therefore only be summarized below.

This research focuses on understanding the experience and subsequent support needs of high school educators affected by HIV/Aids. For this reason a qualitative research design was considered to be the most suitable, especially because it is aimed at gaining an in-depth understanding (Henning, 2005:3) of the impact HIV/Aids has on the affected high school educators and their subsequent support needs. This study wants to understand how educators are affected both personally and professionally.

To motivate the choice of the research design, a brief description of qualitative research designs and the investigation group is given.

1.4.2.1 Qualitative research

Qualitative research is conducted when a researcher wants a deeper understanding of a phenomenon (Henning, 2005:3). Qualitative research in this study will describe and give meaning to (Leedy & Ormrod, 2005:94) the phenomenon of how the HIV/Aids pandemic is experienced by high school educators. Qualitative research can take different approaches (e.g. case studies; phenomenological studies; ethnographic studies, grounded theory and content analysis) aimed at understanding phenomena, and the researcher can use multiple forms of data in a single study (e.g. a researcher might use data collected through observations, interviews, written documents, audio-visual materials and anything else that can help answer the research question). In this study, the researcher follows a phenomenological approach aimed at understanding the phenomenon of how the HIV/Aids pandemic impacts personally and professionally on affected high school educators.

1.4.2.2 Phenomenological Study

In this study a phenomenological design will be followed because the researcher wants to understand the personal and professional experiences of high school educators who are affected by the pandemic and what their subsequent support needs are, as very little information is currently available on the phenomenon in question (namely the impact of the Aids pandemic on affected high school educators), especially in South Africa. The design to be followed will be a phenomenological study because it should provide understanding of the impact / experience from the participants' point of view (Leedy & Ormrod, 2005:144).

A phenomenological design has the following characteristics:

- a phenomenon happens in a natural setting (it is not manipulated in a laboratory setting);

- there is a direct data collection from participants who have experienced the phenomenon in question; and
- conclusions are formed based on participant perspectives (Leedy & Ormrod, 2005:139-140;144).

1.4.2.3 Participants

The population of all possible participants is all high school educators affected by the HIV/Aids pandemic. Due to potential logistical and practical problems, it was decided to focus this research and to limit it to high school educators affected by the HIV pandemic in the Sasolburg and Heilbron area.

The researcher used criterion sampling to find participants as this gave her a better chance of interviewing participants who had experience of the phenomenon in question (i.e. the impact of the HIV pandemic on high school educators) (Nieuwenhuis, 2007:79-80).

The criteria included:

- Participants had to be affected by HIV/Aids, meaning:
 - (a) they have loved ones, colleagues or learners who are HIV positive;
 - (b) their loved ones, colleagues or learners have died from Aids-related diseases;
 - (c) they have Aids orphans and vulnerable children in their classes.
- Participants had to be qualified educators and teach at a township high school.
- Participants had to teach at high schools in the Sasolburg / Heilbron area.

Participants were recruited by word of mouth. The researcher asked permission from the principals of all township high schools around Sasolburg and Heilbron to have a meeting with staff members. In the meetings the researcher informed educators about her research project. Its purpose and procedure were fully explained to the educators. She then asked for volunteer participants. At the close

of these meetings, fourteen volunteers approached the researcher. Further meetings were scheduled with these volunteers during which the final arrangements for the interviews were discussed. All volunteers participated in a voluntary consent procedure (the consent forms are included as Addendum A).

1.4.2.4 Data Collection

Data will be collected through semi-structured interviews. During the interviews, the researcher will ask basic questions related to participants' experiences of the impact of the HIV pandemic and their subsequent support needs. The basic questions asked can be found in Addendum B.

Individual interviews will be arranged with educators who agree to participate at venues and times that are most suitable for the participants. The interviews will be recorded and participant responses will be content analysed.

1.4.2.5 Data analysis

The aim of this research is to describe the experience and subsequent support needs of educators directly affected by HIV/Aids. In order to do this, participant responses will be content analysed, question by question. Content analysis is a detailed and methodical examination of the contents of a particular body of material with the aim of identifying patterns, recurrent topics or preconceived notions (Leedy & Ormrod, 2005:145) with the overall aim of understanding the phenomenon in question from participants' point of view.

In this research, the interviews were transcribed, translated and then the responses to a question were analysed for themes that described how the pandemic influenced the participants personally and/or professionally. The interview transcripts were also analysed for themes saying how participants wanted to be supported so that they could cope with the pandemic. The analysis was influenced by literature discussing how educators are affected (Coombe,

2003; Hall *et al.*, 2005; Kelly, 2002; Shisana *et al.*, 2005; Theron, 2005; Theron, 2007a) and by the researcher's own experience as an educator affected by the pandemic.

1.4.2.6 Trustworthiness of the qualitative research

Qualitative research often relies on an interpretive process. What the researcher believes and has experienced will influence how data is interpreted and this may impact on the trustworthiness of the research (Bogdan & Biklen, 2007:37). For instance, in this study, the researcher is affected by HIV/Aids, and the research involves interviewing educators affected by HIV. It is important for the researcher to think about her own beliefs about the research topic, to increase the 'soundness' of the research (Bogdan & Biklen 2007:37-38; De Vos, 2006:345).

Lincoln and Guba (1985:301) use the word "believability" to better describe validity and reliability in qualitative research. The researcher needs to provide evidence of what she has done in the study to assist others to believe what she reports and concludes (Lincoln & Guba, 1985:219).

Lincoln and Guba (1985:219) note four constructs in qualitative studies that reflect soundness: credibility, transferability, dependability, confirmability (Lincoln & Guba, 1985). Each is discussed below.

- Credibility

Credibility is synonymous with general "believability" especially because qualitative work takes place in real-life situations. Therefore, Lincoln and Guba (1985:21) argue that qualitative work must allow "the data to speak to the findings". In other words the researcher should provide enough rich, plentiful description regarding the setting, program, subjects, procedures, interaction so

that the findings are credible and can be believed (De Vos, 2006:346). Credibility is similar to the internal validity.

- Transferability

The use of the term “transferability” by Lincoln and Guba (1985:219) refers to the degree that findings can be transferred or general to other settings, contexts, or populations.

According to Lincoln & Guba (1985:110), there will always be factors that make a particular setting unique and so it is difficult to generalise qualitative data, but by taking these specific factors into account judgments about transference to other settings can be made. For this reason, the researcher must provide enough detail about the setting so that some generalisation might be possible; always bearing in mind that generalisation is not the aim of qualitative research (Bogdan & Biklen, 2007: 40; Gilgun, 2005: 44-45; Lincoln & Guba, 1985:202).

Since this study is about the experience of high school educators affected by the HIV/Aids pandemic and because only fourteen educators were interviewed, the findings will not necessarily be applicable to all high school educators or to multiple educational contexts. To allow for transferability, the researcher tried to provide ample description of the data and to choose quotes carefully so that data were not misinterpreted (Nieuwenhuis, 2007:115).

- Dependability

Dependability is similar to reliability in quantitative research and relates to how dependable the collected data is. To assess this, the researcher should describe the contexts and circumstances of her research in detail so that other researchers might comment on consistency with similar research (De Vos, 2006:346). The data collection process and the analysis process should reflect the similar findings

as previous research or account for differences (Bogdan & Biklen, 2007:40; De Vos, 2006:346) and the process should be presented logically, traceably and be well-documented (Lincoln & Guba, 1985:187).

During the interview, member checking consisted of the researcher restating, summarizing, or paraphrasing the information received from participants to ensure that what was heard is in fact correct (De Vos, 2006:346). Some of the participants were contacted to confirm what they meant and to confirm the researcher's interpretation of their responses.

- **Confirmability**

Confirmability refers to the extent that the research can be confirmed or corroborated by others (Lincoln & Guba, 1985:219). There are certain strategies used to enhance confirmability, like searching for negative cases that contradict the general findings, and conducting a data audit to manage possible bias. Confirmability is similar to objectivity, or the extent to which a researcher is aware of individual subjectivity or the influence of assumptions and accounts for these (Lincoln & Guba, 1985:332).

In order to achieve confirmability in this research, the researcher consulted with her supervisor to ensure that she was objective with her interpretations of the data and furthermore she provided her interviewees with a copy of her data analysis and asked them to comment on its accuracy.

1.4.2.7 Ethical aspects

This research will be conducted according to prevailing ethical principles (Leedy & Ormrod, 2005:101). All participants will be assured of confidentiality and the participants will remain anonymous. Participants will be requested to give permission that their interviews be recorded for content analysis and research

purposes. They will be reminded that they have the right to withdraw from this research process at any stage and they will be debriefed and referred for counselling (should this be necessary).

1.5 DEFINITION OF TERMS USED IN THIS STUDY

For the purpose of this study the following terms will be clarified:

HIV and Aids

The short form Aids stands for Acquired Immune Deficiency Syndrome (Van Dyk, 2003: 4). Human Immunodeficiency Virus (HIV) causes Aids. The HIV virus is highly determined in blood, semen and vaginal fluids and it is mostly transmitted through sexual interaction, mother to child transmission and injected drug use (Van Dyk, 2003: 19, 25). Aids is the final stage of HIV infection, also called full-blown Aids (Van Dyk, 2003:40). In this stage, the symptoms of HIV become more heightened and deadly opportunistic diseases begin to be noticeable because the person's immune system has been weakened by the HIV virus. Once people have developed Aids, they usually die within two years if they are not taking anti-retroviral remedy (Van Dyk, 2005:4).

EDUCATOR

Many South Africans call educators teachers. An educator means any person who teaches, educates or trains another person at an institution (SA, 1999:43). The South African Schools Act (Rossouw & Oosthuizen, 2003:28) identifies an educator as any person, excluding a person who is chosen to entirely perform extracurricular duties, who teaches, educates or trains other persons or who provides professional educational services, including professional therapy and education psychological services at a school.

SUPPORT

Support generally refers to the furnishing of that which is needed or lacking, providing for well-being or improvement (Reber & Reber, 2001:726).

Support can range from physical, social, material, spiritual, to practical support depending on the needs of the supported human being (Uys & Cameron, 2003:101).

1.6 A PREVIEW OF CHAPTERS

The chapters will be divided as follows:

CHAPTER 2 The impact of HIV/Aids on educators

This chapter will provide relevant information on the impact of HIV/Aids on educators directly affected by HIV/Aids based on a literature overview.

CHAPTER 3 Educator support systems

Support and support systems for educators will be identified and clarified in order to comment on whether the support needs of educators directly affected by HIV/Aids are catered for, and if so, how they are catered for.

CHAPTER 4 Research Methodology

This chapter will delineate the research design to be followed.

CHAPTER 5 Analysis of interviews

An analysis of the data gained via semi-structured interviews will be reflected as the results in this study. The responses will be content analysed and discussed in this chapter.

CHAPTER 6 Conclusion and recommendations

In this chapter the study will be summarised.

1.7 CONCLUSION

In this chapter a general idea of what this study entails was provided. The motivation for this study was discussed, as well as its aims. A brief literature overview was tabulated and core concepts were defined. The following chapter will expand on the HIV/Aids pandemic and its impacts on educators.

CHAPTER 2

THE REALITY OF HIV/Aids IN SOUTH AFRICA

2.1 INTRODUCTION

This chapter will focus on the HIV/Aids disease as an epidemic, killing millions of people. The chapter will briefly indicate how HIV/Aids is transmitted and outline the different phases of HIV/Aids. The main focus of the chapter will be to provide information on how HIV/Aids impacts on education, especially on educators.

2.2 DEFINITIONS OF HIV/Aids

Aids is an abbreviation for Acquired Immune Deficiency Syndrome (Du Preez, 2004: 54; Van Dyk, 2005:3). Aids is acquired when a virus, HIV (Human Immunodeficiency Virus) enters the human body and weakens the body's immune system to such an extent that it can no longer defend itself against infections (Du Preez, 2004:54; Ross & Deverell, 2004:199; Van Dyk, 2005:3). The body will then ultimately lose the capacity to defend itself against these fatal infections (Barker, 1997:4; Du Preez, 2004:55; Ross & Deverell, 2004:199). Aids is not a single specific disease but rather a syndrome or a collection of infections and diseases that ultimately result in death (Van Dyk, 2005:3-4).

According to Pointdexter and Linsk (1999:46) a course of illness is caused by the HIV virus with the final terminal stage of HIV being referred to as Aids. In other words HIV is a virus that destroys or weakens the human body's immune system. During this course unpredictable emotional, medical and social crises are experienced (Pointdexter & Linsk, 1999:46).

2.3 HIV/Aids TRANSMISSION

HIV infection is primarily transmitted through unprotected sexual intercourse (Ross & Deverell, 2004: 199; Van Dyk, 2005:23). It can also be transmitted when HIV infected blood passes directly into the body of another person (e.g. through infected blood products) or when a mother passes her blood to the unborn baby during pregnancy or at childbirth, or as a result of breastfeeding (Ross & Deverell, 2004: 199; Van Dyk, 2005:23)

Specific common examples include:

- re- using an injection needle used by the one infected;
- having unprotected sexual contact whether anal, vaginal or oral with a person already infected. This includes sharing of sex toys;
- making holes in the body (piercing) and tattooing with unsterilised apparatus; and
- during blood transfusion, blood components, tissue or organ donations, then a person who receives a donated organ can be infected with this virus (Ross & Deverell, 2004:199; Strydom, 2002:139-141).

2.4 PHASES OF HIV

There are four stages that HIV/Aids manifest itself into (Van Dyk, 2005:14). During these stages different symptoms can be noted and all the stages follow each other according to the order in which they are discussed below, although stages take different timeframes.

2.4.1 Phase 1

Van Dyk (2005:14) refers to Phase One as “The battle begins”. During Phase One the following symptoms occur: night sweats, swollen lymph nodes and mild fever.

This phase is referred to as a window period: during this phase a person is infectious but the infection is not yet detected on the antibody tests.

2.4.2 Phase 2

This stage is different from the first stage in the sense that there are now clear visible symptoms, as the immune system has started to weaken day by day. As stated in the definition of Aids, the human being who is infected will suffer from a syndrome (a combination of medical problems that commonly go together), meaning that a person will be ill due to a number of different diseases. Phase Two is called “Forces Multiply” (Van Dyk, 2005:14-15).

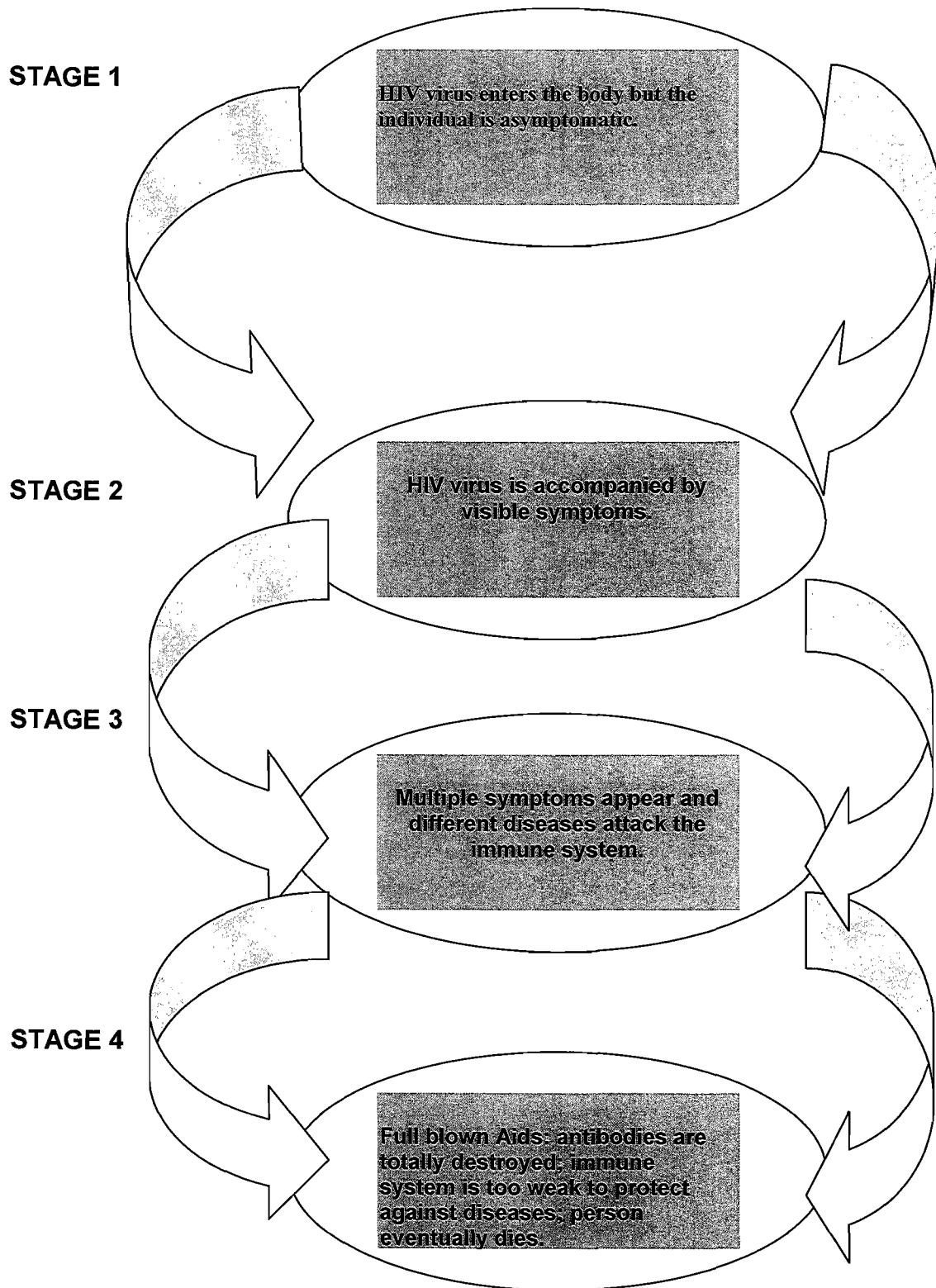
2.4.3 Phase 3

Phase Three is called “The attack and victory”: the diseases that an infected body suffers from are now incurable and uncontrollable (Van Dyk, 2005:16). Phase Three is categorised by a range of symptoms that are also visible such as pulmonary tuberculosis, pneumonia, persistent coughing, excessive weight loss, cervical cancer and severe immune suppression.

2.4.4 Phase 4

This is the last phase of HIV and the one in which an individual experiences full-blown Aids. It is called “The cessation of hostility” phase (Van Dyk, 2005:16). The immune system is severely suppressed and the human body can no longer fight or protect itself from the diseases. Any opportunistic disease is visible (Strydom, 2002:137). Ultimately the person who is infected dies. These four phases are summarised in Figure 2.1 below:

Figure 2.1 Illustration of the integration of 4 stages of HIV/Aids (Van Dyk, 2005:14-16)



2.5 HIV/Aids STATISTICS

2.5.1 Global Statistics

According to current estimates from the UNAIDS/WHO (2007) about 33,2 million people globally are HIV positive. Of these 30,8 million people are adults and 2,5 million are children under the age of 15. Globally, it is estimated that there are approximately 6 800 new infections and 5 700 deaths daily. More women than men are HIV positive (UNAIDS/WHO, 2007). Table 2.1 below summarises the global statistics of the HIV/Aids pandemic.

Table 2.1: HIV/Aids statistics estimates (UNAIDS/WHO, 2007).

	Estimate	Range
People living with HIV in 2007	33.2 million	30.6 – 36.1 million
People newly infected with HIV/Aids in 2007	2.5 million	1.8 – 4.1 million
People dying of HIV/Aids in 2007	2.1 million	1.9 –2 4million

In most regions HIV prevalence seems to have shown a decline compared to previous estimations. For example, during 2006 it was estimated that between 2 million and 3.1 million people in India were newly infected, but according to 2007 statistics, there were only around 2.5 million new infections (UNAIDS/WHO, 2007).

In general, the HIV prevalence reduction is about 6.3 million, and is attributed to various factors, including:

- a lower estimate of global HIV prevalence;
- increased survival time of HIV positive people; and

- the impact of treatment programmes such as antiretroviral therapy (UNAIDS/WHO, 2007).

2.5.2 Sub-Saharan Statistics

The area in Africa south of the Sahara Desert, known as Sub-Saharan Africa, is by far the most affected in the world by the Aids epidemic. The overwhelming majority of people with HIV, some 68% of the global total, live in Sub-Saharan Africa, and deaths caused by HIV/Aids of children and adults are 1.6 million, about 61% of people who are HIV positive in Sub-Saharan Africa happen to be women (UNAIDS/WHO, 2007).

The latest statistics suggest that the number of people living with HIV is declining in Sub-Saharan Africa, mainly because HIV prevalence has been reduced in countries like Angola, Zimbabwe, Nigeria, Mozambique and Kenya (UNAIDS/WHO, 2007). The statistics are summarised in Table 2.5.2 below.

Table 2.2: Sub Saharan statistics for HIV/Aids ending in 2007(UNAIDS/WHO, 2007).

Region	Adults and children living with HIV/Aids	Adults and newly infected
Sub-Saharan Africa	22.5 million	1.7 million

Despite the decreasing numbers of people living with HIV, Sub-Saharan Africa is still the worst affected by the HIV/Aids pandemic when compared to the rest of the world. Shisana *et al.* (2005: xiv) emphasise the bleakness of the Sub-Saharan statistics by saying that six out of ten men, five out of every ten women and nine out of ten children who are infected with HIV live in Sub-Saharan Africa. Further

extensive treatment, especially antiretroviral treatment, is needed in Sub-Saharan Africa (UNAIDS/WHO, 2007).

2.5.3 South African Statistics

South Africa, currently has the largest number of HIV infections in the world (UNAIDS/WHO, 2007). Quinn (in Theron, 2005:56) suggests that more than one in every ten South Africans is HIV positive. The findings of the 2005 national HIV prevalence study illustrate an increase as compared to the 2002 national survey (Shisana *et al.*, 2005:33-34). It also indicates a greater increase among females than males. The overall HIV prevalence in South Africa increased from 12,9% in 2002 to 13,3% in 2005 (Shisana *et al.*, 2005:33-34). It is also estimated that 10.8% of South Africans over the age of 2 years were living with HIV in 2005 (Shisana *et al.*, 2005). Using a sample of more than 16 000 women who attended antenatal clinics across nine provinces, the South African Department of Health Study estimated that 29.5% of pregnant women were living with HIV in 2004 (Shisana *et al.*, 2005:35). All of this paints a gloomy picture for South Africa.

Table 2.3 below shows the overall HIV prevalence by sex in South Africa 2005.

Table 2.3: Overall HIV prevalence by sex, South Africa 2005 (Shisana *et al.*, 2005:33)

Sex	n	HIV+%	95% CI
Male	6342	8.2	7.1- 9.6
Female	9509	13.3	12.1 – 14.6
Total	15851	10.8	9.9 – 11.6

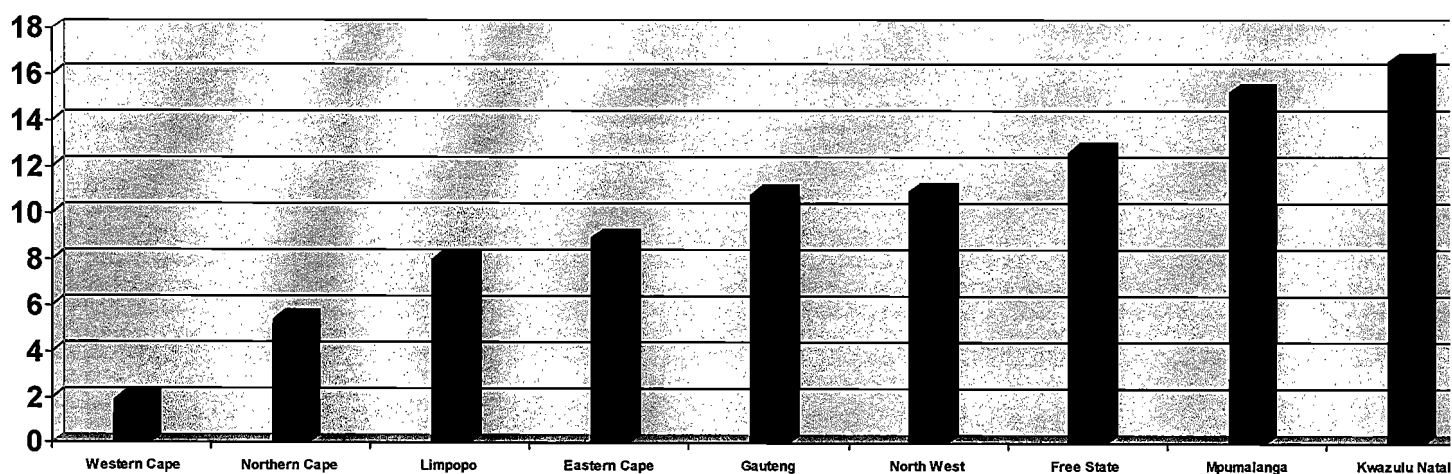
The above table shows clearly that South African women have higher infection rates than South African men. HIV prevalence can also be summarised according to age, as shown in Table 2.4 below.

Table 2.4: HIV prevalence by age group, South Africa 2005 (Shisana *et al*, 2005:33)

AGE GROUP	n	HIV+	95% CI
Children (2 - 14)	3815	3.3	2.3 – 4.8
Youth (15 - 24)	4120	10.3	8.7 – 12.0
Adults (=>25yrs)	7912	15.6	14.2 – 17.1
Adults (=>50yrs)	2787	5.7	4.4 – 7.4
Age group (15 – 49)	9245	16.2	14.9 – 17.7

The above table shows that HIV prevalence increases with age from 3.3% in children aged 2 – 14 years to 16.2% in adults 15 – 49 years of age (Shisana *et al*, 2005:33). This means that productive adults are most affected. HIV prevalence varies from province to province. Figure 2.2 below illustrates the HIV prevalence of different provinces in South Africa.

Figure 2.2: HIV prevalence among respondents aged 2 years and older illustrated according to different provinces in South Africa (Shisana *et al*., 2005: 35)

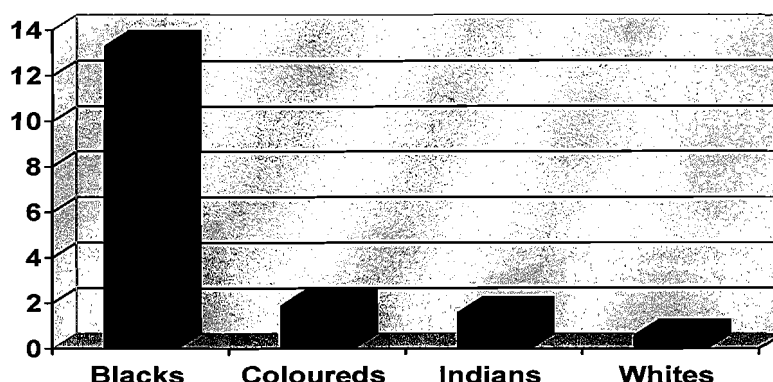


Northern Cape and Western Cape seem to have the lowest HIV prevalence whereas Free State, Mpumalanga and Kwazulu Natal have the highest HIV prevalence. Within the remaining provinces (North West, Gauteng, Eastern Cape and Limpopo) the HIV prevalence is moderate and ranges from 8,0% to 10,9% (Shisana *et al.*, 2005:35).

When the provincial HIV prevalence was determined, the settlement areas were also considered from respondents aged 2 years and older. It appeared that people living in informal settlements had higher HIV prevalence compared to those living in formal settlements. Urban informal settlement localities showed the highest infection rates (17,6%) compared to rural informal settlement localities (11,6%) (Shisana *et al.*, 2005:36). According to UNAIDS/WHO (2007) the HIV/Aids prevalence in terms of rural and urban settlement does not show any change.

The following figure, Figure 2.3, illustrates the HIV prevalence by race in South Africa. It shows that HIV prevalence is found in all racial groups in South Africa. It appears that the prevalence among Blacks is the highest with a prevalence of 13,3%. In the other three racial groups the prevalence is less than 2% (coloureds with 1,9%, Indians with 1,6% and whites with 0,6%) (Shisana *et al.*, 2005:36).

Figure 2.3: HIV prevalence among respondents aged 2 years and older by race, South Africa 2005 (Shisana *et al.*, 2005:36)



2.6 THE IMPACT OF HIV/AIDS ON EDUCATION

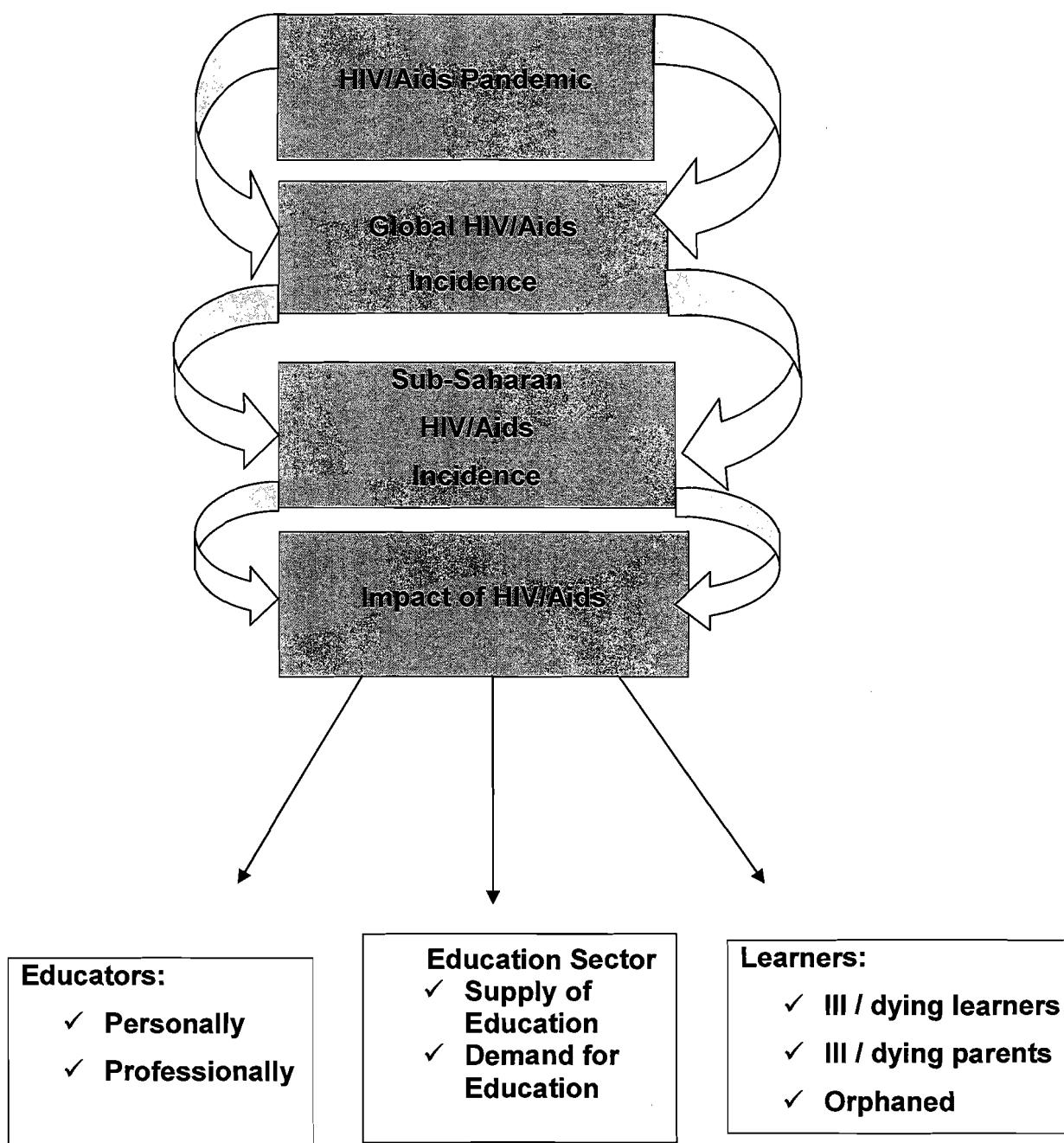
HIV/Aids is more than a health issue for many educators and learners (Donald *et al.*, 2007:232). The HIV/Aids pandemic presents the education system and its stakeholders with many challenges (cf. Figure 2.4) Bennell, Hyde and Swainson (2002:IX) noted that the HIV/Aids pandemic would seriously affect the education sector in Sub-Saharan Africa. Education systems, educators and learners are all affected to different degrees (Bennell, 2005b:467; Bhana *et al.*, 2006:8; Coombe, 2002:4; Hall *et al.*, 2005:4; Kelly, 2000:46; Shisana *et al.*, 2005:xi; Theron, 2007:180).

According to Coombe (2003:11) the relationship between the education sector and the pandemic seems to be circular: when HIV prevalence increases, it affects the education sector negatively in the sense that all structures in the system such as institutions, educators and learners, are challenged and may suffer. In this regard the impact of the pandemic can be summarised as being negative, regardless whether one focuses on education managers or, educators or learners.

In responding to the HIV/Aids pandemic Coombe (2003:12) says that educators have to start thinking differently about the pandemic and how they will respond to the ways that the pandemic challenges education. To cope with the challenges, schools need more than a curriculum that teaches learners how to avoid HIV. There should be education planning that focuses on potential outcomes of the pandemic for different education sub-sectors like higher education, schools or early childhood development (Kelly, 2000:96).

To be able to plan effectively, it is important to understand how education is affected by the HIV/Aids pandemic. Coombe (2002:4) suggests that HIV/Aids is affecting the supply of education, the demand for education, the quality of education and how education is managed. Maile (2003:78) calls the HIV/Aids pandemic "... one of the most formidable challenges to workplace management."

Figure 2.4: Illustration of the realities of HIV/Aids and the impact thereof on the education sector



2.6.1 Supply of Education

The supply of education is linked to educators being available to teach. A survey conducted with a nationwide sample of educators (Hall *et al.*, 2005:23) indicated that on average at least 12.7% of educators were HIV positive. The survey was conducted with 21 669 educators from all nine provinces between April and August 2004 (Rehle & Shisana, 2005:305). HIV prevalence was highest among educators aged 25-44 years and lowest among those 55 years and older. Female educators experienced higher infection compared to male educators and African educators had the highest prevalence (16.3%) compared to those of other races (typically less than 1%) (Shisana *et al.*, 2005:33-36). At least 22% or about 107 000 of these HIV-positive educators were thought to need Anti-retroviral (ART), meaning that their CD4 cell count was less than 200 cells/m³ (Rehle & Shisana, 2005:308-9). Using this data, the projected number of educator deaths in South Africa in 2005 was estimated to be 4 414 or 9.1% of HIV-positive educators (1.2% of the total South African educator population) (Rehle & Shisana, 2005:309). It is important to note that ART will only delay HIV-positive educator death. Rehle and Shisana (2005:309) are concerned that the numbers of HIV-positive educators needing ART will increase considerably in the next five years.

Educators residing in rural areas and teaching in rural schools have a higher HIV prevalence compared to those educators residing in urban areas and teaching in urban schools. The HIV prevalence of educators teaching in Kwazulu Natal and Mpumalanga appeared to be the highest with the prevalence of more than 19%, followed by Eastern Cape, Free State and North West with prevalence levels of more than 10%, and Limpopo, Gauteng and Northern Cape had the lowest with prevalence levels of 1.1% (Shisana *et al.*, 2005:33-36).

According to Hall *et al.* (2005:23-25) and Bennell (2005a:441) infected educators typically have:

- prolonged chronic illnesses;
- high levels of stress and depression; and
- increased absenteeism;
- fewer productive teaching days; and
- lowered morale

All of the above mean that the supply and quality of education and collegial relationships will probably suffer.

As their HIV progresses, infected educators are increasingly absent from class. When they are at school, they often struggle to provide the same quality of teaching and so their performance drops (Theron, 2005:58; Bennell, 2005a:442). Schools in rural areas are especially affected, as infected educators leave rural areas in favour of urban areas where they have access to medical services (Theron, 2005: 56).

Again, this means that the supply of education will probably suffer.

Hall *et al* (2005:23) noted that one issue associated with educators quitting their profession was their experience of being negatively affected by HIV/Aids: some 40% of educators who were considering leaving the profession reported this. It is estimated that as from 2006, 20 000 educators would need to be replaced annually (Crouch & Perry in Hall *et al.*, 2005) in part due to the impact of the HIV/Aids pandemic. When HIV-negative educators leave teaching because of the challenges of the HIV/Aids pandemic, the supply of educators will further be threatened.

2.6.2 Demand for education

The demand for education is related to learners being able to attend school. When educators are often absent because of HIV/Aids-related issues, parents may become dissatisfied with their children's school situation and remove their children from such schools which increases the rate of learner dropouts, and affects the demand for and quality of teaching and learning (Kelly, 2005:10).

When the pandemic affects learners (e.g. by making them orphans), the demand for education is endangered. Learners can be affected in the following ways:

2.6.2.1 Orphanhood

HIV/Aids has increased the number of orphans drastically: in 2003-2004 it was estimated that there were 15 million orphans in the world (children under 18 years who lost one or both parents to Aids) and about 80% of these orphans lived in Sub-Saharan Africa. Estimations are that by 2010 the number of orphans in Sub-Saharan Africa area would be more than 18 million (Van Dyk, 2005:269). In 2005 the total number of Aids-orphans in South Africa was thought to be around 2 531 8100 or 14.4% of all children aged 2 to 18 (Shisana *et al.*, 2005:112).

When learners lose their parents they may experience overwhelming negative feelings and grief and they sometimes cannot cope well with their studies (Coombe, 2003:7-8; Ebersöhn & Eloff, 2002:78-79). For most Aids orphans, the suffering begins even before their parents die (Donald *et al.*, 2007:192). When their parents die, these learners may not have the opportunity to mourn because they need to bury their parents and often experience discrimination and stigmatisation, rather than support (Coombe, 2003:7-8).

Domestic responsibilities, which prevent some learners from attending school, usually shift to children when parents become ill with HIV/Aids and this often

continues when parents die. Many learners function as heads of their families; they take care of their younger brothers and sisters and they have to continue on their own without being monitored and supported when their parents have died (Ebersöhn & Eloff, 2002:78-79; UNESCO, 2005). Orphans tend to be removed from school in order to find employment of some kind to make up for lost income (Ebersöhn & Eloff, 2002:79). In the rural areas, Aids-related illnesses in the family necessitate that children take part in seasonal farming work, which means that children will be absent from school during those periods, often for long periods (UNESCO, 2005:25). Often when they become absent from school for longer periods, they are unable to continue with their studies (Coombe, 2003:7-8).

2.6.2.2 Orphans and vulnerable children (OVCs) are ill themselves

In areas where HIV prevalence is high it is also expected that the number of children with Aids related sicknesses would also rise (Bennell, 2005b:467). Globally the number of children living with HIV increased from 1.5 million [1.3 – 1.9 million] in 2001 to 2.5 million [2.2 – 2.6 million] in 2007 (UNAIDS/WHO, 2007). When learners are HIV positive, the following may happen:

- their performance will start to deteriorate, which will affect their overall results;
- the enrolment number of learners in schools will decline;
- number of learners who complete schooling will drop; and
- schools will struggle to record accurate learner profiles (Bennell, 2005b:467-469).

These learners may live in secrecy and denial concerning HIV/Aids or they are frequently absent from school due to illness (Donald *et al.*, 2007:192-193; Ebersöhn & Eloff, 2002:79). Sometimes they are taken out of school because of fear of discrimination and that people will eventually know the disease affecting them (Coombe, 2003:8; Bennell, 2005b:469).

As more and more young people are infected, it is possible that there will be fewer potential parents, which will also impact on future demands for education (Bennell, 2005a:441).

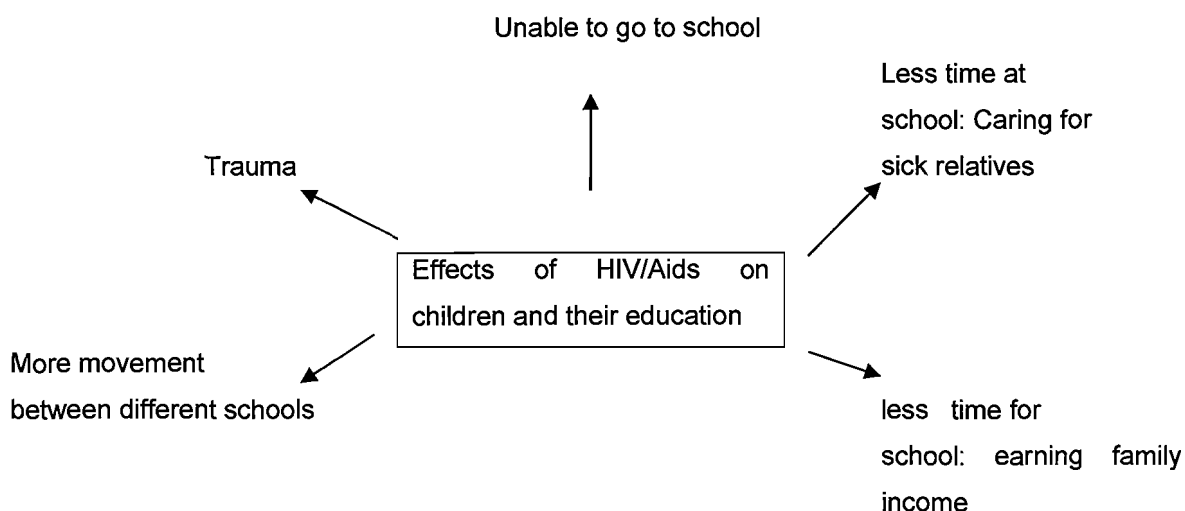
2.6.2.3 Orphans and vulnerable children (OVCs) cannot afford schooling

When parents die, many affected learners may be unable to continue with their schooling for financial reasons. They may be unable to afford school fees, uniforms and books (Ebersöhn & Eloff, 2002:79). What is worse is that it does sometimes happen that that which parents leave for their children is taken from them, making them even more financially vulnerable (Coombe, 2003:7). These children are often forced to find some type of employment and may even end up being involved in child labour (UNESCO, 2005:30).

Due to gender discrimination, it seems likely that girls will be more affected. They may even face increased pressure to marry at younger ages (UNESCO, 2005:25).

The figure 2.5 below shows a summary of the impact of HIV/Aids on orphans and vulnerable children, who are ill themselves, who take care of ill parents, and who can not afford schooling (UNESCO, 2005).

Figure 2.5: Impact of HIV/Aids on orphans and vulnerable children (UNESCO: 2005)



2.6.3 Quality of Education

The quality of education might be threatened when educators no longer teach effectively, or when learners cannot learn effectively. Because many teachers are dying of HIV/Aids, and others quitting the profession when they cannot cope with pandemic-related challenges, schools will increasingly have to employ less qualified, younger or more inexperienced teachers and this in turn endangers the quality of education (Coombe, 2002:13).

HIV/Aids is often associated with poor educational effects (Ebersöhn & Eloff, 2002:79). When learners are HIV positive, their performance and overall results will start to deteriorate (Bennell, 2005b:467-469; Ebersöhn & Eloff, 2002:79). In the rural areas, Aids-related illness in the family necessitate that children take part in seasonal farming work, which means chronic absenteeism is associated with poorer learning (Donald *et al.*, 2007: 300 & UNSECO, 2005:25).

Orphanhood is often associated with poorer scholastic performance. Before the parents die, learners may be expected to nurse them and so they miss out on

schooling and may also be emotionally burdened. Because families struggle financially when HIV positive breadwinners are ill, there is often not enough money for nutritious food and so their development may be affected (Donald *et al.*, 2007:192-195). Therefore, because these children are not well protected from emotional, physical, social and cognitive threats their development is threatened (Donald *et al.*, 2007:191). This implies that the quality of their learning will be threatened too.

The HIV/Aids pandemic impacts negatively on many educators and this is associated with poor quality education. Educators are affected personally and professionally, as discussed below.

2.6.3.1 Personal impact on affected educators

Personal impact refers to the effect, which the pandemic has on the educator as an individual. Educators can be personally affected when the HIV virus personally infects or affects their loved ones, colleagues and/or learners. These experiences often cause educators to become depressed and sad (Hall *et al.*, 2005: 23; Theron, 2007a:177). When educators bury loved ones, colleagues and learners, it leaves them traumatized and grieving (Coombe, 2003:11; Kinghorn & Kelly, 2005: 493). Some educators are afraid for their personal safety (Kinghorn & Kelly, 2005:493) and for the future of South Africa (Theron, 2005:59). In general, educator morale is lowered (Coombe, 2003:11). More African educators report negative personal impacts than educators from other races (possibly because of the higher infection rates among African educators) (Theron, 2005: 59).

The stigma of Aids causes isolation, which heightens trauma and decreases how well educators cope with the pandemic (Maile, 2003:79; Kinghorn and Kelly, 2005:493; Theron, 2007a:177). Some educators are also angered and upset due to the impact of HIV/Aids. Seeing people ill and dying or suffering as a result of HIV/Aids is not easy (Coombe, 2003:11; Hall *et al.*, 2005:23; Kelly, 2000:69; Theron, 2007a:178). Many educators react to the emotional pain by isolating

themselves from others, and feeling lonely, empty and helpless about everything (Theron, 2007a:179). Some affected educators also reported that they have become spiritually disillusioned and socially withdrawn because of the pandemic-related difficulties that they have experienced (Theron, 2007a:179).

Physically some educators have reported negative physical impacts. Some educators' sleeping patterns changed as they experienced sleep disturbances and nightmares linked to the impact of HIV/Aids in their lives. They also reported a change in eating patterns (Theron, 2007a:179). Other populations of caregivers have also reported negative physical impacts, including altered eating and sleeping patterns (Brouard in Van Dyk, 2005:227).

In other words, when educators are affected by the pandemic, some of them report negative emotional, physical, social and spiritual experiences. This will probably affect the educator's wellness and the quality of education negatively.

2.6.3.2 Professional impact on affected educators

Theron (2007a:180) reports that 24 out of 25 South African educators who participated in her qualitative study noted that the HIV pandemic has affected them negatively as professionals.

Both infected and affected educators may be absent, because of

- personal sickness (due to being HIV positive);
- attendance of funerals; and
- family responsibility (due to loved ones being HIV positive) (Bennell, 2005a:449).

When educators are absent because of HIV-related issues, the quality of education suffers (Bennell, 2005a:449) and the remaining educators are burdened (Coombe, 2003:15; Theron, 2007a:177). Educators who are absent

because of family responsibilities explained that they felt drained and unable to do their work as well as they used to (Theron, 2007a:181).

This pandemic negatively impacts on educators' ability to function professionally because according to Theron (2007:177) and Bennell (2005a:450), these affected educators report lower levels of professional morale and higher stress levels, related to increased workloads and overcrowded classes, when colleagues are absent as a result of the pandemic. This causes dissatisfaction among educators, also because they are not compensated financially for this overload. Some educators also feel that their performance has been disrupted when absent colleagues returned to work (Coombe, 2003:15; Hall *et al.*, 2005:23). As ill colleagues become frailer, some affected educators experience trauma (Coombe, 2003:13-14). For some, trying to provide support to these ill colleagues is draining and for others it is the opposite (i.e. trying to avoid ill colleagues) that causes stress (Theron, 2005:59).

Some educators who are affected by the pandemic, report that the quality of their work is negatively affected for various reasons, including insufficient time for preparation and for extra-murals, stressful daily routines and additional duties because of absent colleagues (Theron, 2007a:180). Some educators explained how difficult it has been to complete their professional tasks and care for loved ones who were HIV positive (Theron, 2007a:180).

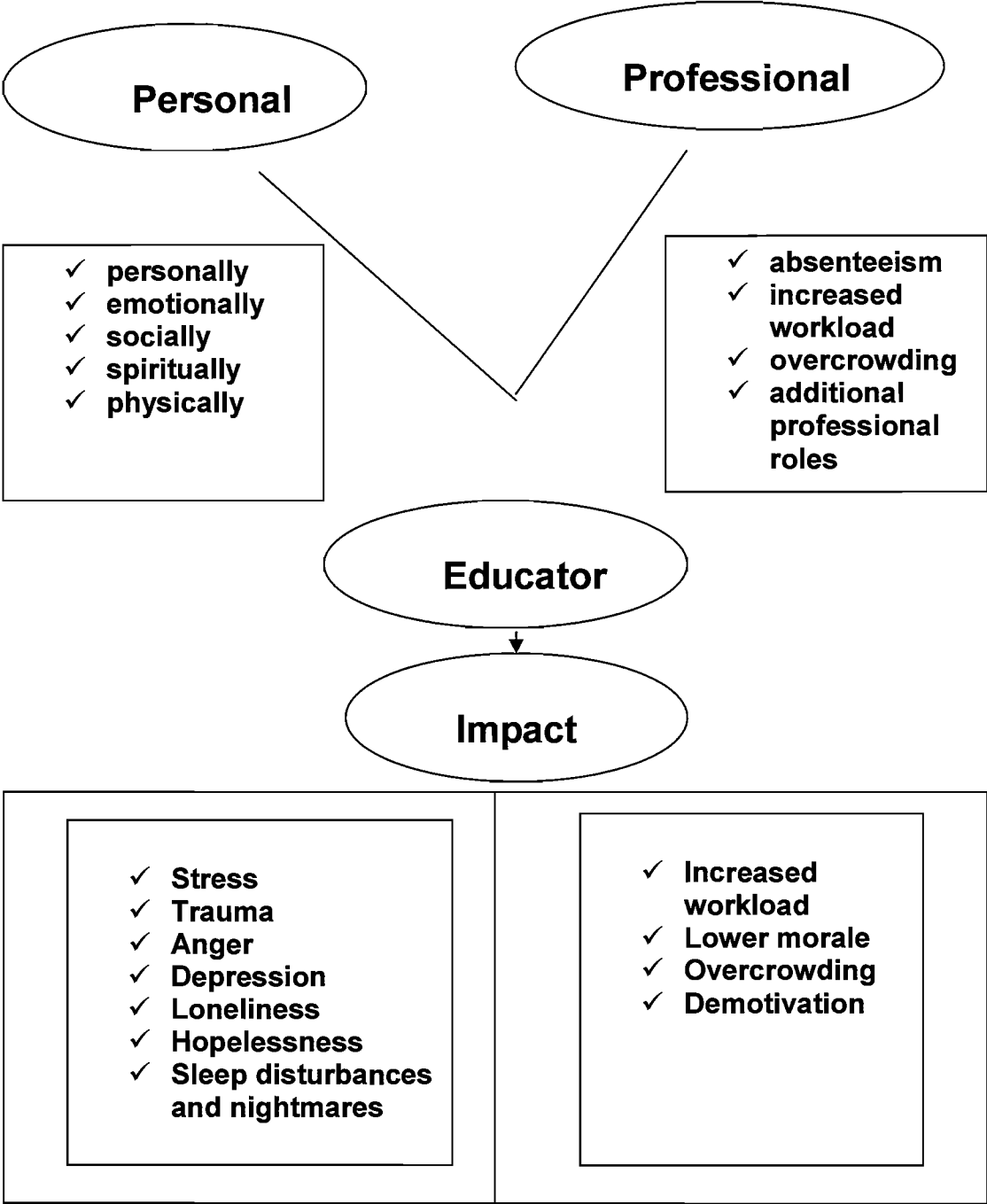
Educators are also affected when they have to take on additional professional roles because of the pandemic. For example, educators are often expected to act as counsellors and mentors, or offer pastoral care to learners who are grieving or are affected because of the pandemic (Bhana *et al.*, 2006:7; Coombe, 2003:10). They are also expected to teach learners how to prevent the spread of HIV and how to cope with the impacts of HIV (Theron, 2007a:177). Many educators feel that they have not been effectively trained to cope with these demands (Bennell, 2005a:467; Bhana *et al.*, 2006:8; Coombe, 2003:10). All these additional roles

become an extra workload to educators and so the risk is there that they will become less motivated and that their performance will decline.

Some educators are troubled by the Aids-orphans in their classes (Bhana *et al.*, 2006:5; Boler, 2003). Some, especially those in poor communities, have taken some of these orphans into their own homes (Bhana *et al.*, 2006:14-15; Coombe, 2003:13-14). Vulnerable learners may turn to their educators when they need help and some educators even lend learners money (Coombe, 2003:11). When educators become very involved in caring for orphaned or vulnerable learners, some report feeling so burdened that they neglect themselves (e.g. forgetting to eat) (Theron, 2007a:181).

In the researcher's experience, Aids-orphans are often negligent and unmotivated, which makes teaching and learning difficult. Van Dyk (2005:271) provides a possible reason why these learners may not be cooperative when she refers to their many unmet needs. Still, with such behaviour from learners educators become demotivated, and this poses a threat to professional satisfaction. Figure 2.6 below summarizes the personal and professional impact of HIV/Aids on educators:

Figure 2.6 Personal and professional impacts of the pandemic on educators



All of the above negative professional impacts of the pandemic have the potential to cause the quality of education to decline.

2.7 SUMMARY

The chapter describes the negative impact of HIV/Aids globally, in Sub-Saharan Africa but more directly on the South African education system. The emphasis is on the impact of HIV/Aids on school systems, educators and learners

The negative impacts of the HIV/Aids pandemic weaken the education system by affecting the demand for education, the supply of education and the quality of education. The HIV/Aids pandemic impacts on educators personally and professionally in negative ways. The number of orphans as a result of Aids is vast and growing and worsens educators' burden. The next chapter will address the necessary support means available to educators and how these support structures can be of help to educators who are affected by HIV/Aids.

CHAPTER 3

SUPPORT SYSTEMS THAT STRENGTHEN EDUCATORS

There was a wise man. He never gave advice, but only asked a question. I went to him and asked him about the future. His question was 'What do the children really need?' (Esterhuizen, 2007)

A child needs shelter

A child needs food

A child needs education

A child needs care and support¹ (Anonymous)

3.1 INTRODUCTION

This chapter will look at what support measures are available for educators in schools affected by the pandemic so that educators will be able to cope better with the impact of the pandemic.

There seems to be a lot of support for people who are infected by HIV/Aids (Ross & Deverell, 2004:211). Such support includes increased access to treatment, counselling prior to and following testing and follow-up counselling (Ross & Deverell, 2004:211-216). It seems that there is not the same amount of support for people affected by the pandemic as there is for people who are HIV positive. The same seems to be true for educators who are affected. Although many researchers advise support for educators that are affected by the pandemic (Bennell, 2005a; Coombe, 2003; Hall *et al.*, 2005; Kinghorn & Kelly, 2005; Shisana *et al.*, 2005; Simbayi *et al.*, 2005; Theron, 2007a), a review of current literature suggests that affected educators are not supported well.

¹ I am aware that the quote refers to children. I believe the same is true for educators.

3.2 SUPPORT DEFINED

Support is defined as an action, resource or intervention which promotes coping or lessens risk. It can also be defined as a condition of relief, acknowledgment, endorsement and back-up for somebody (Reber & Reber, 2001:76). Support has been linked with the empowerment of individuals and groups that are at risk (du Preez, 2004:53; Schulze & Steyn, 2007:693; Turner, Barling & Zacharatos, 2005: 718; Visser, 2007:104).

According to Craig, Griesel and Witz (1994:188) support means to help and encourage or give assistance. Within the context of people affected by HIV/Aids, support can be understood as including any activities or arrangements which help meet the practical, psychological and social needs of those affected by HIV/Aids. Support thus covers a wide range of issues from practical arrangements to the giving of information, encouragement, advice and sympathy (BRI Inquiry Secretariat, 1999:5).

There are numerous forms of support, but they contribute to a general aim, namely to warrant a better wellbeing and a broad feeling of wellness (Reber & Reber, 2001:726). People, who are thought to be flexible, are those people who sustain wellness and who continue to function adaptively, regardless of a risk-laden background. Flexibility or resilience is the ability to deal with and recover from difficulties (Donald *et al.*, 2007:8). Educators need to be empowered so that they become flexible when faced with difficulties or challenges brought by the HIV/Aids pandemic.

3.3 TYPES OF SUPPORT

As mentioned above, there are various forms of support ranging from practical to legal to psychological support for people who are infected and affected by HIV/Aids. The intention with this chapter is not to cover all possible forms of

support. Instead it will summarise some of the forms of support that might be able to assist educators to cope better with the pandemic.

3.3.1 HIV/Aids-related policies for educators

In 1999 the South African Department of Education introduced the National Policy on HIV/Aids for Learners and Educators (SA, 1999). This policy was aimed at learners and educators in public schools and students and educators in further education and training institutions. This policy tries to ensure that all learners and educators who are HIV positive may not be discriminated against (Xaba, 2008:99). In this regard, the policy says that:

- ✓ Learners, students, educators and other staff with HIV/Aids should be treated with the same respect and dignity as learners, students, educators and other staff without HIV/Aids would be (Section 3.2).
- ✓ Learners, students, educators and other staff with HIV/Aids may not be discriminated against in any way (Section 3.1).
- ✓ Only relevant professionally qualified people may decide whether a learner, student, educator or other staff with HIV/Aids are a risk for other learners, students, educators and other staff without HIV/Aids (Section 2.7).

The policy aims to protect the professional rights of educators who are HIV positive (Xaba, 2008:100). In this regard the policy says that:

- ✓ No educator will not be appointed in a post, or not be promoted, or expelled because of HIV/Aids status (Section 4.2).
- ✓ An employer may not require somebody applying for a post, or any other employee, to first undergo an HIV test (Section 6.6 and Section 4.3).
- ✓ Learners or colleagues who react negatively to HIV positive educators should be supported to accept such educators (Sections 11.1-11.3).

This policy also protects educators and learners from compulsory disclosure (Xaba, 2008:101). In this regard, the policy says that:

- ✓ Compulsory disclosure of a learner's, a student's or an educator's HIV/Aids status to school or institution authorities is not recommended (Section 6.1).
- ✓ In the case of spontaneous disclosures, educators should be prepared to handle such disclosures confidentially and be given support to handle confidentiality issues (Section 6.4).

The above policy tries to make sure that schools cope strategically with the HIV/Aids pandemic. To help them cope schools are encouraged to write a strategic plan. This must be led by the School Governing Body (SGB) (Simbayi *et al.* 2005:31). In addition the above policy also gives guidelines to minimise the chances of HIV transmission at schools. In this regard schools are advised to have first aid kits, gloves, not to handle blood and so on (Xaba, 2008:106-108).

The Department of Education (DoE) also introduced the DoE Workplace Policy for HIV/Aids (Simbayi *et al.*, 2005:34). This policy provides guidelines to create a supportive working environment for HIV/Aids-affected or –infected people employed in education. It also provides guidelines to manage HIV/Aids-related discrimination, to bring education employees up-to-date concerning their rights in relation to HIV/Aids and to protect education employees against HIV exposure at work (Simbayi *et al.*, 2005:34).

The DoE also released other policies that are largely concerned with helping schools cope with the pandemic, especially its impact on orphaned or vulnerable learners (Hoadley, 2007:251-252). These include:

- The HIV/Aids emergency: guidelines for educators (DoE, 2000);
- HIV and Aids: Care and support for affected and infected learners: a guide for educators (Department of Health, 2001);
- National Integrated Plan for Children and Youth Infected and Affected by HIV/Aids (DoE, 2001);
- National School Health Policy and Implementation Guidelines (Department of Health, 2002);

- National School Nutrition Program (DoE, 2002);
- Implementation Plan for Tirisano, January 2000 – December 2004 (DoE, 2003); and
- Education Laws Amendment Bill (DoE, 2005) (Hoadley, 2007:251-252; Xaba, 2008:93).

Educators affected by HIV/Aids should benefit from the above in the following ways:

- ✓ the supportive environment may enable educators to disclose their HIV/Aids status;
- ✓ the policies may empower principals and other educators to manage HIV/Aids issues;
- ✓ there may be less HIV/Aids-related discrimination in schools;
- ✓ educator and learner stress may be less;
- ✓ educators should know their rights;
- ✓ educators might cope better under the difficult conditions of the pandemic;
- ✓ educators might cope better with sorrow and death;
- ✓ the supportive environment might build supportive and respectful staff members;
- ✓ positive relationships among learners might be encouraged; and
- ✓ learners and educators may be better supported (Department of Education, 2002:73-74; Esterhuizen, 2007:63; Simbayi *et al.*, 2005; Xaba, 2006:52).

3.3.2 Government Support

Many local, provincial and national government agencies have worked hard to help South African people to cope with HIV/Aids. At government level, this was led by the Sexually Transmitted Infections Strategic Plan (2000–2005) that focused on HIV prevention; providing treatment, care and support for those infected and affected by HIV; continuing research for an Aids vaccine and doing other HIV/Aids-related research; making the human and legal rights of all affected

by the disease known. In January 2000 the government formed the South African National Aids Council which was headed by Jacob Zuma (SouthAfrica.info. 2007).

Until a cure can be found, the government encourages education and awareness campaigns to prevent further HIV infections. To do this the government is supported by NGO's, of which the most well known are probably Love-life and Soul City. At schools, Life Orientation was declared a compulsory subject. Part of Life Orientation includes HIV prevention. The government also supports the Treatment Action Campaign (including voluntary testing and counselling, preventing/treating sexual transmitted diseases (STD's) and rolling out anti-retrovirals) and Mother-to-Child Transmission prevention (SouthAfrica.info. 2007).

The government also supports home-based care initiatives. Amongst others, the government also provides foster care grants, assistance to child-headed households and food parcels (SouthAfrica.info. 2007).

The AIDS Directory is the HIV web compiled by the Department of Health to offer information about HIV/Aids-related activities, contacts and provincial resources of the HIV/Aids and STD Directorate (HIV InSite, 2006).

One of the most well-known HIV/Aids-related government-led campaigns is Khomanani. It is funded by the Department of Health and is currently in its third phase. Khomanani aims to deliver simple, original and helpful messages that will encourage South Africans to live healthily, prevent HIV and related diseases and inform about treatment and support (DoH, 2007). The Khomanani Campaign encourages South Africans to create 'Circles of Support' for vulnerable children and Aids-orphans. A 'Circle of Support' consists of people close to the child (e.g. family or neighbours or friends), supportive people from the community and support from government organizations (including schools) and NGOs that work to support children (DoH, 2002:5).

In 1997 about 10 000 teachers were trained by the Department of Education to teach HIV/Aids-related life skills (Peltzer & Promtussananon, 2003:350). In-service training of educators empowers educators to feel more in control of HIV/Aids education and needs to be encouraged for South African educators (Peltzer & Promtussananon, 2003:355).

Although the government support does not target educators directly, educators may cope better with the burdens of the pandemic if South Africans are better informed and know how to prevent and manage HIV/Aids. In this sense, the government initiatives do support educators. The training of educators is an example of direct support for them. By encouraging information dissemination, training and life skills education for educators, the government has responded to some extent to the needs of educators affected by HIV/Aids.

3.3.3 NGOs offering HIV/Aids-related support

Non – Governmental Organizations (NGO's) are non-profit organizations that are organized at local, national or international level. NGO's are driven by people who are all interested in the focus of the NGO and so driven to complete related tasks. Typically the members of an NGO are not government officials (Wikipedia, 2007). NGO's perform a variety of services and compassionate functions that aim to either develop or bring relief to beneficiaries of these services. In other words they have primarily social or political goals (Wikipedia, 2007). With regard to HIV/Aids, related NGO's focus on HIV/Aids, related issues like human rights, prevention, home-based care, counselling and so on (Esterhuizen, 2007:55; USAID, 2003; Van Dyk, 2005:262).

Non-Governmental Organizations have a big role to play in supporting people affected by the pandemic, including educators. The main role that NGO's have to play is complementing and supplementing support that the government has put in place. In some cases the government offers NGO's programmes financial

support. The NGO's redirect these funds into HIV/Aids projects and many communities can be reached (National Aids Control Organization, 2005:2-3).

NGO's function on broad levels, including local, national or international level (USAID, 2003). This is illustrated in Figure 3.1 below:

Figure 3.1 Levels at which NGOs function

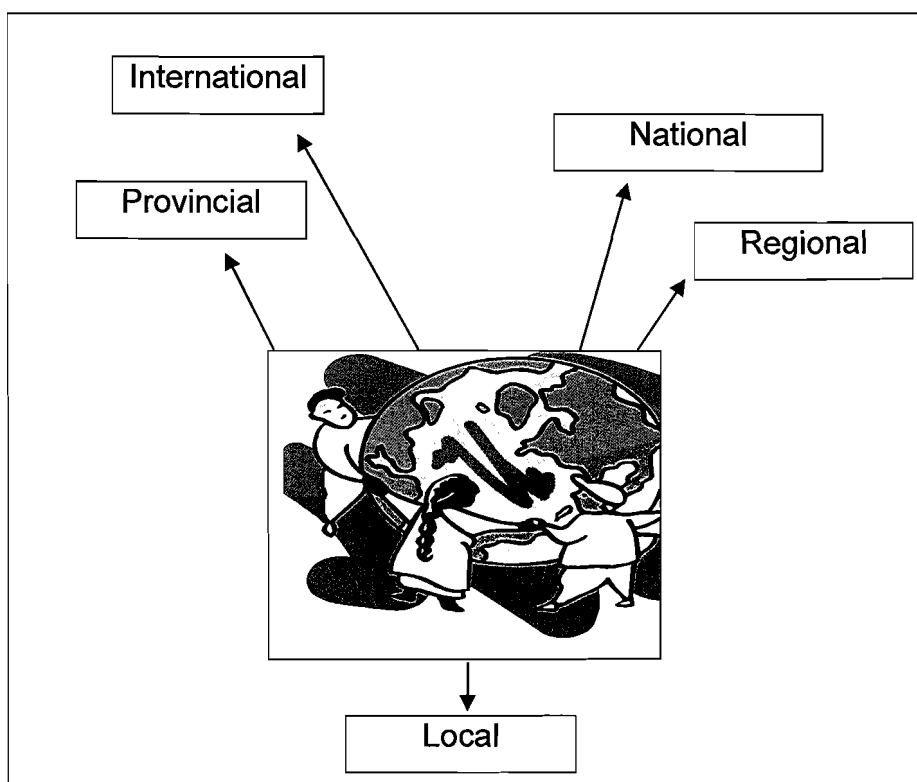


Figure 3.1 summarizes the many levels at which NGO's could function. NGO's focused on HIV/Aids, try to encourage various activities (e.g. research, political lobbying and policy-related activities) at all the above levels in order to address the HIV/Aids pandemic within communities (Esterhuizen, 2007:52).

- **International non-governmental organizations**

There are numerous NGO's world-wide that are dedicated to supporting people infected and affected by HIV/Aids. One internet site that allows access to many of

these international NGO's is Aidsmap (BHIVA, 2008). By using this site people with internet access can gain access to over 3 300 NGO's working in the field of HIV/Aids.

The following list summarizes examples of international HIV/Aids NGO's operating in South Africa (Soul City, 2005:1):

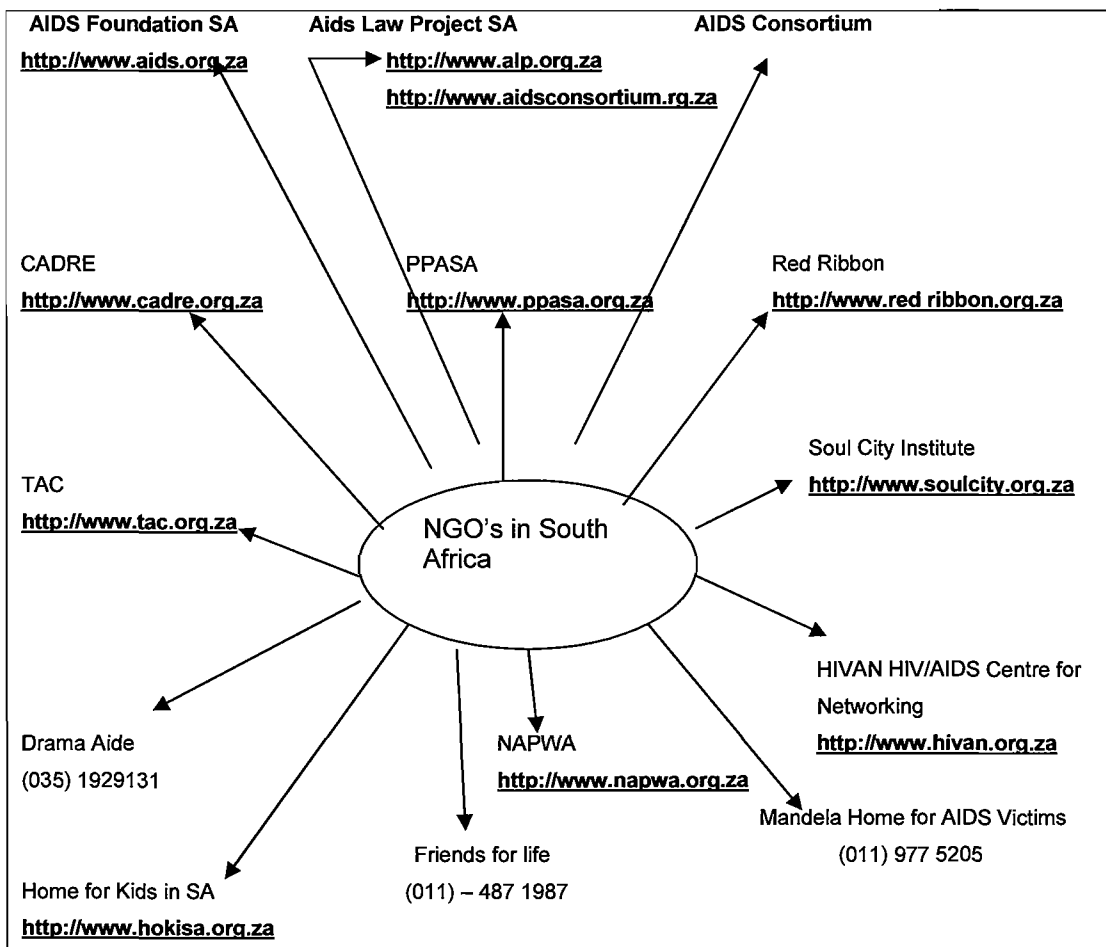
- ✓ AVERT ORG
- ✓ Action Aids
- ✓ Clearinghouse
- ✓ DFID (UK) Department of International
- ✓ Nurturing orphans of Aids for Humanity
- ✓ Save the children
- ✓ The European Union (EU)
- ✓ The Organization of African Union (OAU)
- ✓ The World Health Organization (WHO)
- ✓ UNAIDS (Joint United Nations Programme on HIV/Aids)
- ✓ USAIDS (US) (United States)

All the above organizations try to support ordinary people (also South Africans) to cope with the pandemic by engaging various supportive activities or research projects. For example, they organize meetings that discuss HIV/Aids policies that address the impact of HIV/Aids. Some co-ordinate activities that implement prevention programmes where they sensitize people about HIV/Aids, distribute condoms, produce HIV/Aids posters, provide updated information on HIV statistics, disseminate recent research findings and/or provide care and support programmes to the communities (Seckinelgin, 2005:356-358; UNAIDS, 2008). Typically, international NGO's receive funding from international donors.

- **National non-governmental organizations**

Similar to Aidsmap that lists international NGO's, the Aids directory (South African Aids directory, 2008) lists many of the NGO's dedicated to HIV/Aids support that operates in South Africa. The following NGO's (as indicated in Figure 3.3) are some of the NGO's based in South Africa that specifically serve the South African communities in need with regard to the HIV/Aids pandemic

Figure 3.2: Non – Governmental Organizations in South Africa (Esterhuizen, 2007:54).



In most of the above instances, NGO's provide support by educating communities and youth about HIV/Aids, providing supportive or educative literature / information to South African communities, supporting orphans and vulnerable

children. For example, the Aids Law Project supports South Africans living with HIV/Aids to know and exercise their rights (Theron, 2008b:25). Love Life is an NGO that works to prevent HIV infections using creative media campaigns (AIDS media centre, 2008). Soul City is another NGO that promotes health using entertainment and drama (Soul City, 2008). In 2001 Soul City provided all high schools in South Africa with HIV/Aids-related life skills materials. These were for Grade 9 learners and aimed to empower learners to prevent HIV, develop healthy sexuality and combat HIV/Aids-related stigma (Peltzer & Promtussananon, 2003:350). In general the following support is provided by the above organisations:

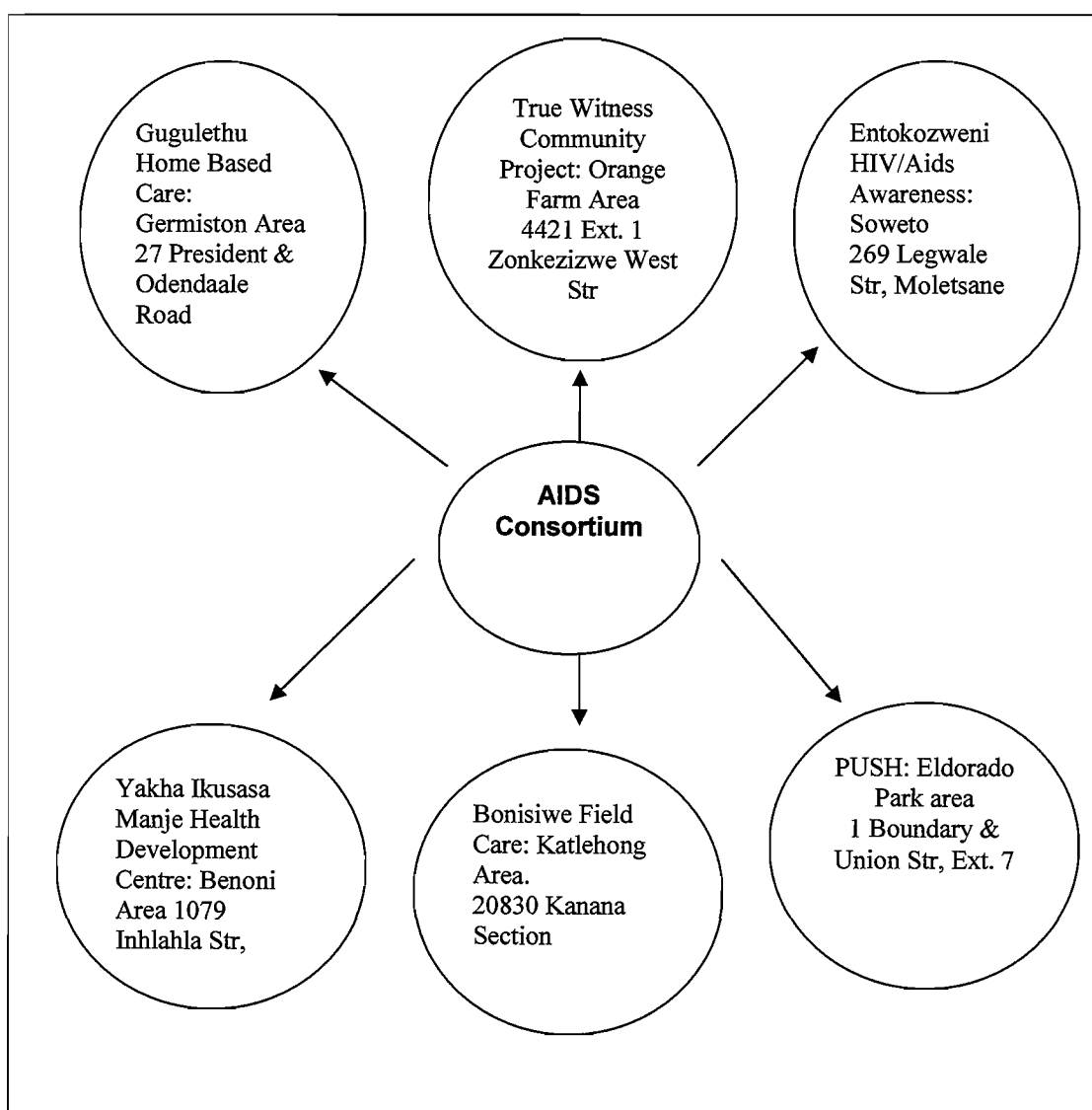
- ✓ safe homes for affected children;
- ✓ availability of information centres that assist to hand out information about HIV/Aids;
- ✓ conducting awareness campaigns about the impact of HIV/Aids in South Africa; and
- ✓ awareness about the access to ARV (Anti-retroviral treatment).

Hospices are another NGO that give support and care to those who are HIV positive and ill (Highway Hospice Association, 2007). Hospice runs home-based care and support groups and gives basic nursing and care to people in their very own home. The care is provided by formal or informal caregivers. People who qualify for this care include those who are living with HIV/Aids. Home based care tries to keep those who are ill with HIV/Aids comfortable and emotionally supported. Hospice also tries to support the affected family (Highway Hospice Association, 2007; Theron, 2008b:24).

Another well-known South African NGO is Treatment Action Campaign (TAC). TAC is a voluntary organisation of people fighting for HIV treatment and the rights of people living with HIV/AIDS. Their 2006-2007 annual report indicated that they had 14 000 members (Treatment Action Campaign, 2007). The TAC provides information on sites where antiretroviral medication is available, medicine prices on HIV statistics and doctors who treat HIV positive people (TAC, 2008).

In order to provide a clearer idea of how NGO's might work, one NGO, namely the Aids Consortium, will be described in more detail. The AIDS Consortium has affiliates that are based in South Africa and specifically serve the South African communities in need with regard to the HIV/Aids pandemic (Lehloka, 2007:4). Figure 3.3 presents these South African affiliates of the AIDS Consortium.

Figure 3.3 Affiliates of the Aids Consortium based in South Africa (Aids Consortium, 2007:4-5).



From the above it can be seen that this NGO has smaller projects, all related to HIV/Aids and that these smaller projects are put into action in different areas of South Africa. For example, Gugulethu as used in the name “Gugulethu Home Based Care” is a Zulu word meaning “our pride”. This organisation aims to improve the quality of the lives of people living with HIV in the Germiston area by empowering them and their families through offering HIV/Aids education and helping the already sick (Lehloka, 2007:4). Their services include, but are not limited to:

- ✓ home visits;
- ✓ clinic referrals; and
- ✓ support groups.

Lehloka (2007:4) says that PUSH is an acronym for Persevere Until Something Happens. The organisation’s aim is to reduce the extent of the current AIDS epidemic by providing those at risk with accurate HIV/Aids knowledge and making such information available in a non-discriminatory manner, primarily to work against myths around the pandemic. Some of the programmes offered include:

- ✓ counselling;
- ✓ basic HIV/Aids training; and
- ✓ distribution of food.

Affected educators will also be able to find help from some of the above NGO’S even if these NGO’s do not specifically aim to support educators affected by HIV/Aids. For example, educators who have family members or colleagues who are infected by HIV/Aids can visit NGO’s in their areas to receive counselling or basic HIV/Aids training. They might be able to request home-based care for loved ones or learners, or food parcels, or they might feel better if they can at least direct their learners and their families to these NGO’s. In this way the educators’ stress might be lessened. NGO’s also provide educators with knowledge about HIV/Aids. This will help and support educators with issues like stigmatisation (Lehloka, 2007:4). The information and handouts which educators receive from NGO’s could also help them to teach their learners.

3.3.4 Support from Faith-Based Organisations

Faith-based organizations (FBOs) also provide valuable support to people infected and affected by HIV/Aids. Van Dyk (2005:256) encourages religious ministers to be part of community teams that provide counselling. Furthermore churches can support Hospice or home-based care programmes and teach acceptance of all people (Van Dyk, 2005:256). In Sub-Saharan Africa, religious bodies are becoming more and more involved in the fight against HIV, especially as religion and cultural norms are valued by many Africans, also relating to health promotion (ARHAP, 2007).

Many churches follow the above recommendations, for example the World Jewish Relief (WJR) works in more than thirty countries to help people who are in need. In South Africa the WJR also works with Aids-orphans and families affected by HIV/Aids. In Diepsloot the WJR assist orphans by giving them food and doing after-school activities with them. This is done by training community members to provide care and attention to orphans and affected families in their homes (World Jewish Relief, 2007).

Another example is the work done by CUHAHU (Churches united in the struggle against HIV and Aids in Southern and Eastern Africa). Both Southern African and Finnish churches belong to CUHAHU and together they aim to support people infected and affected by HIV/Aids by providing information, training, practical care and building networks (CUHAHU, 2004).

When the affected educators are assisted by the faith-based organization they should be strengthened spiritually and emotionally. The support of faith-based organizations (also their practical support of providing food, care, prayer and clothing in some instances) may suggest to educators that they do not need to struggle to support infected family members and affected learners alone (Esterhuizen, 2007:55).

3.3.5 Teacher Union Support

A teachers' union is an organization or body of teachers that fights for continued good, or improved, working conditions (Wikipedia, 2008). Many teachers came together in Lome, Togo in July 2004 to discuss HIV/Aids. At this conference, the South African Democratic Teachers Union (SADTU) reported that among other negative consequences, HIV/Aids affects their union activists most negatively (who happen to be teachers and leaders) (Educators Voice, Jan / Feb 2004:21). At this conference, delegates decided that:

- ✓ national teacher unions should be active when policies of HIV/Aids are developed and implemented and when evaluation programmes are developed;
- ✓ teacher unions should also facilitate HIV/Aids-related awareness-training programmes;
- ✓ unions should form partnerships with other civil society organizations to protect rights of learners and educators infected with HIV/Aids; and
- ✓ teacher unions should organize psychosocial counselling to support the infected and affected (Educators Voice, Jan / Feb 2004:21).

Teachers' Unions introduced HIV/Aids-related policies for their members. SADTU's HIV/Aids policy focused on providing a well thought out plan that covered understanding, managing, caring and supporting its members and staff as well as the wider society to cope with HIV/Aids. Sadtu also aimed at decreasing the spreading of HIV among its members. The policy also aimed to increase HIV awareness among its members and encourage health promotion. Finally it wanted to stop discrimination against its members who were infected / affected by HIV/Aids (Simbayi *et al.*, 2005:35). In this regard they aimed for:

- ✓ actions and policies that will address HIV/Aids in teachers;
- ✓ educators to be empowered in life-skills;
- ✓ development of SADTU HIV/Aids programmes;

- ✓ chances for members to discuss their feelings and experiences with people who have first hand experience of HIV/Aids;
- ✓ voluntary HIV testing / counselling among their members so that they can know their status and get help earlier;
- ✓ adequately HIV/Aids trained members in the different provinces;
- ✓ support structures that can help members who want to disclose their status;
- ✓ a non-prejudiced environment where affected and infected members could meet; and
- ✓ a restructured policy (Educators Voice, April 2004:19).

The policies of the National Professional Teacher's Association (Naptosa) aimed to reduce the rate of new HIV infections among its members through awareness and support programmes. It also aimed to make sure that members and learners affected or infected by HIV/Aids would not be discriminated against (Simbayi *et al.*, 2005:35).

Xaba (2006:52) says that affected educators can be supported through unions because all members will:

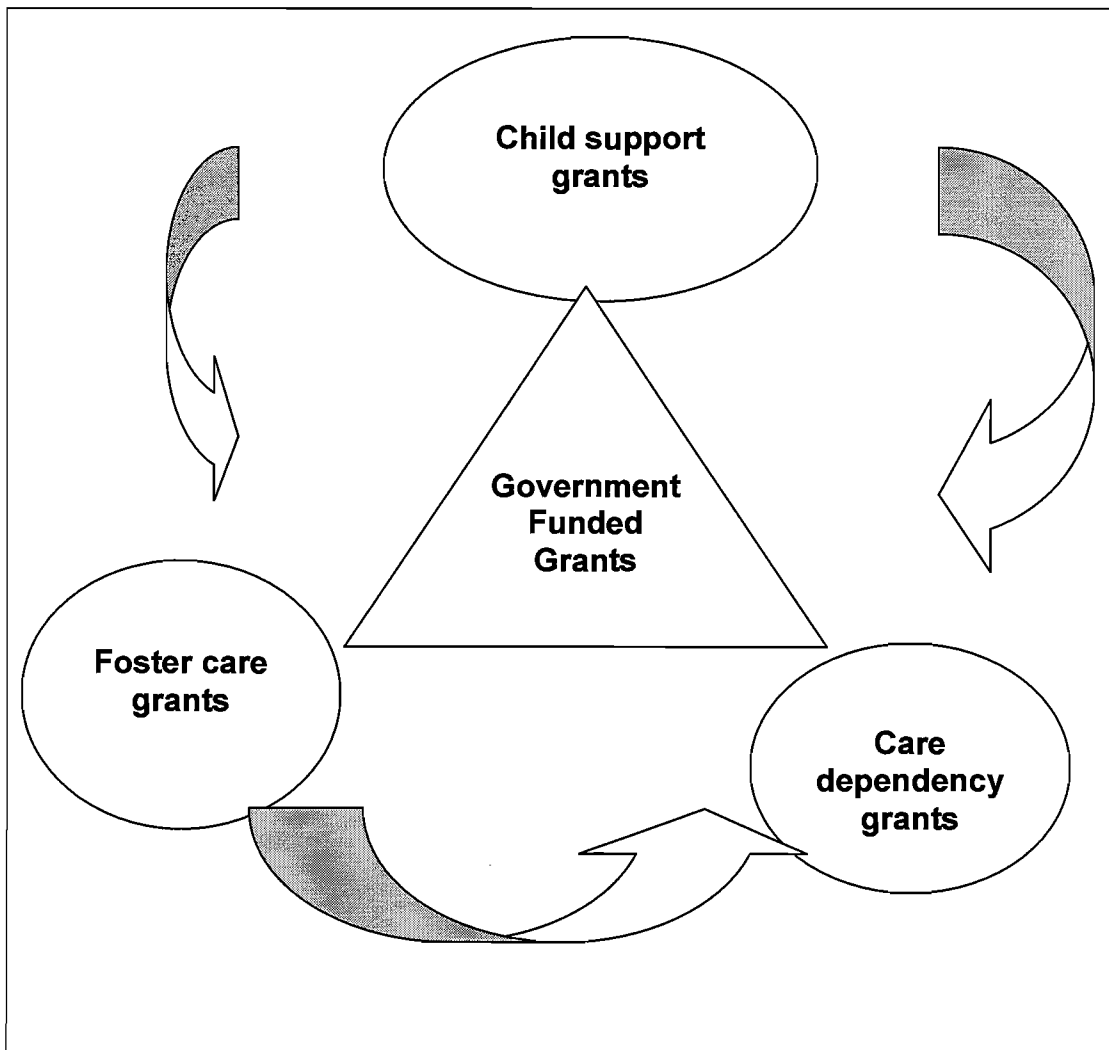
- ✓ be informed about their rights with regard to HIV/Aids issues;
- ✓ be protected from discrimination;
- ✓ build awareness and knowledge in Aids matters;
- ✓ be helped in stress reduction;
- ✓ be made aware of human rights;
- ✓ benefit from a supportive and appreciative leadership; and
- ✓ be motivated to work under stressful conditions.

When all of the above are implemented, affected educators' fears around HIV/Aids will be addressed.

3.3.6 Welfare support

In South Africa, the Department of Social Development is responsible for managing the impact of poverty on the people of this country. This includes support to lessen the impact of HIV/Aids and vulnerability caused by HIV/Aids. This department works together with NGO's, community organizations and churches to do so. One form of support is social or financial grants (Department of Social Development, 2008). Figure 3.4 below illustrates the grants that are offered to support people caring for children (Bana Pele, 2006; Department of Social Development, 2008; Parker, Colvin & Birdsall, 2006:26).

Figure 3.4 South African Government grants



The Child Support Grant is for any South African who is caring for a child younger than fourteen years when this carer is not receiving any other income for this care, and has a total monthly income of less than R800 when living in an urban area or R1100 when living in a rural area (DoH, 2002:34). Caregivers whose incomes are very small because of HIV/Aids-related responsibilities could apply.

The Foster Care Grant is paid to South Africans who care for children who are not theirs biologically, and are younger than eighteen years (or 21 years if still at school). An application for a Foster Care Grant must be accompanied by a court order that indicates the child is legally fostered (DoH, 2002:35). Caregivers who foster Aids-orphans could apply.

The Care Dependency Grant is paid to South Africans who care for children with severe disabilities as indicated in a medical report (DoH, 2002:34).

In addition to grants, there are welfare programmes to support needy South African children financially. In the Gauteng province, one such programme is Bana Pele (Children First).

It was launched by the Gauteng Provincial Government in 2005 and is backed by the Departments of Social Welfare, Education and Health. Bana Pele provides:

- ✓ Free primary health care in clinics (children aged seven to fourteen) and departmental hospitals (children aged zero to six). For the latter, such care includes immunisation, free screening for possible disabilities and special needs and health care.
- ✓ Psychosocial support by social workers.
- ✓ Free school uniforms for Grade One learners (especially for children who are in Quintile 1 schools, as defined by the DoE).
- ✓ School fee exemption, and school feeding schemes (for children who are in Quintile 1 schools, as defined by the DoE).

- ✓ Free scholar transport for those learners living over 5 kilometres from the nearest school.
- ✓ Guidelines regarding foster care and children support grants (BanaPele, 2006).

When welfare assists in offering support to orphans and other vulnerable children the educator's burden will be alleviated. Educators will no longer be the only counsellors or source of support available, they may feel less obliged to give money to children and children will be given food at school. Therefore educators will no longer spend too much of their own time in offering help, support and pastoral support to vulnerable learners, but to mainly focus on their teaching (Bhana *et al.*, 2006:15).

3.3.7 Research Initiatives

There have been some research initiatives in South Africa that offered support to educators who are affected. Three recent initiatives will be highlighted.

3.3.7.1 Project in Vulindlela

The following project was conducted in the Vulindlela district in Kwazulu Natal. The main purpose was to address the day to day realities of HIV/Aids in South Africa by encouraging educators and health care workers to cooperate (Mitchell, de Lange, Moletsane, Stuart, & Buthelezi, 2005:257).

Participants in this regard were community health workers from the nearby clinics, who were working hand in hand with educators in schools. Participants were given cameras to take photographs of what HIV was doing to their communities and thereafter photograph presentations were conducted during which participants told the story of HIV/Aids in their community (de Lange *et al.*, 2006:59-60).

Most photos represented distressing views of the impact of the pandemic: for example photos of empty classes, empty schools, a bus of people attending a funeral and going to the graveyard, a child who just lost a parent due to HIV/Aids (Mitchell *et al.*, 2005:261).

During these report sessions participants realized that they need to interact as community members, share ideas and that encouraged a sense of communication among themselves (de Lange *et al.*, 2006:60-61). When participants discussed HIV/Aids issues that affect their lives they also realized how vulnerable the youth is. With this project participants also realized that if they stand together as community members and focus on programmes that help to manage HIV/Aids in schools and tackle issues like disclosure, absenteeism, voluntary testing and safety, then the rate of HIV/Aids in schools might be controlled (Mitchell *et al.*, 2005:267-268).

In this way participating educators and their communities were supported and empowered to cope with the pandemic.

3.3.7.2 Project in Eastern Cape

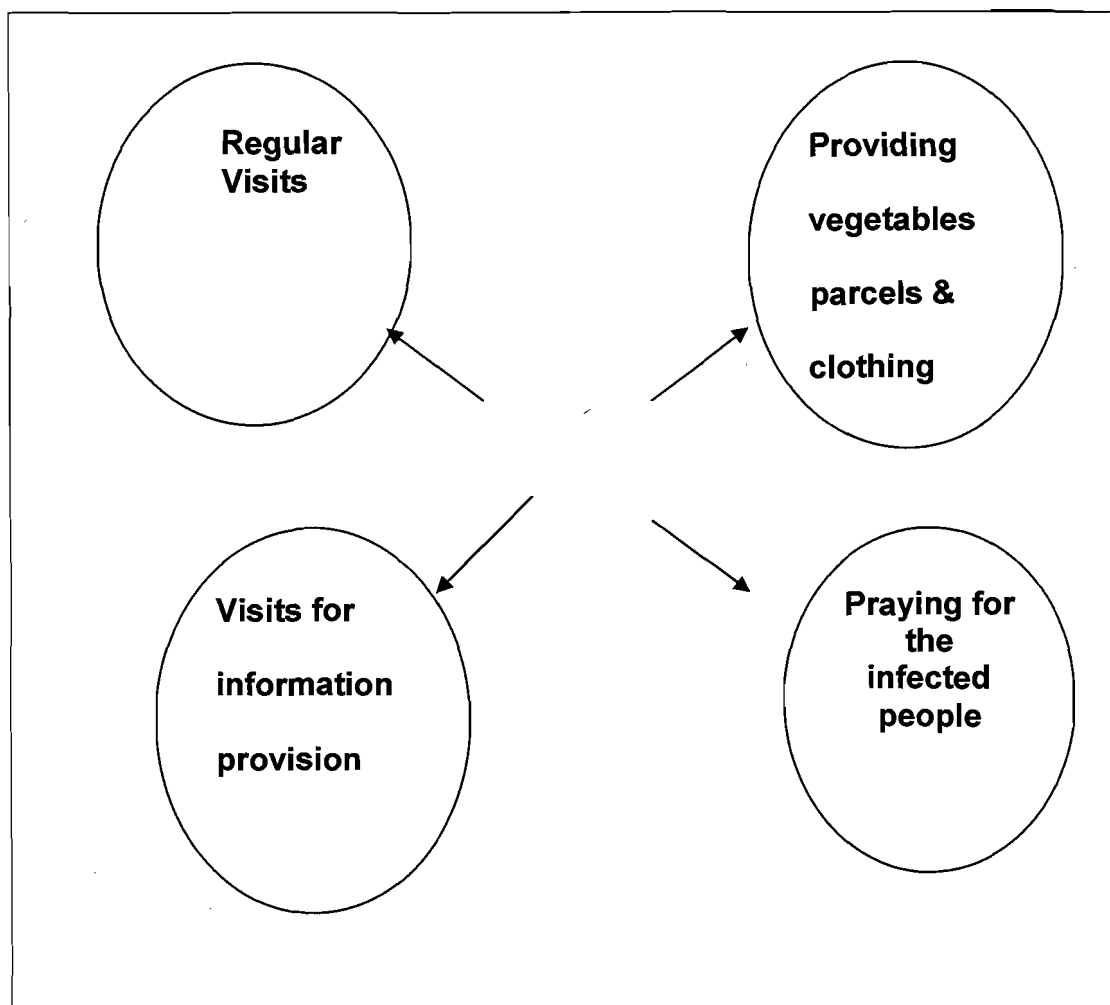
This second research initiative was a study that was conducted in one of the schools in the Eastern Cape region in an informal settlement community where the HIV/AIDS incidence is high. The main aim was to help the community, including educators, to cope with HIV/Aids using an asset-based intervention approach (Ferreira, 2007:383). Participants (ten female primary school educators) were initially randomly identified by the principal. More participants were incorporated, including different stakeholders such as social workers, faith-based leaders, non-government organisation representatives; HIV infected and affected community members, school principals and clinic nurses (Ebersöhn, Eloff & Ferreira 2007:143) These participants were encouraged to map or identify the assets in their community that could be used to cope with the challenges of the HIV pandemic. Later, participants were encouraged and empowered to mobilise

and access these assets (Ferreira, 2007:386). Additional techniques were used to encourage the participants and their community to cope with HIV/Aids namely:

- ✓ memory box marking;
- ✓ modelling;
- ✓ group discussions; and
- ✓ diagramming activities (Ferreira, 2007:139).

The project resulted in participants being aware of their traditional coping response to the pandemic and their strengths. Three school-based projects were initiated namely: a school based vegetable garden, an information centre and a support group for infected and affected people from this community (Ferreira, 2007:387). Figure 3.5 below presents the kinds of support offered by educators to their community members living with HIV/Aids (Ferreira, 2007:387).

Figure 3.5 Educators support to the community in Ferreira's Project



As a result of this project, a community was empowered. The educators who participated felt less helpless and became committed to social upliftment. Members from the community became more active in the school and so the school was empowered as well (Ferreira, 2007:387-88).

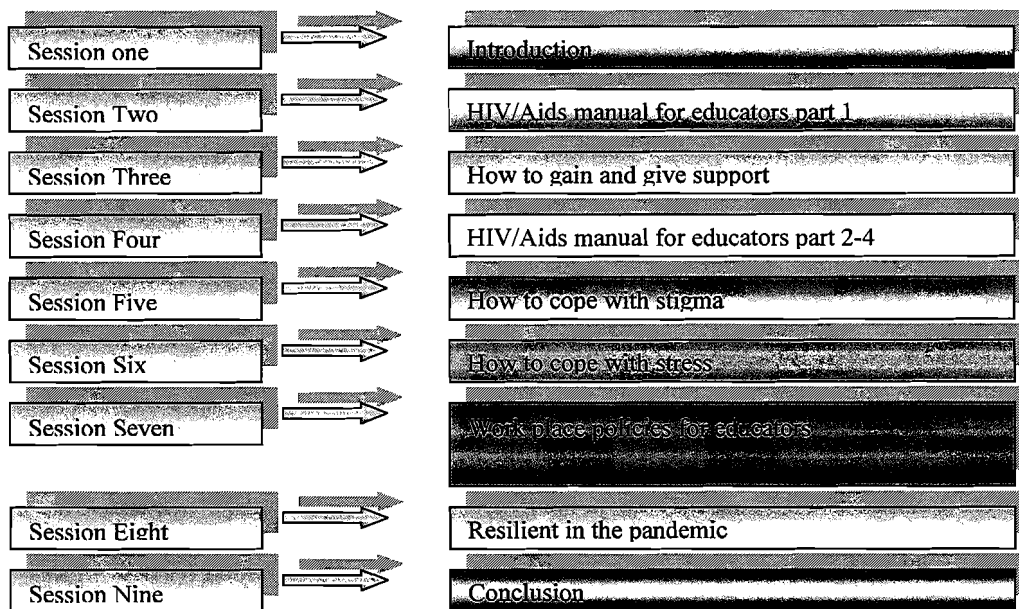
3.3.7.3 Resilient Educators (REds)

Resilient Educators (REds) is a support programme for educators who are affected by the pandemic (Esterhuizen, 2007:105-107; Theron, 2008a:

forthcoming). To date it has been implemented with groups of volunteer educators in Gauteng, North-West, Mpumalanga and the Free State (Theron, 2007b).

REds consists of nine sessions and covers the following:

Figure 3.6 Nine Reds sessions



The aim of these nine sessions is to empower educators to cope more resiliently with the impacts of the pandemic. Because the REds programme is research in progress, final results have not yet been published (Theron, 2008a: forthcoming). The initial results show that educators who participated functioned more resiliently after taking part in REds; they felt more in control of their emotions, better able to help their affected learners and they were more community-minded (Theron, Esterhuizen & Mabitsela, 2006; Theron, 2007b; Theron, 2008a: forthcoming). The skills that participants learnt from REds helped them to cope better with the infected and affected learners in their classrooms and infected colleagues in their workplace and this empowered them (Esterhuizen, 2007:173-174).

3.8 EDUCATOR SUPPORT PREFERENCES

In a national survey (Simbayi *et al.*, 2005), educators indicated that they would like the following forms of support:

- **HIV prevention among educators and learners**

Educators want HIV to be prevented. In this regard they asked for the following:

- programmes, workshops and prevention manuals;
- stronger prevention messages;
- teacher training about HIV/Aids and health promotion;
- HIV/Aids as part of the curriculum; and
- public safe sex messages (Simbayi *et al.*, 2005:122).

- **Support for ill educators and learners**

In this regard teachers wanted:

- medical treatment;
- financial assistance;
- emotional support;
- material support (e.g. food);
- school support (e.g. relief teachers);
- an end to discrimination; and
- home schooling or care centres (Simbayi *et al.*, 2005:122).

- **Anti-retroviral support**

When researchers specifically asked educators what support they wanted with regard to anti-retrovirals, they asked for:

- free anti-retroviral drugs;
- easy anti-retroviral access;
- subsidized medication; and

- nurses or mobile clinics (Simbayi *et al.*, 2005:123).

When the above preferences are compared to what support is available, it seems that educators will get some of the preferred support if they know which supportive resources to use. For example, to get anti-retroviral medication they will need to know which clinics to go to. In order to get material support for their families or learners they will need to know which NGOs or welfare programme could help. It appears that there are no specific plans to provide teachers with the support they would prefer as recorded in the national survey (Simbayi *et al.*, 2005).

3.9 CONCLUSION

In this chapter the focus was on support that is available to educators who are affected by the pandemic. A review of literature showed that affected educators could be supported, albeit indirectly, by HIV/Aids policies for educators, support mechanisms that are Government and NGO based, faith-based organisations, teacher unions, and welfare and research initiatives.

In the following chapter (Chapter Four) the methodology used to determine how high school teachers are affected by the pandemic and how they would like to be supported to cope with the pandemic, will be discussed.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 INTRODUCTION

This chapter will present the research method that was used in this study. It will include an overview and justification of the research method used to collect empirical data in reaching the broad aims of this study.

4.2. RESEARCH AIMS

The overall aim of the study was to investigate the experience and subsequent support needs of high school educators affected by the HIV/Aids pandemic.

The overall objective could be operationalised by the following specific objectives:

- to conduct a literature study to determine how HIV/Aids impacts on educators;
- to conduct an empirical investigation to determine how HIV/Aids impacts professionally on high school educators;
- to conduct an empirical investigation to determine how HIV/Aids impacts personally on high school educators; and
- to determine what the support needs are of high school educators affected by HIV/Aids; and
- to provide guidelines for addressing these support needs.

4.3. RESEARCH DESIGN AND METHOD

A qualitative empirical investigation was conducted. The investigation was conducted in two phases.

Phase 1: A literature study was conducted.

Phase 2: Phenomenological research was done.

The procedure used in each phase is outlined below:

4.3.1 Phase 1: Literature Research

Primary and secondary literature sources, as well as the Internet, were studied to gather information on the following topics:

- the reality of HIV/Aids and its impact on educators. This will provide relevant information on the impact of HIV/Aids on educators directly affected by HIV/Aids; and
- support for educators affected by HIV/Aids.

The results of the literature research were documented in Chapters Two and Three.

4.3.2 Phase 2: Empirical research

Since this research focused on the experience of high school educators affected by HIV/Aids, a qualitative research design was considered to be the most appropriate, especially because it was aimed at gaining an in depth insight into the impact of HIV/Aids on affected high school educators. The study wanted to understand how educators were affected both personally and professionally and what support needs this resulted in.

To motivate the choice of the research design, a brief description of qualitative research designs and the investigation group is given.

4.3.2.1 Qualitative Research

Qualitative studies are conducted when a researcher wants a deeper understanding of a phenomenon (Henning, 2005:3). McMillan (2000:252) says that qualitative research is defined as a tradition of research techniques, as well as a philosophy of knowing, that is quite different from quantitative research. The greatest difference between qualitative and quantitative research is that qualitative research does not want to explain, predict or control phenomena – qualitative research wants to describe and understand phenomena (Gilgun, 2005:44-45; Henning, 2005:3; Leedy & Ormrod, 2005:94). The term qualitative refers to the number of different approaches (e.g. case studies; phenomenological studies; ethnographic studies and so on) aimed at understanding phenomena. Qualitative research has typical characteristics as summarised in Table 4.1 below (Henning, 2005:3; McMillan, 2000:252; Nieuwenhuis, 2007:54):

Table 4.1: An overview of characteristics shared by qualitative research designs (Henning, 2005:3; McMillan, 2000:252; Nieuwenhuis, 2007:54).

Shared characteristic	Description of characteristic
Natural setting	Qualitative research studies behaviour as it occurs naturally. There is no artificial / experimental setting.
Direct data collection	Qualitative researchers collect data directly from the original source (e.g. people who have experience of a phenomenon are interviewed).
Rich narrative description	Qualitative researchers record detailed narratives that provide an in-depth description (in words) of contexts and behaviour as it occurs naturally. They do not provide just statistics or an analysis of statistics.

Process orientation	Qualitative researchers focus on why and how behaviours occur and in so doing they describe a process.
Inductive data analysis	Qualitative researchers make generalizations based on the information they have gathered and analyzed – they suggest trends by making meaning out of the data they have gathered.
Participant perspectives	Qualitative researchers focus on participants' understanding of a phenomenon and the meaning which the participants give to the phenomenon.
Emergent research design	In qualitative research the research design often evolves as the research takes place. (For example, the researcher might modify the questions being asked in an interview to better understand a phenomenon.)

Qualitative research has both positive and negative aspects. A summary of the advantages and disadvantages is presented in Table 4.2 below (Hayes, 2001:168-169; Leedy & Ormrod 2005:270; Smit, 2006).

Table 4.2: An overview of the advantages and disadvantages of qualitative research (Hayes, 2001:168-169; Leedy & Ormrod 2005:270; Smit, 2006).

Advantages of Qualitative Research	Disadvantages of Qualitative Research
Qualitative research is not prescriptive or limited to rigidly defined variables. The method can be adapted as the research	It is time consuming.

progresses.	
The researcher's role is that of an observer when collecting data. This allows the researcher to examine complex questions more closely, and discourages the researcher from becoming subjectively involved.	Information may lose its validity during its collection and interpretation.
Individuals are given the opportunity to relate their understanding and experiences of the topic in hand. This means that subjective data can be used.	The themes, motives and categories are not rigid and differ from one setting to the next, thus making it hard to compare research.
Qualitative research is not limited to a single ultimate truth, but acknowledges that there may be multiple perspectives	

4.3.2.2 The Phenomenological Study

This empirical study was necessitated, as very little information is currently available on the phenomenon in question (namely the impact of the Aids pandemic on affected educators), especially in South Africa. In this study the choice of empirical design was a phenomenological study.

A phenomenological study is a study of the meaning of individual life experiences regarding a certain phenomenon. In other words in a phenomenological study the researcher asks participants about their experience, perceptions, perspectives and understanding (Leedy & Ormrod, 2005:139). Participants' responses are

analysed to produce themes that are examined for their underlying meaning (Struwig & Stead, 2001:242).

Hayes (2001:188) says phenomenological research comes from the phenomenological tradition, which argues that meaning occurs through subjective experiences or phenomena. In other words to understand the human experience it is necessary to understand an individual's experience. Gilgun (2005:44) comments that this meaning is influenced by the contexts in which people find themselves.

In this study the phenomenon of the impact of the HIV/Aids pandemic on the personal and professional functioning of high school educators affected by the pandemic was researched. Therefore the researcher asked participants questions which related to their personal and professional experience of the pandemic's impact.

In qualitative research, the researcher is the research instrument. The role of the researcher is that of an interviewer who tries to be an unbiased channel through which information is collected and passed on. In addition the researcher has to try and guide the participant into giving required information without influencing the participant (McMillan, 2000:167). This means the researcher herself is an instrument in the research as outlined below:

- **Use of self**

In the phenomenological study the researcher is regarded as an instrument because she acts as an observer and because she gathers data. The researcher guides the participants' responses towards the topic whenever they are drifting away from the topic. As an observer the interviewer is not supposed to use leading questions or put words into the participant's mouth (Leedy & Ormrod, 2005:145). Nevertheless, it is important that the researcher makes a connection

with research participants so that they can trust her enough to reveal their experiences (Gilgun, 2005:47).

- **Communication techniques of the researcher**

To be a good research instrument the researcher must communicate clearly.

Effective communication includes the following:

- Communicate the purpose of the interview with participant.
- Set dates and venues with interviewee.
- Use only positive body language as a way of encouragement (e.g. smiling, leaning forward and maintaining eye contact).
- Use follow-up questions for encouragement and elaboration (Leedy & Ormrod, 2005:147).

- **Creation of a relaxed atmosphere**

When participants feel at ease, interviews flow better. In order to make the participants feel at ease the following can be done:

- Selecting a suitable venue (one that is not noisy or prone to interruptions) in which the interview can take place, contributes to participants feeling more comfortable (Leedy & Ormrod, 2005:147).
- It is also a good idea for the researcher to arrive before the participant if the participant is not being interviewed at home. In the latter case, the researcher should take care to be punctual.
- It is also a good idea to welcome the participant (with a handshake for example), to ask questions about the journey to the venue and/ or to offer refreshments (Smit, 2006).

4.3.2.3 Participants

In this study, the population of all possible participants was all high school educators affected by the HIV pandemic. Due to potential logistical and practical problems, it was decided to focus this research and to limit it to high school educators affected by the HIV pandemic in the Sasolburg and Heilbron area.

In quantitative studies, researchers work with a sample. Sampling theory is a technical accounting device which validates the collection of information from an appropriately restricted set or a specified number of objects, persons or events (Bless & Higson-Smith, 2000:83). According to Sandelowski (1999:79) in qualitative research numbers are unimportant in ensuring the adequacy of a sampling strategy. In phenomenological studies the typical number of participants is from 5 to 25 individuals, all of whom have had direct experience of the phenomenon being studied (Leedy & Ormrod, 2005:144). It is suggested that the researcher continues to interview participants who are purposively selected until a satiation point is reached (i.e. until the researcher learns nothing new about the phenomenon) (Smit, 2006).

As indicated in Chapter One, criterion sampling was used to obtain participants. The criteria improved the chances of interviewing participants who had experience of the phenomenon under consideration (i.e. the impact of the HIV pandemic on high school educators) (Nieuwenhuis, 2007:79-80).

The criteria included:

- Participants had to be affected by HIV/Aids, meaning:
 - (a) they have loved ones, colleagues or learners who are HIV positive;
 - (b) their loved ones, colleagues or learners have died from Aids-related diseases; and
 - (c) they have Aids orphans and vulnerable children in their classes.
- Participants had to be qualified educators and teach at a township high school.

- Participants had to teach in high schools in the Sasolburg / Heilbron area.

Participants were recruited by word of mouth. The researcher asked permission from the principals of all black high schools around Sasolburg and Heilbron to have a meeting with staff members. In the meeting the researcher informed educators about her research project. Its purpose and procedure were fully explained to the educators. At the close of these meetings, fourteen volunteers approached the researcher. Further meetings were scheduled with these volunteers during which the final arrangements for the interviews were discussed. All volunteers participated in a voluntary consent procedure (the consent forms are available in Addendum A)

In this study 4 participants were men and 10 participants were women. Their ages ranged from 32 to 44 years. All participants had formal teacher training.

4.3.2.4 Data Collection

Data will be collected through semi-structured interviews. An interview is a directed conversation. Interviews usually have either information-gathering or therapeutic purposes (Reber & Reber, 2001:367). In this study, the purpose of the interviews was to gain a deeper, informed understanding of the personal and professional impact of the pandemic on affected educators.

Interviews have both advantages and disadvantages as summarised in Table 4.3. below:

Table 4.3: Advantages and disadvantages of interviews (Bless & Higson-Smith 2000:184-5; Henning, 2005:74-76; Leedy & Ormrod, 2005:146-150; Smit, 2006)

Advantages of interviews	Disadvantages of interviews
Interviews allow the researcher to establish rapport with participants.	Time and expense may be a limitation.
Interviews encourage participants to provide more and unplanned information about the phenomenon according to their own beliefs and perceptions.	Good interviews require interviewer skill which may be difficult for a student / beginner researcher.
The participants are a direct source of information and can answer questions more expansively.	In-depth interviews can be exhausting for the interviewer.
The researcher has an opportunity to ask participants to make their answers clear so that there are no ambiguities or misunderstandings.	

4.3.2.5 Phenomenological interview

A phenomenological interview is a fairly lengthy interview (about one to two hours in length) with a carefully selected sample of participants who have had direct experience of the phenomenon being studied (Leedy & Ormrod, 2005:139).

In phenomenological interviews the focus is on the phenomenon as experienced by the interviewees with the minimum of emphasis on the external, physical reality and for the so-called scientific biases of the natural sciences (Reber & Reber, 2001:533).

In the case of this study, phenomenological interviews were essential to understand individual experiences of educators who were affected by the pandemic. This researcher wanted to fully understand the experience of high school educators affected by the HIV/Aids pandemic. The researcher had to listen attentively as educators described their everyday experiences related to the pandemic and had to be alert to subtle, but meaningful cues given by the participants as to their experience of the phenomenon (Leedy & Ormrod, 2005:139).

A typical interview is more like an informal conversation, with the educators doing most of the talking and the researcher most of the listening (Leedy & Ormrod, 2005:139). Semi-structured interviews are used to gain conformity of data meaning that a number of predetermined semi-structured questions will be formulated. These predetermined questions guide the line of enquiry (Nieuwenhuis, 2007:87). The semi-structured questions were based on what the researcher wanted to understand (i.e. the personal and professional impact of the HIV pandemic and how educators wanted to be supported to cope with these impacts) and would be asked for each interview. A copy of the predetermined questions is in Addendum B. In this study the researcher asked nine standard questions and probed depending on the participants' answers.

The interviews were recorded and transcribed verbatim. When interviews were not conducted in English, they were translated. The transcribed interviews are included in Addendum C.

4.3.2.6 Data analysis

In this study data analysis refers to the process of content analysis.

According to Reber and Reber (2001:152) content analysis is a general term covering a variety of methods for analysing a discourse, message or document for varying themes, ideas, emotions, opinions and so on.

Gilgun (2007) and Leedy and Ormrod (2005:142) suggest that content analysis is a detailed and orderly examination of qualitative data in order to recognize patterns, themes, or biases. In this research, the content of the interviews was analysed to see if educators experienced the pandemic in similar ways, how the pandemic impacted on personal and professional functioning and what educators needed to feel supported.

The following steps are typical of content analysis (Gilgun, 2007; Leedy & Ormrod, 2005:140-142; Nieuwenhuis, 2007:105-113).

- A body of material is selected (in this research this refers to the interview transcripts).
- The researcher outlines the characteristics and qualities to be focused on. (In this research this refers to the personal and professional impacts of the pandemic and educator support needs).
- When the analysed material contains a large amount of information, the process can be done in sections. (In this research it was be done question by question.)
- The researcher studies the data for incidences of the defined characteristic. In other words, the researcher identifies data or statements that are meaningfully

related to the topic. The researcher gives these statements an initial code. (In this study the data was inductively coded. In other words, the codes which were used to define grouped statements came from the data itself. The researcher did not have a predetermined set of codes (Nieuwenhuis, 2007:107), but her knowledge of related literature (Coombe, 2000; Hall *et al.*, 2005; Kelly, 2002; Shisana *et al.*, 2005; Theron, 2005; Theron, 2007a) and her personal experience as an educator affected by the pandemic did influence the codes that she chose.

- The coded data is then grouped into themes or categories. In other words themes that are repeated are grouped together into a thematic category. Each category is accordingly named. As mentioned above, these themes were influenced by the researcher's knowledge of related literature (Coombe, 2000; Hall *et al.*, 2005; Kelly, 2002; Shisana *et al.*, 2005; Theron, 2005; Theron, 2007a) and her personal experience as an educator affected by the pandemic.
- The researcher must then carefully reread the original transcripts to make sure that she did not miss any themes or patterns or exceptions to these themes and patterns.
- Finally, this analysed data must be understood against the background of existing theory to show how it corroborates existing theory or maybe provides new insight.

4.3.2.7 Ethical Aspects

There are certain ethical aspects to which a study must adhere as participants may in no way be harmed as a result of participating in the study. The following ethical aspects (as summarised in Table 4.4 below), must be adhered to:

Table 4.4: Overview of ethical principles followed in this study (Henning, 2005:73; Strydom, 2006:58-68)

ETHICAL ASPECT	ADHERENCE IN THIS STUDY
Informed consent	<p>In this research:</p> <ul style="list-style-type: none"> • all participants consented, following detailed information-giving about the goals, process and potential impact of the interviews and that their responses would be made known anonymously as part of research findings; • appointments were made with volunteer participants in their private time. The date and venue for interviews were determined by participants' preference; and • all participants were eager to participate.
Right to withdraw	<p>All participants were informed that they had the right to withdraw from this study at any stage and that they had the right to withdraw any of their responses, should they so wish.</p>
Privacy of participants	<p>In this research the participants' anonymity was ensured by using pseudonyms (e.g. Interviewee 1) and by not documenting information, which might provide clues to their identity.</p>
Deception of participants	<p>The participants in this study were given accurate and complete information on the goal of the investigation, the process of the investigation, the possible benefits, drawbacks and risks to which they may be exposed by participating. There were sufficient opportunities for the participants to ask</p>

	for clarification on all of these aspects before the study commenced.
Restoration of participants	In order to minimize possible harm to participants that talking about their experience might have triggered participants were debriefed following the interview. The researcher thanked them for their participation and indicated that if the interviews had made them realise that they need further opportunities to speak about the pandemic's impacts, local counsellors should be consulted.
Release of findings	In this dissertation the findings were reported accurately. The researcher tried to be objective and to avoid ambiguity. Limitations of the findings were noted in the final chapter of this thesis. The researcher avoided plagiarism.

4.3.2.8 Trustworthiness

Trustworthiness relates to how reliable the gathered qualitative data are (Leedy & Ormrod, 2005:100; Nieuwenhuis, 2007:113-115). Trustworthiness can be reflected when the gathered information is not changed to suit the researcher's interests. Trustworthiness can be discussed under the following headings:

- Credibility

Credibility is concerned with how congruent the research findings are with reality or how believable the data is (Merriam, 2007) especially because qualitative work takes place in a real life setting and not in a laboratory. For this reason the evidence which the researcher presents must be persuasive. Therefore Lincoln

and Guba (1985:21) argue that qualitative work must be based on data that "...speaks to the findings". In other words the researcher should provide ample descriptions regarding the setting, program, subjects, procedures, interaction so that boundaries and parameters are well specified. Credibility is similar to internal validity. Credibility can be enhanced by member checking, adequate time in the field, triangulation and peer review (Merriam, 2007).

Fourteen participants were interviewed. During the interviews, the researcher restated, summarized, or paraphrased the information received from the respondent to ensure that what was heard was in fact correct (De Vos, 2006:346). Some of the participants were contacted to confirm what they meant with what they had said. The researcher also discussed her conclusions with her study leader and her colleagues and this guided her interpretations.

- Transferability

Transferability refers to the degree that findings can be transferred or generalized to other settings, contexts, or populations (Lincoln & Guba, 1985:219). Transferability is similar to external validity (Lincoln & Guba, 1985:219; Merriam, 2007). Transferability is not the focus of qualitative research though (Merriam, 2007), but qualitative data can result in working hypotheses that allow some transferability to other, similar situations.

It is the function of the researcher to provide readers with enough case information, especially about the context, so that generalizations can be made to similar contexts (Lincoln & Guba. 1985:202; Merriam, 2007). The researcher tries to do this in Chapter 5 and also describes the participants adequately.

- Dependability

Dependability relates to what extent the findings of the study might be found again (Merriam, 2007). To determine this, the researcher must describe the context and circumstances in detail (De Vos, 2006:346). The data collection process and the analysis process should be presented logically, traceably and well-documented (Lincoln & Guba, 1985:187). In other words, the researcher must provide a rich description and an audit trail or detailed explanation of the decisions, methods and procedures which might have influenced the study (Merriam, 2007). This is done in Chapter 5.

- Confirmability

Confirmability refers to the extent that the research can be confirmed or corroborated by others (Lincoln & Guba, 1985:219). In other words, to what extent was the researcher objective? There are certain strategies used to enhance confirmability, like searching for negative cases or conducting a data audit to pinpoint possible bias (Lincoln & Guba, 1985:332).

In order to achieve confirmability in this research, the researcher consulted with her supervisor to ensure that she was objective with her interpretations of the data and furthermore she provided her interviewees with a copy of her data analysis and asked them to comment on its accuracy.

Leedy and Ormrod (2005:154-5) also suggest that the worth of qualitative research should be judged according to nine general criteria. In the following table (Table 4.5) these criteria are set out and their application in this study indicated:

Table 4.5: Criteria for assessing the worth of qualitative research (Leedy & Ormrod, 2005:154-5)

Criterion	Definition of criterion	Application in this study
Purposefulness	The method of finding information for the research is determined by the research questions asked – the research questions must be purposeful.	The researcher conducted 14 interviews. In each interview there were basic questions that purposefully sought answers to how participants experienced the impact of the pandemic. The research questions were structured clearly in a way that required the participants to give detailed information.
Explicitness of assumptions and biases	The researcher outlines and discusses personal beliefs and values that may affect acquired information.	The researcher is an educator who is negatively affected by the pandemic and so she expected to hear the same from participants. In order to ensure that the researcher did not only hear what she was expecting to, she checked with participants that she had understood them

		<p>correctly. The researcher's analysis of the data was checked by an independent researcher to make sure that it did not reflect researcher subjectivity.</p>
Rigor	<p>The researcher uses accurate and thorough methods to collect, record and analyse data and undertakes to maintain objectivity throughout the study.</p>	<p>The researcher will record the interviews that will be used during data analysis verbatim. She used multiple interviews (14) and spent an hour on average with each participant.</p> <p>The researcher was on the look out for participant responses that were contradictory.</p>
Open-mindedness	<p>The researcher is willing to modify initial hypotheses and interpretations when new data conflicts with previous data.</p>	<p>The researcher's open-mindedness can be seen when she interprets the whole study using content analysis. She did not allow personal beliefs to cloud her judgements. It was not necessary to modify initial hypotheses as the respondents generally</p>

		gave similar responses and few (if any) contradictions emerged.
Completeness	The researcher gives a holistic picture of the phenomenon and spends enough time in the field to acquire more information about the phenomenon, taking into consideration different participants ' physical environment, behaviour, beliefs and perceptions.	Different literature sources were consulted about the phenomenon and the researcher conducted lengthy interviews with 14 high school educators. Both data from literature sources and interviews were scrutinised and analysed. The interviews allowed for a ample, rich description of the impact of the pandemic on participants.
Coherence	The multiple data collected should allow consistent conclusions to be reached.	Sources from literature and the 14 phenomenological interviews were compared. Because the participant responses were not contradictory and because literature suggests that the impact of the pandemic is negative, the findings were coherent.

Persuasiveness	The researcher needs to present a logical argument which favours one interpretation.	The researcher presents logical arguments and the weight of the evidence suggests that educators are negatively affected both in terms of professional and personal experience.
Consensus	The conclusions reached by the researcher need to be agreed to by the participants and other scholars.	Participants were asked to verify the researcher's interpretation. Data interpreted and analysed were discussed with the study leader to reach common consensus. A further examination of the study by external examiners will be conducted which is also a form of consensus.
Usefulness	The outcomes of the data collected need to provide better understanding of the phenomenon.	There are limited qualitative studies to date which facilitate understanding of the impact of the pandemic on educators. The outcomes of this study will be used to recommend effective support mechanisms for the educators affected by HIV/AIDS pandemic.

4.4 CONCLUSION

This chapter has clearly outlined the qualitative research method that has been followed. Phenomenological interviews have been conducted with a purposive sample in order to meet the aims of the study. The results of these interviews are presented in the next chapter.

CHAPTER 5

ANALYSIS OF INTERVIEWS

5.1 INTRODUCTION

In this chapter, the responses obtained during the interviews with educators affected by the HIV/Aids pandemic will be content analyzed. The analysis will be reported question by question. All responses are thematically coded. Similar responses are grouped and a summative code was assigned to each group. The codes are influenced by the literature study done in Chapters Two and Three and also by the researcher's professional experience of the impact of the pandemic on her educator colleagues and herself.

5.2 RESULTS

5.2.1 Question 1

How has the HIV/Aids pandemic affected you as an educator?

Question 1 attempted to determine in what way the pandemic had impacted on the educator (i.e. whether exposure to the pandemic was as a result of infected loved ones, colleagues, acquaintances or learners). The responses to Question 1 can be grouped under the following themes:

Table 5.1: Themes and responses to question 1

THEMES	EDUCATOR RESPONSES
1:Learners are ill/dying (Six educators responded in this way.)	"It has affected me in the sense that I have seen learners and sometimes their parents die of this disease and they are mostly people I know." (Interviewee 2)

	<p>”As an educator HIV/Aids affected me because about two to three of my grade 12 learners were infected by HIV/Aids.” (Interviewee 4)</p> <p>“...and as I am talking to you now, at my school three learners are being buried in one month.” (Interviewee 8)</p> <p>“Many of these learners who are HIV positive are in my class. I was very depressed when one of these learners died due to HIV. For the fact that they are dying, and other learners are still sick.” (Interviewee 9)</p> <p>“Looking at the infected and affected learners at school, it is really heartbreaking” (Interviewee 13)</p> <p>”Here at school most of the children are HIV positive.” (Interviewee 14)</p>
<p>2:Family members are ill/dying</p> <p>(Five educators responded in this way.)</p>	<p>“It affected me as an educator because most of the time, I was unable to go to work”...“ As I have said, my brother was terminally ill.” (Interviewee 1)</p> <p>“The other thing is that I have a brother who is infected HIV/Aids.”(Interviewee 3)</p> <p>“You know when my cousin was diagnosed and HIV was detected, he later died of the HIV related diseases, I did not perform well at work as I used to. I then realized that it had affected me a lot.”</p>

	(Interviewee 5) "I had one family member who was HIV positive." (Interviewee 6) "By having a sister who is HIV positive." (Interviewee 10)
3.Friends are ill/dying (Two educators responded in this way.)	"It affected me because I had a family friend who passed away due to an HIV/Aids related disease." (Interviewee 7) " Eeh, I had a friend and, she was an educator too, she died of HIV/Aids." (Interviewee 11)
4:People who they know Acquaintance (no further disclosure) (One educator responded in this way.)	"You know every time instead of spending more time on your academic work you spend more time attending to those affected, and those who are ill, and those who you know, whatever problems psychological or physical, whatever the case might be."(Interviewee 12)

Each of the themes can be briefly explained as follows:

Theme 1 relates to the impact of **ill/dying learners** on educators. In this sample most educators were affected when they came face to face with infected and affected learners or when they were expected to care for and support such learners. This corroborates current literature which suggests that educators are affected by the pandemic when their learners are infected or affected (Bhana *et al.*, 2006:5; Coombe, 2003:11; Theron, 2007a:178; UNESCO, 2005:25).

Theme 2 relates to the impact of **ill family members** on educators. In this sample many educators were affected when they had to care for ill loved ones. According to current literature affected staff members are stressed and absent themselves

from work when their families are ill/dying of HIV/Aids (Kinghorn & Kelly, 2005:493; Kelly, 2005:9).

Theme 3 relates to the impact of **ill/dying family friends or educators**. This theme is not covered by current literature on how the pandemic affects educators, but educators in this sample reported being affected when family friends are HIV positive.

Theme 4 relates to the impact of **illness or death of people who educators know (i.e. acquaintances)**. This theme is not covered by current literature, but educators in this sample were affected when people that they knew were HIV positive. It is possible that this respondent simply referred to people known to her because she did not want to disclose detail.

Thus, in this study educators were affected when their learners, loved ones, friends or acquaintances were infected or affected and when this resulted in death.

5.2.2 Question 2

How has the HIV/Aids pandemic affected you emotionally?

The responses to Question 2 can be grouped under the following themes:

Table 5.2: Themes and responses to question 2

THEMES	EDUCATOR RESPONSES
1:Emotional distress (Eleven educators responded in this way.)	"My emotions Ma'am as I have said were quite weak, I could not cope and it was actually a bit tough for me, I used to cry, I in fact still want somebody to help me with my emotions." (Interviewee 1)

	<p>“ Yes it has made me an emotional wreck because wherever I come across people, especially people that I know who have this disease I just face them and break down and cry”(Interviewee 2)</p> <p>“...it has disturbed me emotionally at times you find that.... I’ve got a bad mood swing whereby I am not happy at all.”(Interviewee 3)</p> <p>“I felt emotionally unstable. It was like a shock to me, I never expected learners of about 16 to 17 years to confide in me about their HIV status. I became stressed” (Interviewee 4)</p> <p>“I was very traumatised, very disturbed.”(Interviewee 5)</p> <p>“ I was very stressed and I was emotionally weak after hearing the news that one of my family members is HIV positive”(Interviewee 6)</p> <p>“Eeh like I said it was touching you know because one has a first hand experience to see a person you know suffering until the last day. It was really painful because one experienced that.” (Interviewee 7)</p> <p>“I was so sad to know that it might not be the last, but many are to follow.”(Interviewee 8)</p> <p>“I felt very stressed.”(Interviewee 9)</p>
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	<p>"I was depressed knowing that my sister is infected."(Interviewee 10)</p> <p>"I was very hurt. I felt pain, I became worried. I had fear and I could not stop thinking about it, I even hallucinated."(Interviewee 11)</p>
<p>2: Anger (Two educators responded in this way.)</p>	<p>"...I am always hurt to see them sick and it makes me angry"(Interviewee 13)</p> <p>"I become so angry because of these innocent children being affected."(Interviewee 14)</p>
<p>3: Sense of despair (One educator responded in this way.)</p>	<p>"One is endlessly hopeless, I usually empathize and sympathize with orphans left behind and all those infected."(Interviewee 12)</p>

Each of the themes can be shortly explained as follows:

Theme 1 relates to the **educators being distressed and sad** when their loved ones, learners and others are infected or affected by HIV/Aids. Their emotional distress included sadness, trauma, shock, mood swings and stress. Current literature does suggest that educators experience negative emotions because of the impact of the pandemic and that these emotions stem from both their personal and professional experiences (Coombe, 2003:11; Theron, 2005:57; Theron, 2007a:177).

Theme 2 relates to **educators feeling angry** when they see people who they know and / or loved ones who are ill or dying of Aids. Current literature does suggest that educators are angered by their personal and / or professional experiences as a result of the HIV/Aids pandemic (Theron, 2007a:178).

Theme 3 relates to **educators feeling hopeless** to observe people who they know who are ill or dying of Aids. Hopelessness is a feature of the HIV pandemic (Strydom, 2002:142). Theron (2007a:177) indicated that educators affected by the pandemic experience despair.

Thus in this study in which all participants were high school educators, the HIV/Aids pandemic was associated with negative emotion, including distress, anger and hopelessness.

5.2.3 Question 3

How has the HIV/Aids pandemic affected you spiritually?

The responses to Question 3 can be grouped according to the following themes:

Table 5.3: Themes and responses to question 3

THEMES	EDUCATOR RESPONSES
1:Doubt (Six educators responded in this way.)	<p>“You start to question whether there is a God and what is he doing in such cases or whether God has a purpose with all these things, or about Aids. When is He going to stop this pandemic?”(Interviewee 2)</p> <p>“I ended asking myself about the mercy of God and I even asked myself why does God allow the poor learners as young as they are to fall into the HIV/Aids trap.”(Interviewee 4)</p> <p>“I had doubts as to why did this thing happen to my family; I also had questions, which were not answered.”(Interviewee 6)</p>

	<p>“I doubted my Christianity, whether I was praying right or not or I was doing something in my prayer that was not right. I doubted even if God was existing. Why can’t He answer our prayers as everybody is claiming to pray asking for a cure for this disease?”(Interviewee 8)</p> <p>“Due to this I doubted as to whether are we praying enough. I thought that God is far from us. I thought that God does not exist. How can we say that we pray a lot but we are not being helped?”(Interviewee 9)</p> <p>“It has tested my faith in God. I doubt if God is there, I doubt if He has the powers especially when it comes to learners, children being sick because I don’t think as the Bible say that you know children are made in the image of God and you know they are the first ones to go through to Heaven and when they get sick with diseases I doubt if God is really there.”(Interviewee 13)</p>
<p>2:Acceptance (Four educators responded in this way.)</p>	<p>“As a Christian I wanted to ask Lord why my family, but I remernbered that I was a praying Christian and I knew that everything that God does He does it with a purpose.”(Interviewee 5)</p> <p>“I am a Christian and I believe that God is sending a message to people that disobedience can lead to sufferings, however I also believe that God will end this misery.”(Interviewee 7)</p>

	<p>“I just asked God as to why did it happen to my sister? I found answers after praying that God has a purpose with everything.”(Interviewee 10)</p> <p>“I m not surprised, my dear, because before in the Bible it was stated that we are living in the last days which are critical times which we cannot deal with. There will be a lot of sicknesses or diseases which are going to affect people like hypertensions, diabetes and HIV/Aids nowadays which affects everybody.”(Interviewee 14)</p>
<p>3:Hopelessness (Three educators responded in this way.)</p>	<p>“Yes Ma’am my spiritual being is very down because we used to go to church for help, there was no help, we used to pray at home, but there was no help and you, we have lost <i>hope</i>”(Interviewee 1)</p> <p>“Eeh, I lost hope and never understood why could this happen to those people. I asked myself whether God really is seeing them, whether can He just let them suffer like that?” (Interviewee 11)</p> <p>“Spiritually I am empty, it’s like I have no soul, living in a vacuum. One feels God has forsaken us. It’s like Biblical prophecies are coming true.”(Interviewee 12)</p>
<p>4:Absenteeism from church services (One educator responded in this way.)</p>	<p>“I was a person who was very active in church attending services, choir practices that are being done in church, maybe Saturday gatherings. I am no longer able to do that because I must look at my brother.”(Interviewee 3)</p>

Each of these themes can be shortly explained as follows:

Theme 1 indicates that some **educators became spiritually doubtful** because of the impact of the HIV/Aids pandemic. When people are depressed they may indicate loss of religious faith and have question why God lets people suffer such illness, pain and death (Van Dyk, 2005:250).

Theme 2 is different from the other themes because the **educators who use their religion to accept the pandemic** did not seem to be negatively affected by the pandemic on a spiritual level. Research by Theron (2007a:181) indicated that educators who coped better with the impact of the HIV/Aids pandemic were educators who had a stronger religious faith.

Theme 3 relates to some **educators being spiritually hopeless** as a result of being affected by HIV/Aids. When people are depressed they tend to experience feelings of helplessness and worthlessness (Brouard in Van Dyk, 2005:227). It also suggests that some educators still believe that HIV is a punishment (as prophesied in the Bible) (Van Dyk, 2005:251).

Theme 4 suggests that **regular church attendance is interrupted** by caregiving duties linked to the pandemic. Research by Theron (2007a:179) suggested that the HIV/Aids pandemic can impact negatively on the spirituality of some educators. This is seen when educators begin to doubt spiritually, feel spiritual hopelessness and then stop going to church.

So, in this study in which all participants were high school educators, the HIV/Aids pandemic was associated with changed spirituality: educators tended to doubt their spirituality, feel hopeless and spiritually empty and attend church less. In some cases the educators in this study were strengthened by their spirituality and then accepted what the pandemic had brought about.

5.2.4 Question 4

How has the HIV pandemic affected you physically?

The responses to Question 4 can be grouped under the following themes

Table 5.4 Themes and responses to question 4

THEMES	EDUCATOR RESPONSES
<p>1: Sleeplessness (Twelve educators responded in this way.)</p>	<p>“I could not sleep at all”(Interviewee 1)</p> <p>“Sometimes I could not sleep at night”(Interviewee 2)</p> <p>“Ma’am to be honest I am no longer sleeping well. As it is now I am taking sleeping tablets”(Interviewee 3)</p> <p>“I could not sleep well and I had all the nasty dreams and nightmares and all the like.”(Interviewee 4)</p> <p>“I had sleepless nights; I spent a lot of time thinking about it.” (Interviewee 5)</p> <p>“I could not sleep”(Interviewee 6)</p> <p>“I did not sleep well after the death of the learner in my class. I had nightmares.”(Interviewee 9)</p>

	<p>“ For a few days I had sleepless nights,”(Interviewee 10)</p> <p>“I couldn’t sleep well”(Interviewee 11)</p> <p>“I can hardly sleep a full six hours.”(Interviewee 12)</p> <p>“Physically it is working on my mind”...“I can’t even sleep at night”(Interviewee 13)</p> <p>“I’ve got sleepless nights”(Interviewee 14)</p>
2:Over eating which results in over weight (One educator responded in this way.)	<p>“I felt so stressed that I developed an over-eating behaviour and I become overweight.”(Interviewee 8)</p>
3:Not physically affected (One educator responded in this way.)	<p>“Quite honestly I could deal with that, it did not really affect me that much.”(Interviewee 7)</p>

Each of the themes can be shortly explained as follows:

Theme 1 relates to **educators who experienced sleepless nights** as a result of the impact of the pandemic. Individuals who are in a crisis can experience sleep disturbances (Graves in Van Niekerk & Prins, 2001:201). Educators affected by the pandemic have previously reported sleep disturbances and nightmares (Theron, 2007a:179).

Theme 2 relates to **overeating and weight gain** as a result of the HIV/Aids pandemic. Only one educator reported this physical impact because her loved one is dying of HIV/Aids. Overeating can also be regarded as a sign of depression and depression is linked to the impacts of HIV/Aids (Brouard in Van Dyk, 2005:227; Theron, 2007a:179).

Theme 3 relates to an educator who is **not physically affected** by the impact of the pandemic. In this sample only one educator reported not being physically affected by HIV/Aids. This suggests that there are educators who do not experience the impact of the pandemic as having negative physical repercussions. This theme is not covered by current literature.

Thus in this study' in which all participants were high school educators, the HIV/Aids pandemic was associated with poorer sleeping patterns. Only one educator reported that her eating was affected as she ate more when she was stressed as the pandemic was stressful to her. One educator reported no physical impact.

5.2.5 Question 5

How has the HIV/Aids affected you socially?

The responses to Question 5 can be grouped under the following themes

Table 5.5: Themes and response to question 5

THEMES	EDUCATOR RESPONSES
1: Social withdrawal (Six educators responded in this way.)	"Ma'am it has changed my social interaction a lot because at first I was this person who liked to go out with friends, have parties, enjoy myself but since I've got this person who I was look after I'm no longer involving myself in such things"... " but as

	<p>of now I don't socialize anymore." (Interviewee 3)</p> <p>"I used to be an outgoing person, I socialized easily, but that has changed"... "so I am no longer socializing anymore."(Interviewee 5)</p> <p>'I do not socialize easily anymore. I developed an attitude of isolating myself,"(Interviewee 8)</p> <p>"I withdrew myself from all these gatherings. I stayed alone."(Interviewee 10)</p> <p>" I was very withdrawn, I could not socialise with other people anymore,"(Interviewee 11)</p> <p>" I have isolated myself,"(Interviewee 14)</p>
<p>2:Socializing more with people who are more knowledgeable about the disease (Two educators responded in this way.)</p>	<p>"I ended up interacting a lot with people who are more knowledgeable about HIV/Aids"(Interviewee 4)</p> <p>"Socially I tend to choose people who are knowledgeable and interested in this pandemic to learn from them."(Interviewee 13)</p>
<p>3:Social discrimination (Two educators responded in this way.)</p>	<p>"My social life is very affected in the sense that wherever I go I got discriminated against."(Interviewee 1)</p> <p>"I isolate myself because most of the people were talking bad things about my family."(Interviewee 6)</p>
<p>4. Social caution (Two educators</p>	<p>"I am scared of sharing things with other people."(Interviewee 9)</p>

responded in this way.)	“I am no longer going to places of fun as I used to, Because it is in this places where you end up in short term relationships, I’m now an introvert I do not go out.”(Interviewee 2)
5. Social interaction as a duty (One educator responded in this way.)	“ I still interact with people`, but I think HIV/Aids has changed me because one has started to advise friends about the seriousness of HIV”(Interviewee 7)
6. Increased social interaction (One educator responded in this way.)	“I realised that to get on or over it, one has to socialise more and more.”(Interviewee 12)

Each of the themes can be shortly explained as follows:

Theme 1 relates to **educators who isolated themselves**. People who are in a grieving process tend to experience a feeling of aloneness (Gillis, 1999:164; UNICEF, 2004). Theron (2007a:179) also reports that educators withdraw and experience isolation, often because they need to care for ill loved ones and often because they are afraid that nobody will understand what they are going through.

Theme 2 relates to **educators who interact more with other people who are knowledgeable about the pandemic**. They chose to do so because it empowers them in that it increases their knowledge. The theme is not covered by current literature.

Theme 3 Educators in this sample also experienced **changed social interaction patterns because they were discriminated against**. Discrimination as a result of the pandemic is widespread (Bennell, Hyde, & Swainson, 2002., 2002:86; Walker, 2002:305) and has previously been reported by educators (Theron, 2007a:180)

Theme 4 However, educators in this sample also experienced **changed social interaction patterns because they were more cautious**. Theron (2007a:180) indicated that educators affected by the pandemic reported changed patterns of social interaction because of fear of stigmatization and caution.

Theme 5 One educator chose **continued social interaction as a chance to educate** others about the pandemic and so in this sense social interaction became more of a duty. This response to the pandemic has not been reported previously among educators.

Theme 6 One educator chose **increased general social activity** because social interaction helped them to cope with the pandemic. Theron (2007a:182) also noted that talking freely or openly about the pandemic helped educators affected by the pandemic to cope.

Thus in this study, in which all participants were high school educators, the HIV/Aids pandemic was associated with changed socialization patterns. Some educators isolated themselves out of fear of discrimination, needing to care for ill loved ones and caution. For others, the opposite happened and they became more socially outgoing, either because it helped them cope or because they felt they had a duty to make others aware of the dangers of the pandemic.

5.2.6_Question 6

How has the HIV/Aids pandemic affected you professionally?

The responses to Question 6 can be grouped under the following themes:

Table 5.6: Themes and response to question 6

THEMES	EDUCATOR RESPONSES
<p>1:Absenteeism from workplace (Five educators responded in this way.)</p>	<p>“It affected me professionally because I could not deliver as I was expected; in most of my subjects or the subjects I offer at school I had a low pass rate.”(Interviewee 1)</p> <p>“My job has suffered a lot and my learners are left behind due to the fact that I’m always absent from school”(Interviewee 3)</p> <p>“If she became ill, I had to take care of her. So this disturbed me at my work.”... “I had to be absent from work.” (Interviewee 10)</p> <p>“I could not do my job well because most of the times I had to be absent and go to the hospital,”(Interviewee 11)</p> <p>“...their performance is so poor due to absenteeism.” (Interviewee 14)</p>
<p>2:Weaker teaching and learning (Three educators</p>	<p>“Before I heard about my cousin’s illness I used to be an active teacher, a very active teacher but now of late I am withdrawn.”(Interviewee 5)</p>

<p>responded in this way.)</p>	<p>“...my work was unproductive this was due to the anger I had,”... “My school results dropped.” (Interviewee 6)</p> <p>“Most of the time our learners are absent from school because they have to attend to clinics to get treatment”... “they don’t do their schoolwork,”(Interviewee 13)</p>
<p>3:Caution (Two educators responded in this way.)</p>	<p>“But since the beginning of this I ended up not being hundred percent professionally”... “you know as a teacher, when a learner has done so well, you need to hug learners and show that appreciation, but at times it won’t feel, eeh, having that oomph of going and hugging those learners.”(Interviewee 8)</p> <p>“I have now become extra careful, you know, it’s like touching someone is contagious.”(Interviewee 12)</p>
<p>4:Changing role of educators to perform counsellors’ or nurses’ roles (Two educators responded in this way.)</p>	<p>“This impacts negatively on tuition time because most of the time is taken by that counselling,”(Interviewee 2)</p> <p>“And at times you end up being forced to give learners pastoral care. You end up being a nurse to learners”(Interviewee 4)</p>
<p>5:Poor morale (One educator responded in this way.)</p>	<p>“This disease has belittled my profession, colleagues and people are dying. I have lost interests in my profession. I feel very helpless.”(Interviewee 9)</p>

6:Shortage of educators (One educator responded in this way.)	"In a short space of time I think there will be a shortage of educators due to HIV/Aids." (Interviewee 7)
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Each of the themes can be shortly explained as follows:

Theme 1 relates to educators who absent themselves from work when their loved ones are infected with HIV/Aids. **Frequent educator absenteeism** is linked to caring for HIV positive loved ones (Theron, 2007a:180) and funerals that educators need to attend (Boler, 2003; Carr-Hill, 2003; Coombe, 2003:11).

Theme 2 relates to **weaker teaching and learning** because of the HIV/Aids pandemic. This can be because of educators who absent themselves from work to attend to their ill families or educators who are overworked and because of absent learners who need to care for their infected families or are ill themselves. This theme is corroborated by current literature (Bennell, 2005a:450; Boler, 2003; Coombe, 2003:11; Theron, 2007a:180).

Theme 3 relates to **educators who are cautious around their learners**. Some educators respond to the pandemic by being less physically spontaneous around their learners. This has been reported in previous research too (Theron, 2007a:180).

Theme 4 relates to **educators whose roles change** in the classroom when their learners are infected with or affected by HIV/Aids. Educators are expected to be mentors, counsellors and welfare workers. This is not easy for educators and has been reported in previous studies (Bhana *et al.* 2006:7-8; Coombe, 2003:17; Crewe, 2000:17; Theron, 2007a:177).

Theme 5 relates to educators who experience **lowered morale** because of the effects of the pandemic on their profession. When colleagues and learners die or are chronically ill, workplace morale can decrease (Bennell, 2005a:450; Coombe, 2003:11).

Theme 6 relates to educators who struggle with the work due to a **shortage of educators** because of HIV/Aids-related issues. In this sample an educator’s work is affected as a result of illness and death caused by of HIV/Aids. Researchers have warned that this may become a problem (Abt, 2002:66; Coombe, 2003:11; Kelly, 2005:11).

Thus in this study, in which all participants were high school educators, the HIV/Aids pandemic was associated with negative professional experiences. Educators were either more absent from work themselves or affected when their colleagues were absent because of HIV/Aids-related issues. Educators also reported poorer teaching and poorer learning among their learners, being more cautious about interacting with learners, experiencing a lower morale and needing to be more than a teacher to learners who were affected by the pandemic.

5.2.7 Question 7

What support do you need from the school management to cope with how the HIV/Aids pandemic has affected your job as an educator?

The responses for Question 7 can be grouped under the following themes:

Table 5.7: Themes and response to question 7

THEMES	EDUCATOR RESPONSES
1:Understanding of affected educators’ problems (Eight educators)	“I also think it is important for the school management or school governing body to understand these issues (HIV/Aids issues).” (Interviewee 1)

<p>responded in this way.)</p>	<p>“I think if only they can understand the support I need from them especially when I have to be absent from work,”(Interviewee 5)</p> <p>“School management had to understand that at times I would be late or absent from work and they should have been supportive.”(Interviewee 6)</p> <p>“I think that management should give us the opportunity to use all the resources and facilities in order to motivate learners” ...“as educators are the one’s who have to deal or interact closely with infected learners” (Interviewee 9)</p> <p>“I need the support in such a way that they understand the situation that I find myself in.”(Interviewee 10)</p> <p>“They should just understand the situation a person is facing,”(Interviewee 11)</p> <p>“You know tolerance is about accepting someone as easy, you accept that person’s weakness and strong points” ...“I need the management to accept my problems and also to tolerate them.”(Interviewee 12)</p> <p>“Firstly, I would like them to understand hardships that go along with being HIV/Aids infected and affected,” (Interviewee 13)</p>
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<p>2:Employment of substitute educators (Three educators responded in this way.)</p>	<p>“They should actually employ extra teachers, so that in such cases there should be a replacement” (Interviewee 1)</p> <p>“...appointing an assistant to relieve the affected educator,” (Interviewee 2)</p> <p>“The support I need from them they should be considerate and bear with me in my difficult situation and if I am going to stay longer at home like maybe if am taking leave they must help me by looking for a substitute who can continue with my work,” (Interviewee 3)</p>
<p>3:HIV/Aids education to be provided for educators (Three educators responded in this way.)</p>	<p>“I think it is very important that school management must organize some workshops and forums to a large extent and invite experts who are knowledgeable on HIV /Aids so that we can be advised in terms of how also to cope with our work.” (Interviewee 7)</p> <p>“Yes Ma’am, if we can be given a lot of awareness concerning this disease, and a lot of education on how to cope and how to handle these learners who are infected and affected” (Interviewee 8)</p> <p>“Really I need regular training and updating,” (Interviewee 14)</p>
<p>4:Recommendation of counselling sessions for educators (One educator</p>	<p>“I think the management should recommend that all educators should be given counselling,” (Interviewee 4)</p>

responded in this way.)	
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Each of the themes can be shortly explained as follows:

Theme 1 suggests that educators affected by the HIV/Aids pandemic **need school management to understand the nature of the problems which the pandemic causes them and to be more tolerant** of this. In research done by Theron (2007a:177) educators indicated that when principals and colleagues understood their pandemic-related predicament it was easier to cope.

Theme 2 relates to educators who feel that **when ill/dying educators are absent from work they should be substituted**. Researchers have warned that education authorities may need to make plans to provide substitute educators to support stressed educators when their colleagues are absent for long periods (Abt, 2002:66; Coombe, 2003:11; Theron, 2005:58; Van Vollenhoven, 2003:246).

Theme 3 indicates that educators think **training** should be available for educators to address the impact of HIV/Aids. Current literature also calls for this (Bennell *et al*, 2002:101; Kelly, 2005:12). Educators who are affected by the pandemic but cope with the impact refer to being empowered when they are well informed (Theron, 2007a:181).

Theme 4 recommends that **counselling** for educators is necessary to address the impact of HIV/Aids. Educators need high quality counselling to be able to cope with the impact of the HIV/Aids pandemic (Bennell *et al.*, 2002:102; Hall *et al.*, 2005:30; Kelly, 2005:12). Educators affected by the pandemic report better coping when they have access to counselling (Theron, 2007a:181).

Thus in this study, most of the high school educators who participated asked to be supported to cope with the HIV/Aids pandemic by school management staff showing more understanding of how difficult it is for them to teach because of the pandemic. Participants also suggested that substitute educators be employed in the place of educators who were often absent and that educators affected by the pandemic receive HIV/Aids training and counselling.

2.8 Question 8

What support do you need from your colleagues to cope with how HIV/Aids pandemic has affected you as an educator?

The responses for Question 8 can be grouped under the following themes:

Table 5.8: Themes and response to question 8

THEMES	EDUCATOR RESPONSES
1: Practical support (Five educators responded in this way.)	<p>“...I also think that they should support me in terms of taking over extra jobs that I was supposed to do,” (Interviewee 1)</p> <p>“I think my colleagues need to support me especially when I am absent. It is very important that my classes are attended to, my work is done.” (Interviewee 5)</p> <p>“They should sort of share my work allocation among themselves.” (Interviewee 6)</p> <p>“Because sometimes I will be absent I could not</p>

	<p>do the marking I think if they could just help me with the marking, and attend to my classes,” (Interviewee 11)</p> <p>“You know we have to be a collective in terms of enlightening and assisting one another to cope with it”...”to be collective in terms of providing information on HIV/Aids and assisting each other with work while absent” (Interviewee 12)</p>
<p>2.: Emotional support (Five educators responded in this way.)</p>	<p>Yes you may not realize it, but just by talking to one another, there is a long way to make people feel better.” (Interviewee 2)</p> <p>“From my colleague I need moral support, (Interviewee 3)</p> <p>“I think as colleagues they should phone and me how I’m doing, on weekend pay me visits, bring some vegetables to show support and concern. “(Interviewee 5)</p> <p>“I think one really needs an emotional support,”(Interviewee 7)</p> <p>“I need them to understand that it affects me emotionally, spiritually, physically and try to counsel me in a way that could uplift my spirit.” (Interviewee 13)</p>
<p>3:No discrimination towards HIV affected educators</p>	<p>“...they should not discriminate against me.”(Interviewee 1)</p>

(Three educators responded in this way.)	<p>“Teachers should not discriminate against or pass negative remarks about myself,” (Interviewee 4)</p> <p>“Colleagues should not discriminate, “(Interviewee 9)</p>
4:No discrimination towards HIV affected learners	<p>“If my colleagues cannot discriminate against learners who are being affected or infected.” (Interviewee 8)</p>
(Two educators responded in this way.)	<p>“...they should not discriminate against these learners,” (Interviewee 14)</p>

Each of the themes can be shortly explained as follows:

Theme 1 relates to educators believing that **colleagues should support HIV affected educators practically** by helping them with their teaching responsibilities when they are absent like helping with marking and teaching and the administration load. The current literature does not say anything about colleagues relieving absent staff members by doing part of their work for them, but rather recommended that to relieve absent educators the education sector should create effective relief systems to cover for absent staff members (Abt, 2002:66). Furthermore Kadzamira, Banda, Kamlongera and Swainson (2001:84) indicated that there are teacher cover programs that are run in schools in Malawi to take care of absent educators classes. According to the Department of Education (2002:15) in South Africa the present educators are expected to cover for absent educators.

Theme 2 relates to educators believing that **colleagues should support HIV affected educators emotionally**. Previous research on educators who are affected by the HIV/Aids pandemic has not mentioned that colleagues could / should give emotional support to those affected by the pandemic, although it has been documented that educators who were affected coped better when their colleagues offered them emotional support (Theron, 2007a:182).

Theme 3 relates to educators feeling that there should be **no discrimination towards HIV affected educators or towards HIV positive educators**. This corroborates current literature, which says that in Africa teachers living with Aids are discriminated against by their principals, colleagues and learners (Bennell, 2005a:451; Van Vollenhoven, 2003:246).

Theme 4 relates to educators feeling that there should be **no discrimination towards learners who are HIV affected or HIV positive**. According to the National Education Policy Act on HIV/Aids discrimination towards learners and educators with Aids is prohibited (SA, 1999:11). Educators who want their colleagues to be more tolerant of learners who are HIV affected or HIV positive is not mentioned in previous research on HIV/Aids and education.

Thus in this study, high school educators who participated believed that in order for colleagues to support educators who were affected by the pandemic, colleagues needed to provide practical and emotional support and not discriminate against educators and learners who were affected by the pandemic.

5.2.9 Question 9

What support do you need from the community to cope with how the HIV/Aids pandemic has affected you as an educator?

The responses to question 9 can be grouped under the following themes:

Table 5.9: Themes and response to question 9

Themes	EDUCATOR RESPONSES
<p>1: Practical and emotional support</p> <p>(Five educators responded in this way.)</p>	<p>“Ma’am I think from the community those who are affected should come together.”... “Something like support groups,” (Interviewee 1)</p> <p>“...I need people who are not working could be asked to volunteer by helping me to take care of my brother while I’m at work “(Interviewee 5)</p> <p>“...so the community and also educators must be there for you to give you that moral support and moral boost.” (Interviewee 7)</p> <p>“Eeh! from the community members some of the people can volunteer to help the people who are sick to take care of them, to wash them, to feed them,”(Interviewee 11)</p> <p>“The community must know the resources centers, like they must know where to refer to maybe if the mother sees the child is sick, she must refer the child to the clinic” (Interviewee 14)</p>
<p>2: Community members help to educate people about HIV/Aids</p>	<p>“The most important thing from the community will be for them to educate their children about the value of abstinence and the value of avoiding premarital sex,” (Interviewee 2)</p>

<p>(Three educators responded in this way.)</p>	<p>“From the community I think the parents should teach to their kids about HIV/Aids and teach them the precautions to prevent it.” (Interviewee 3)</p> <p>“...HIV/Aids support groups can also help in taking care and offering the learners more knowledge about HIV/Aids and how to cope with the situation he/she finds herself in “(Interviewee 4)</p>
<p>3: Stigmatization and discrimination should be stopped within the communities</p> <p>(Three educators responded in this way.)</p>	<p>“...they should stop discriminating.” (Interviewee 6)</p> <p>“The community should stop stigmatizing and the community should accept me back.”(Interviewee 10)</p> <p>“...they must also destigmatize the pandemic, “(Interviewee 12)</p>
<p>4:The community should disclose the status of learners they send to schools</p> <p>(Three educators responded in this way.)</p>	<p>“The community that brings their learners to our schools especially in my class, if they can disclose the status of their learners,” (Interviewee 8)</p> <p>“The community should disclose the status of their children, maybe we can help in terms of organising grants or donations.” (Interviewee 9)</p> <p>“...they can disclose the illness if it is there in their families or learners being affected or infected.” (Interviewee 13)</p>

Each of the themes can be shortly explained as follows:

Theme 1 emphasizes that **community members should form support groups and help to take care of ill people** in the communities. Educators feel that such practical support, as well as emotional support, would be of great assistance to them. Support groups are known to empower people who are vulnerable and over-burdened (Ross & Deverell, 2004:212).

Theme 2 relates to the belief that **community members should help to educate people (especially learners) about HIV/Aids and assist in training people about HIV/Aids**. Current literature suggests that NGO's from the communities should work with schools to provide training to educators (Hall *et al*, 2005:30) and participants in this study seem to confirm that they would like community involvement in their fight against HIV/Aids.

Theme 3 relates to educators feeling that **stigmatisation and discrimination should be stopped within communities**. It is illegal to discriminate against HIV positive people in the workplace (UNICEF, 2004). The responses of these participants suggest that they would be empowered if communities could follow this example.

Theme 4 relates to educators feeling that the **community should disclose the status of learners they send to schools**. No one may be forced to disclose his/her status (Department of Education, 2002:64), but from this theme it seems that educators feel they would be empowered to help more or to act more cautiously if they knew their learners' status.

5.2.10 QUESTION 10

What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

The responses to question 10 can be grouped under the following themes:

Table 5.10: Themes and response to question 10

Themes	EDUCATOR RESPONSES
<p>1: Provision of workshops and training sessions about HIV/Aids for educators (Seven educators responded in this way.)</p>	<p>“I should think they should conduct the training sessions and sessions must be part of the curriculum and it must be compulsory for each and every educator to attend such sessions” (Interviewee 4)</p> <p>“The department of education can support me by organizing workshops for educators.” (Interviewee 5)</p> <p>“We should be organised and given a workshop, organise seminars where educators will be informed about HIV/Aids.” (Interviewee 6)</p> <p>“I can be very much happy if I can be given a permission to celebrate the awareness day and be given enough education on HIV/Aids because as educator we are just frightened” (Interviewee 8)</p> <p>“The department is not doing enough, they should organise conferences or come together rallies so that educators should be made aware of this diseases” (Interviewee 9)</p> <p>“I would like the department to organise workshops where we will be taught on methods</p>

	<p>and ways of dealing with HIV/Aids infected and affected learners. I'll also like them to organise some workshops on how to deal with stress.” (Interviewee 13)</p> <p>“They must provide information by using pamphlets and issuing out of condoms in schools, provide workshops, give information in their yearly planning they must cater for HIV awareness week to the children” (Interviewee 14)</p>
<p>Number of leave days be increased (Four educators responded in this way.)</p>	<p>“I believe that the department has to consider giving such educators sympathetic leave so as to attend to those cases of HIV/Aids without impacting on their teaching and learning situation.” (Interviewee 2)</p> <p>“Actually I must get a leave and stay at home, a vacation leave or responsibility leave so that I can stay at home and look after my brother.” (Interviewee 3)</p> <p>“They should increase family responsibility leave (days).” (Interviewee 10)</p> <p>“...department of education can just allocate more days for family responsibility leave and also to make an allowance for substitution if necessary, when a teacher is not around” (Interviewee 11)</p>
<p>Organizing of counselling sessions for</p>	<p>“Actually I am talking about counselling, as you know that counselling will be done by an expert</p>

<p>educators (Two educators responded in this way.)</p>	<p>and so the counselling will really help a lot” (Interviewee 7)</p> <p>“Eeh, Ma’am, I think I need more of the counselling ...” (Interviewee 11)</p>
<p>Emphasizing of HIV/Aids awareness’ days (Two educators responded in this way.)</p>	<p>“No, I don’t mean that, but the department they don’t play that major role in the celebrations of these days” (Interviewee 8)</p> <p>“give information in their yearly planning they must cater for HIV awareness week to the children “(Interviewee 14)</p>
<p>Clear HIV/Aids policy for affected educators (Two educators responded in this way.)</p>	<p>“I think the Department of Education should come up with a clear policy as what should happen in cases where an educator is affected.”(Interviewee 1)</p> <p>”So the department has to make room for such people by way of changing their policies so as to accommodate the needs of such teachers.” (Interviewee 4)</p>

Most of the themes relating to the DoE were mentioned in previous responses.

Theme 1 again refers to educators wanting and needing **HIV/Aids-related training** so that they can address the impact of HIV/Aids. Current literature also calls for this (Bennell *et al*, 2002:101; Kelly, 2005:12) and notes that educators cope better when they are adequately trained to deal with HIV challenges (Theron, 2007a:181).

Theme 2 emphasizes that the department should extend the number of days of **leave** allocated for educators affected by the pandemic. Although there is HIV-related education policy (Xaba, 2008: 99), the educators in this study feel that there should be further policy relating to compassionate leave.

Theme 3 again refers that the department should provide more **counselling** sessions for educators. As noted previously, educators need counselling to be resilient in the face of the HIV/Aids pandemic (Bennell *et al.*, 2002:102; Hall *et al.*, 2005:30; Kelly, 2005:12) and educators who have had counselling, seem to cope better (Theron, 2007a:181).

Theme 4 emphasises that the DoE should ensure that educators and learners should take part in or be **involved in celebrations of HIV/Aids and awareness days**. Many NGO's and the media are involved in making South Africans more aware of HIV (SouthAfrica.info. 2007) and it makes sense that educators and schools join in these awareness campaigns.

Theme 5 indicates the department should have a **clear policy** on HIV/Aids and related issues. It may be that educators are unaware of current policy (Hoadley, 2007:251; Xaba, 2008).

5.3 DISCUSSION

The main focus of the interviews conducted in this study was on the impact of HIV/Aids on South African educators in secondary schools who are affected by the pandemic when their loved ones, colleagues or learners are HIV-infected or HIV-affected or have died from Aids-related complications.

5.3.1 Personal impact on educators

Personal impact refers to the way in which the pandemic affects educators' individual well being. In the study educators were affected when they experienced a situation where their learners, colleagues and/or family members were ill/dying as a result of the HIV/Aids pandemic.

- **Emotional experience**

The participants in this study indicated that the pandemic has a negative emotional impact on them. As Interviewee Four said: *"I felt emotionally unstable. It was like a shock to me, I never expected learners of about 16 to 17 years to confide in me about their HIV status. I became stressed."* No positive emotional impacts were mentioned. According to the responses given, educators' emotional well-being was negatively affected in the sense that they were miserable and emotionally disturbed when they had to deal with the illness and death of their learners, colleagues and family members. Educators also reported anger and despair due to the impact of HIV/Aids around them as well as in their own lives. Seeing people ill and dying of HIV/Aids around them was not easy. As Interviewee Seven explained: *"Eeh like I said it was touching you know because one has a first hand experience to see a person you know suffering until the last day. It was really painful because one experienced that."* In this sense the participants in this study have experienced what previous studies have documented (Coombe, 2003:11; Hall *et al*, 2005:23; Kelly, 2000:69; Kelly, 2005:2; Kinghorn & Kelly, 2005:493; Theron, 2007a:178; UNESCO, 2005:47).

- **Physical experience**

Physically participants also indicated that the pandemic has a negative physical impact on them. Most educators reported that they experience sleeping disturbances linked to the impact of HIV/Aids in their lives. As Interviewee Five

said: *"I had sleepless nights; I spent a lot of time thinking about it."* One reported a change in eating patterns. What the participants in this study experienced was previously documented (Brouard in Van Dyk, 2005:227; Theron, 2007a:179). Only one of the participants indicated that the pandemic did not have any physical effect on his life.

- **Spiritual experience**

Spiritually participants indicated that the pandemic has a negative impact on them as most educators reported that they are spiritually doubtful and hopeless and they also withdrew themselves from all church services as a result of being affected by HIV/Aids. As Interviewee Two explained: *"You start to question whether there is a God and what is he doing in such cases or whether God has a purpose with all these things, or about Aids. When is He going to stop this pandemic?"* Negative spirituality has been noted in previous studies (Brouard in Van Dyk, 2005:227; Theron; 2007a:181). A few educators believed that the impact of Aids in their lives had a positive effect on their spirituality in the sense that they ended up accepting the impact of HIV/Aids in their lives since it made their religious faith even stronger. This phenomenon (i.e. strong religious faith) being associated with coping with the pandemic has been reported in previous studies (Theron, 2007a:181).

- **Social experience**

Socially some participants indicated that the pandemic has a negative impact on them as some educators reported that they isolated themselves, became more cautious and were discriminated against in their communities. Interviewee Two summarised this well when he said: *"I am scared of sharing things with other people."* The patterns of negative or limited socialisation fit with previous research (Bennell *et al.*, 2002:86; Theron, 2007a:180; Walker, 2002:305). On the other hand some participants indicated that the pandemic has a positive impact on their lives in the sense that some started to socialize more with other people and

others started to socialize more with people who are knowledgeable about HIV/Aids. As Interviewee Twelve said: *“I realised that to get on or over it, one has to socialise more and more.”* Educators who said that they interacted more with people who were knowledgeable about the pandemic or who saw social interaction as a chance to teach others about HIV/Aids prevention added new understanding of how the pandemic impacts socially on educators who are affected.

From this study, the following are new findings based on personal impact as revealed by affected educators:

- some educators who are affected can deal with the impact of the HIV/Aids pandemic without experiencing physical effects like disrupted sleeping or eating patterns;
- the level of socializing for some affected educators increased, the aim being to try and cope with the impact of the HIV/Aids pandemic;
- one educator increased his social interaction in order to educate others concerning HIV/Aids.

5.3.2 Professional impact on educators

Professional impact refers to the way in which the pandemic impacts on educators' ability to function as professionals. According to the responses given in this study, most educators who are affected experienced negative professional impacts.

- **Ineffective teaching and learning**

Educators reported poorer teaching (e.g. Interviewee Five said: *“Before I heard about my cousin’s illness I used to be an active teacher, a very active teacher but now of late I am withdrawn”*) and poorer learning among their learners and being more cautious about interacting with learners. Negative impacts also included

experiences of absenteeism. Specifically with regard to absenteeism, Interviewee Three said: *“My job has suffered a lot and my learners are left behind due to the fact that I’m always absent from school.”* Educators were either more absent from work themselves or their colleagues were absent because of HIV/Aids-related issues. Theron (2007a:180) reported that most educators become absent from work as a results of HIV/Aids; she further indicated that educators experienced a decline in their work performance.

- **Lowered teaching morale**

Some educators reported that their professional morale has been lowered by the fact that they have to address the problem of vast workloads and overcrowded classes, as most colleagues become absent from work to care for themselves or their loved ones and even to attend funerals of their loved ones as a results of HIV/Aids pandemic. Interviewee Nine summarised weakening morale well when she said: *“This disease has belittled my profession, colleagues and people are dying. I have lost interests in my profession. I feel very helpless.”* In this sense the participants in this study have experienced what previous studies have documented (Boler, 2003; Bennell, 2005:450; Coombe, 2003:11; Theron, 2007a:181).

- **Changing professional roles**

Some participants reported a high level of stress caused by the additional professional roles (e.g. counsellors, mentors) they were expected to take on when confronted with HIV infected learners or colleagues in their schools. Interviewee Four explained it like this: *“And at times you end up being forced to give learners pastoral care. You end up being a nurse to learners.”* In this sense the participants in this study have experienced what previous studies have documented (Bhana *at al.* 2006:7-8; Coombe, 2003:17; Crewe, 2000:17; Theron, 2007a:177).

5.4 SUGGESTIONS FOR SUPPORT

The participants in this study were also asked what they thought could be done to support them. Participants were specifically asked about support from school management, the DoE, their colleagues and their communities.

- Participants wanted the school management to understand that they have personal problems and that they are negatively impacted by the HIV/Aids pandemic when their loved ones and friends are infected.
- Employment of substitute educators to assist with the load carried by affected educators when their colleagues are absent as a result of the HIV/Aids pandemic (as documented by Theron, 2005:56; Van Vollenhoven, 2003:246).
- Provision of HIV/Aids education and training to educators (as documented by Bennell *et al.*, 2002:101; Kelly, 2005:12; Theron, 2007:183-184).
- Provision of counselling sessions for educators (as documented by Bennell *et al.*, 2002:101; Kelly, 2005:12; Theron, 2007a:183).

The high school educators who participated believed that in order for colleagues to support educators affected by the pandemic, colleagues needed to be practically and emotionally supportive and not discriminate against educators and learners who were affected by the pandemic. The participants in this study said they would feel supported if their colleagues could take care of their workload when they were absent because of HIV/Aids related responsibilities. Current research does call for substitute educators, but not that colleagues cover for absent colleagues i.e. because educators are already overworked and may not be

able to cope with the overload of their absent colleagues too (Kadzamira *et al*, 2001:71).

Participants wanted their community to support them by providing emotional and practical support that would make educators responsibilities towards learners and loved ones infected and affected by HIV/Aids less, by educating youth and others about HIV/Aids, by not discriminating against those who are HIV-infected or affected and by being honest about their children's HIV/Aids status. This is not covered by current literature with regard to educators. It is generally recommended for community caregivers and orphans and vulnerable children (Van Dyk, 2005:260-269).

The suggested support measures are reasonable and boil down to educators needing to feel that they are not facing the burdens caused by the HIV/Aids pandemic on their own. They want management, their colleagues and their community to help sustain them. It is well documented that people cope better with difficult circumstances when they feel supported by others and that school-community partnerships are empowering (Lazarus, 2006: 541).

5.5 RECOMMENDATIONS BASED ON THIS SUMMARY

Based on what the participants in this study shared, it is clear that educators are mostly negatively affected by the HIV/Aids pandemic and that they need support to cope better.

From the responses given in this study the following are general recommendations that need to be considered:

- ✓ Different structures such as NGO's, churches and financial institutions should be encouraged to take part in the provision of HIV/Aids support programmes for all educators. They need to provide continuous and comprehensive support.

- ✓ Educators should be prepared to attend wellness programmes and health education in order to improve their personal health status, so that they can be able to control stress and depression levels in their lives (Theron, 2007a:184).
- ✓ Stress management workshops and employee assistance programmes are essential to address the HIV/Aids affected educators' well-being and the following aspects need to be emphasized:
 - ❖ stress management;
 - ❖ fear management;
 - ❖ anger management; and
 - ❖ stigma/ discrimination management.
- ✓ HIV/Aids education should be made available for all educators in order to help them cope with HIV positive and affected people around them. This should include up-to-date information through the supply of manuals and guidelines (Coombe, 2003:13).
- ✓ Health education as a source of professional and systematic support should be implemented in high schools (provision of training teachers and learners on how to cater for those infected and affected by HIV/Aids should be offered; all stakeholders should be able to practice safety measures in school).
- ✓ Employment policies of the Department of Education should be revised so that policies cater for issues of substitute-educators and support educators who are affected by the HIV/Aids pandemic.

From the responses given in this study the following are recommendations that colleagues of educators who are affected need to consider:

- ✓ Colleagues, the community and other staff members should provide emotional support to affected educators through understanding and

accepting their position of being affected (Department of Education, 2002:15).

From the responses given in this study the following recommendations need to be considered by the community:

- ✓ community support programmes such as support groups or volunteers may assist with provision of counselling for HIV/Aids affected educators mainly to deal with the problem of isolation (Ross & Deverell, 2004:212);
- ✓ community members should take part in social support programmes which assist to organize peer group programmes, teacher advice centres, and counsel educators in schools (Coombe, 2002:7);
- ✓ schools should have their own HIV/Aids testing centres within the school premises;
- ✓ schools should be regarded as shared facilities and be used after hours as a place to carry out community activities - such as locations for holding support groups gatherings (Allegrante, 1998:72);
- ✓ educational institutions and communities should provide emotional support that would help to disetigmatize the HIV/Aids disease (Simbayi *et al*, 2005:138). NGO's should also promote more awareness raising campaigns to let people understand issues of HIV/Aids (White & Morton, 2005:194); and
- ✓ promotion of openness in schools as schools are expected to provide support to HIV/Aids affected educators and learners. Community members who send their learners to school should disclose the status of their children (Bennell, 2005b:486).

5.6 CONCLUSION

The analysis of all the data suggests that the HIV/Aids pandemic has a negative influence on secondary educators. In this chapter respondents' experiences reflect a negative impact (on a personal and professional level) on educators who

are affected by HIV/Aids. Suggestions from respondents were noted and therefore recommendations were made. The next chapter will summarize the study, discuss the limitations and contributions from this study and a final conclusion of the study will be drawn.

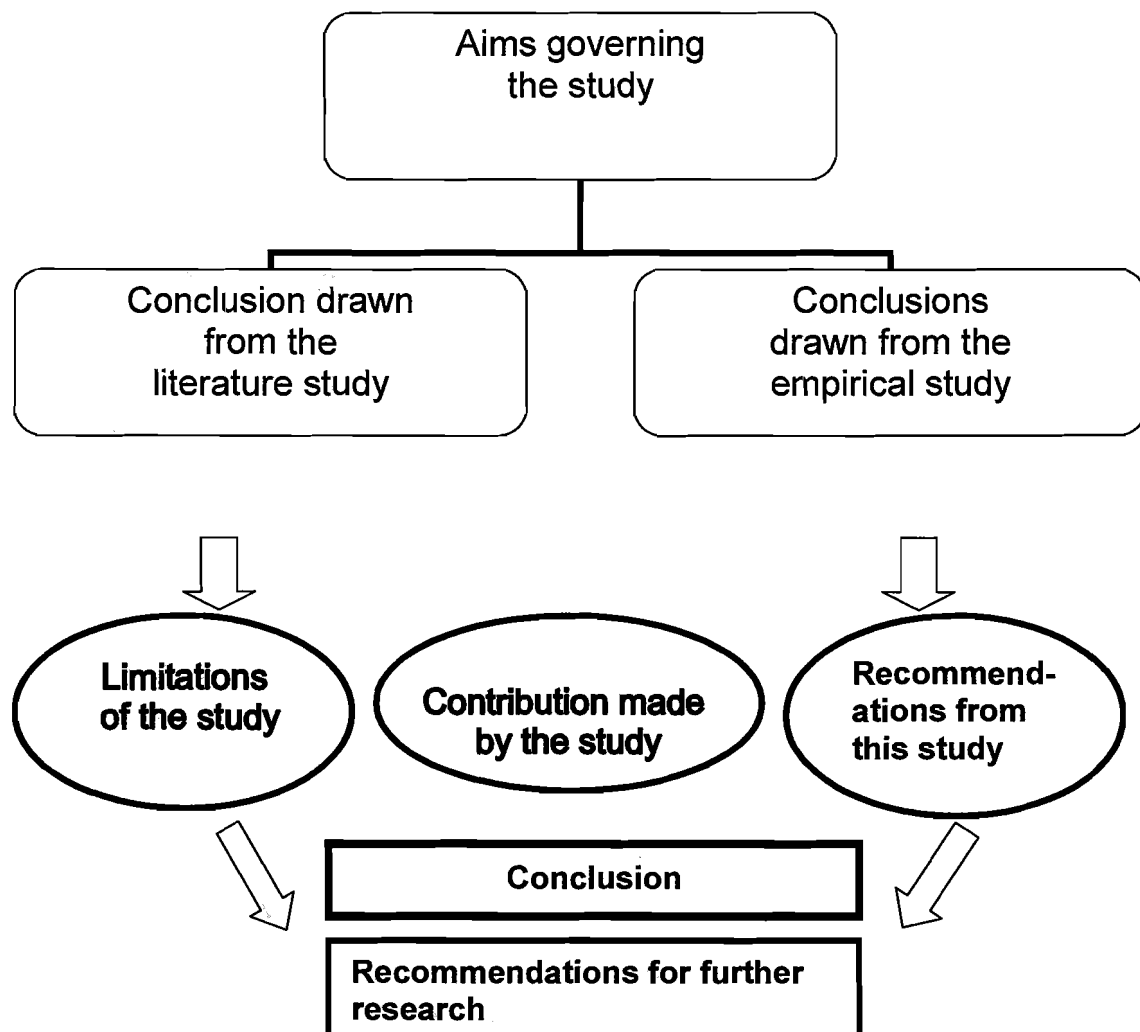
CHAPTER 6

SUMMARY OF THE STUDY

6.1 INTRODUCTION

This chapter focuses on providing a summary of this study's findings. In addition to summarising the literature study and the results of the empirical study, the limitations and contributions of this study will be mentioned. Lastly recommendations for future research will be proposed. The contents of this chapter are summarized in Figure 6.1 below:

Figure 6.1 Chapter overview



6.2 AIMS GOVERNING THE STUDY

The overall aim of the study was to investigate the experience and subsequent support needs of high school educators affected by the HIV/Aids pandemic. The overall objective was operationalised by the following specific aims, as indicated in Table 6.1. below:

Table 6.1: Summarises aims governing this study

To conduct a literature study to determine how HIV/Aids impacts on educators and what support is available to affected educators.	A literature study was conducted as documented in Chapters 2 and 3. It focused on the impacts of the HIV/Aids pandemic on educators and the findings reflected a tremendous negative impact on educators. The literature study also suggested that although there is support for people affected by the pandemic, very little of this support is specifically aimed at educators who are affected.
To conduct an empirical investigation to determine how HIV/Aids impacts professionally on high school educators.	A phenomenological study was conducted to explore the phenomenon of how the HIV/Aids pandemic affects high school educators. Semi-structured interviews were conducted to determine how HIV/Aids impacts professionally on high school educators. The phenomenological interviews were analyzed in Chapter 5.
To conduct an empirical investigation to determine how HIV/Aids impacts personally on high school educators; and	A phenomenological study was conducted to explore the phenomenon of how the HIV/Aids pandemic affects high school educators. Semi-structured interviews were conducted to determine how HIV/Aids impacts personally on high school educators. The phenomenological interviews were analysed in Chapter 5.

To determine what the support needs are of educators directly affected by HIV/Aids.	Participants were also asked how they wanted to be supported to cope with the pandemic. The results are documented in Chapter 5.
To provide guidelines for addressing these support needs.	Guidelines were provided in Chapter 5.

From the above it is clear that the aims that were targeted by this study were achieved.

6.3 OVERVIEW OF THE LITERATURE STUDY

The following conclusions were drawn from the literature in Chapter 2:

6.3.1 The HIV/Aids pandemic

HIV/Aids is a terminal disease that is caused by the HIV virus which attacks the human immune system (Poindexter & Linsk, 1999:46). It is transmitted in various ways, including unprotected sexual intercourse, mother-to-child transmission and infected bodily fluids (Ross & Deverall, 2004:199). HIV attacks the human body in four different phases. The last phase of the disease is when the infected individual dies from Aids-related complications (Strydom, 2002:137).

6.3.2 HIV/Aids pandemic global statistics

According to UNAIDS/WHO (2007) the global statistics seems to be declining compared to the previous years' statistics. It is estimated that there are approximately 6800 new infections and 5700 deaths daily. The estimated decline in HIV prevalence seems to be caused by the impact of treatment programmes such as antiretroviral therapy (UNAIDS/WHO, 2007). Despite this decline, it is

estimated that there are about 33.2 million HIV infected people worldwide (UNAIDS/WHO, 2007).

6.3.3 HIV/Aids pandemic statistics in Sub-Saharan Africa

The majority of HIV positive people worldwide live in the Sub-Saharan region. Of these adults, at least 61% are women (UNAIDS/WHO, 2007). According to UNAIDS/WHO (2007) the estimated HIV statistics continue to suggest a serious need for extensive antiretroviral treatment for the peoples of Sub-Saharan Africa.

6.3.4 HIV/Aids pandemic in South Africa

South Africa has the highest number of HIV infections in the world (UNAIDS/WHO, 2007). In South Africa there is a reflection that more than one in every ten South Africans is HIV positive (Quinn in Theron, 2005:56). In terms of the nine South African provinces, Kwazulu Natal, Mpumalanga and Free State appeared to have the highest HIV prevalence, and Western Cape, Northern Cape and Limpopo appears to be the lowest HIV affected region (Shisana *et al.*, 2005:35). In all these regions Black people seems to be the highest infected group compared to other races.

6.3.5 The impact of HIV/Aids pandemic on education



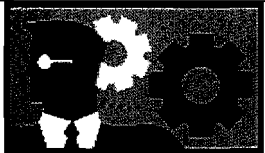
The HIV/Aids pandemic impacts negatively on the education sector as the pandemic is affecting the supply of education, the demand for education, the quality of education and how education is managed (Coombe: 2002:4). A survey conducted with a nationwide sample of South African educators (Hall *et al.*, 2005: 23) indicated that on average at least 12.7% of educators were HIV positive. According to 2006 estimates about 20 000 educators were expected to be replaced annually as a results of HIV/Aids (Crouch & Perry in Hall *et al.*, 2005). The demand for education is affected when learners cannot attend school for HIV-



related reasons including, looking after their infected parents, not being able to afford school-fees, being orphaned or being infected themselves (Coombe, 2003:7-8; Ebersöhn & Eloff, 2002:78-79; Kelly, 2005:10; Shisana *et al.*, 2005: 112). The quality of education might be threatened when educators no longer teach effectively, or when learners cannot learn effectively (Coombe, 2002:13; Ebersöhn & Eloff, 2002: 79).

6.3.5.1 The impact of the HIV/Aids pandemic on educators

Many educators are affected by the pandemic, either personally or professionally or both (Coombe, 2003:11; Hall *et al.*, 2005:23; Kinghorn & Kelly, 2005:493; Theron, 2007a:177). Educators report mainly negative impacts. The personal impacts are summarized in Table 6.2 below:


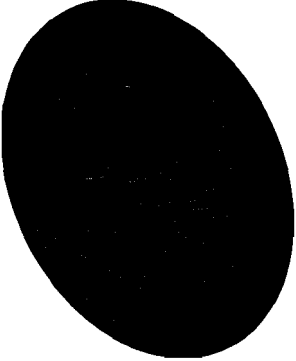
Table 6.2 The personal impact of the pandemic on affected educators

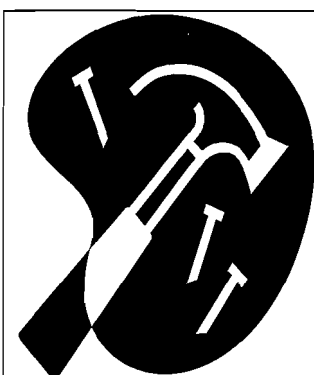
	<p>Educators are personally affected when they have loved ones, colleagues or learners who are ill or dying from HIV/Aids. This often leaves educators sad, grieving, afraid and/or depressed (Coombe, 2003:11; Hall <i>et al.</i>, 2005:23; Kinghorn & Kelly, 2005:493; Theron, 2007:177).</p>
	<p>Educators can be physically affected like when their sleeping and eating patterns change (Brouard in Van Dyk, 2005:227; Theron, 2007:179).</p>
	<p>Emotionally, many affected educators experience distress, depression, anger and a feeling of despair (Coombe, 2003:11; Hall <i>et al.</i>, 2005:23; Theron, 2007a:177).</p>

	<p>As a result of HIV/Aids, some affected educators' report that their spirituality has changed: they have experienced feelings of doubtfulness, even hopelessness (Strydom, 2002:142; Theron, 2007a:179; Van Dyk, 2005: 251).</p>
	<p>The social interactions of affected educators are also negatively impacted and they may become socially withdrawn or cautious (Bennell <i>et al.</i>, 2002:86; Theron, 2007a:180; Walker, 2002:305).</p>

The professional impacts are summarized in Table 6.3 below:

Table 6.3 The professional impact of the pandemic on affected educators

	<p>Some educators are troubled by the Aids-orphans and children who are vulnerable because of the pandemic (Bhana <i>et al.</i>, 2006:5; Boler, 2003). Some, especially in poor communities, care for some of these orphans in their own homes (Bhana <i>et al.</i>, 2006:14-15; Coombe, 2003:13-14).</p>
	<p>Educators may be absent, because of personal sickness (due to being HIV positive); attendance of funerals and family responsibilities (due to loved ones being HIV positive) (Bennell, 2005a:449). When affected educators are absent from work their colleagues at school are overburdened as they are expected to cover for absent educators and the quality of education and staff morale suffers (Bennell, 2005a:449; Coombe, 2003:15; Theron, 2007a:177-180).</p>



Educators associate changing roles with the HIV/Aids pandemic. They are expected to counsel, mentor and coordinate welfare duties to learners (Bhana *et al.* 2006:7-8; Coombe, 2003:17; Crewe, 2000:17; Theron, 2007a:177). They are also expected to teach learners how to prevent HIV and how to cope with the impacts of HIV (Theron, 2007a:177). Many educators feel inadequately trained to cope with these extra burdens (Bennell, 2005a:467; Bhana *et al.*, 2006:8; Coombe, 2003:10).

6.3.5.2 The impact of the HIV/Aids pandemic on learners

HIV/Aids makes it hard for learners to complete schooling or to participate meaningfully or regularly in their schooling. When learners are personally ill, they absent themselves from school and their performance declines; many drop out of school in large numbers (Bennell, 2005b:467-469). Other learners lose their parents and become orphans at a very young age, or need to care for their ill parents. As time goes on they experience financial problems in terms of school fees and other school needs and may even end up involved in child labour (Coombe, 2003:7; Ebersöhn & Eloff, 2002:79 & UNESCO, 2005:30).

6.4 SOURCES OF SUPPORT

Chapter Three reported on support structures that are available for South Africans who are affected by HIV/Aids. Although there are various forms of support structures, very few target educators who are affected. In most instances, educators are indirectly supported by these structures. These support structures are summarized in Table 6.4 below:

Table 6.4 Sources of support for affected educators

<p>NGO's</p>	<p>These are non-governmental organizations that work at national or international or local level to help communities and people cope with HIV/Aids in various practical ways. The South African NGO's dedicated to supporting those infected and affected by HIV/Aids are summarised in Figure 2.6, Chapter 3.</p>
<p>Workplace support</p>	<p>There are policies and procedures which help employees cope with the impacts of HIV/Aids in order to encourage a supportive working environment (Simbayi <i>et al.</i>, 2005:34). In 1999 the South African Department of Education introduced the National Policy on HIV/Aids for Learners and Educators (SA, 1999). This policy tries to make sure that all learners and educators who are HIV positive may not be discriminated against (Xaba, 2008:99), it protects the professional rights of educators who are HIV positive (Xaba, 2008:100) and also protects educators and learners from compulsory disclosure (Xaba, 2008:101). The DoE also introduced the DoE Workplace Policy for HIV/Aids (Simbayi <i>et al.</i>, 2005:34) which provided guidelines to create a supportive working environment for HIV/Aids-affected or-infected people employed in education. The DoE also released other policies to help schools cope with the pandemic, especially its impact on orphaned or vulnerable learners (Hoadley, 2007:251-252). (<i>cf.</i> Chap 3.3.1)</p>
<p>Government support</p>	<p>The South African Government formed the South African National Aids Council to oversee HIV/Aids-related support and also provides funds to the Department of Education, Department of Social Development and Department of Health to support people who are affected and infected by</p>

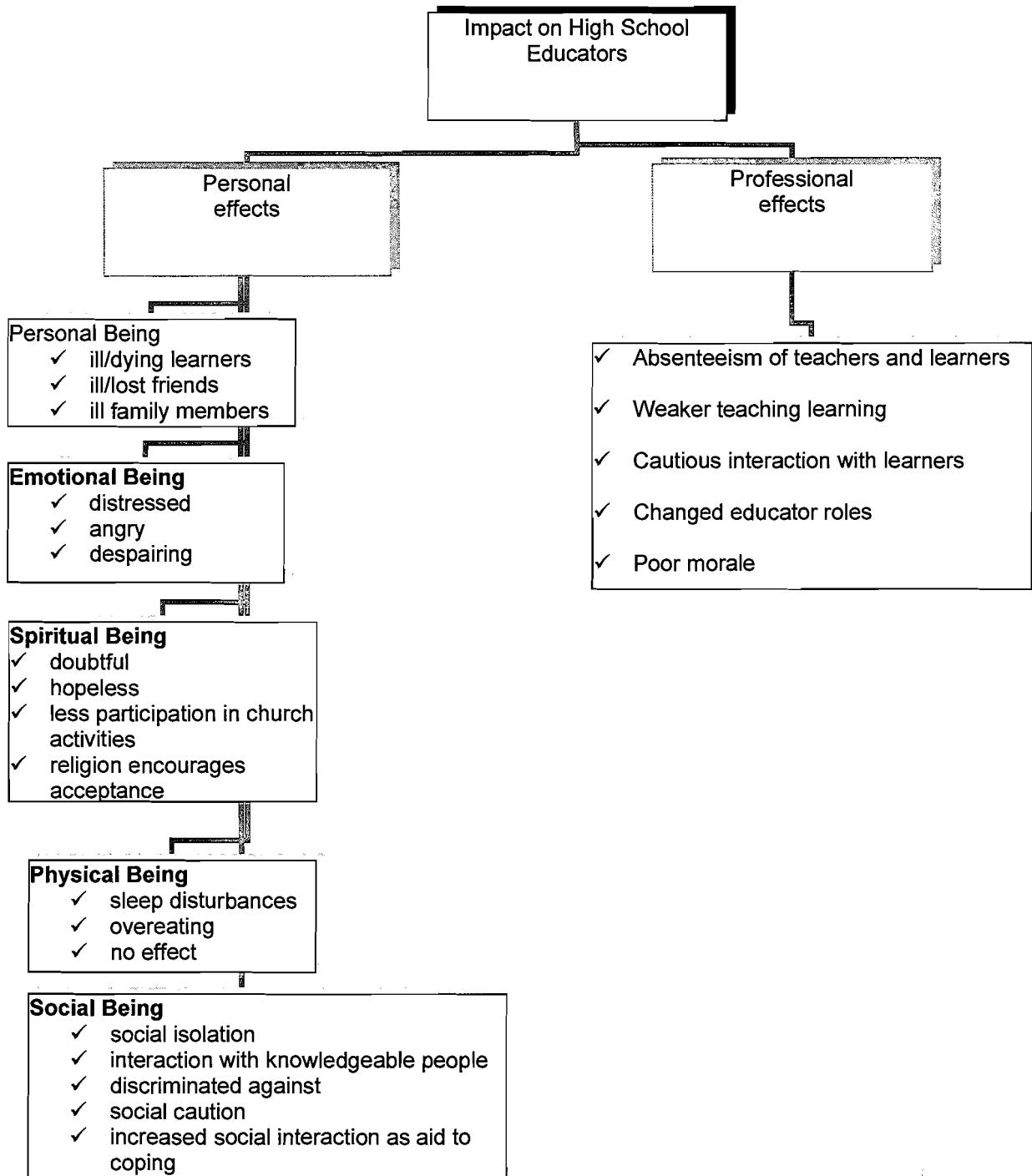
	<p>HIV/Aids (SouthAfrica.info. 2007).</p> <p>The government encourages education and awareness campaigns to prevent further HIV infections, using amongst others projects like Love-life, Soul City, the Treatment Action Campaign and Khomanani and school curricula like Life Orientation (DoH, 2007; SouthAfrica.info. 2007).</p>
Teacher Union support	<p>Teacher unions like Naptosa and Sadtu developed HIV/Aids related policies that address HIV/Aids in schools. Their policies suggest approaches that provide understanding, positive management, care and support to their members around HIV/Aids-related issues (Simbayi <i>et al.</i>, 2005:35).</p>
Welfare support	<p>The Department of Social Development offers support to lessen the vulnerability caused by HIV/Aids to those who are poor. This department works together with NGO's, community organizations and churches to do so. One form of support is social or financial grants (Department of Social Development, 2008). These include the Child Support Grant (DoH, 2002:34), the Foster Care Grant (DoH, 2002:35) and the Care Dependency Grant (DoH, 2002:34). In addition, there are welfare programmes to support needy South African children financially. In the Gauteng province, one such programme is Bana Pele (Children First) (BanaPele, 2006).</p>
Support from Faith-Based Organisations	<p>Faith-based organizations (FBOs) also provide valuable support to people infected and affected by HIV/Aids. Van Dyk (2005:256) encourages religious ministers to be part of community teams that provide counselling. There are many examples of churches that offer support to those infected and affected by HIV/Aids, including World Jewish</p>

	Relief (WJR) (World Jewish Relief, 2007) and CUHAHA (Churches united in the struggle against HIV and Aids in Southern and Eastern Africa) (CUHAHU, 2004).
Research Initiatives	There are various research projects in South Africa that have resulted in support for affected educators and in some instances, the communities from which these educators come. These projects include a project conducted in the Vulindlela district in Kwazulu Natal (de Lange <i>et al.</i> , 2006:45; Mitchell <i>et al.</i> , 2005:257), a study that was conducted in one of the schools in the Eastern Cape region in an informal settlement community where the HIV/AIDS incidence is high (Ferreira, 2007:383) and the Resilient Educators support program (REds) (Esterhuizen, 2007:105-107; Theron, 2008a: forthcoming).

6.5 CONCLUSIONS FROM THE PHENOMENOLOGICAL STUDY

In order to investigate the experiences and subsequent support needs of high school educators affected by the HIV/Aids pandemic, fourteen high school educators who were affected by the HIV/Aids pandemic were interviewed. All of these educators came from township high schools around Sasolburg and Heilbron. The responses of the educators who participated suggested that they mainly experienced the pandemic as negative, both on a personal and professional level. Their experiences mostly match what other studies have reported about the impacts of the pandemic on educators (Coombe, 2003; Hall *et al.*, 2005: 30; Kinghorn & Kelly, 2005:495; Theron, 2007a; UNICEF, 2004). Figure 6.2 below summarises the conclusions of the phenomenological study.

Figure 6.2: Summary of the phenomenological study



Not all the participants referred only to negative impacts. There were some positive impacts that they mentioned. These included:

- Some participants indicated that the pandemic has a positive impact on them in the sense that some started to socialize more with other people as the opportunity arose to teach others about HIV prevention and others started to socialize more with people who are knowledgeable about HIV. This has not been mentioned in previous studies on how educators are impacted by the pandemic.
- A few educators believed that the impact of Aids had a positive effect on their spirituality because they ended up accepting the impact of HIV/Aids in their lives as a religious tool that made their religious faith even stronger.

In summary the reported experiences of educators affected by the pandemic are mainly negative. The few positive experiences provide hope that educators might be supported towards less negative experiences.

6.6 SUPPORT NEEDS IDENTIFIED AND RECOMMENDATIONS BASED ON THESE NEEDS

The participants in this study recommended that affected educators need support from the following structures:

- school management;
- colleagues;
- community; and
- the DoE.

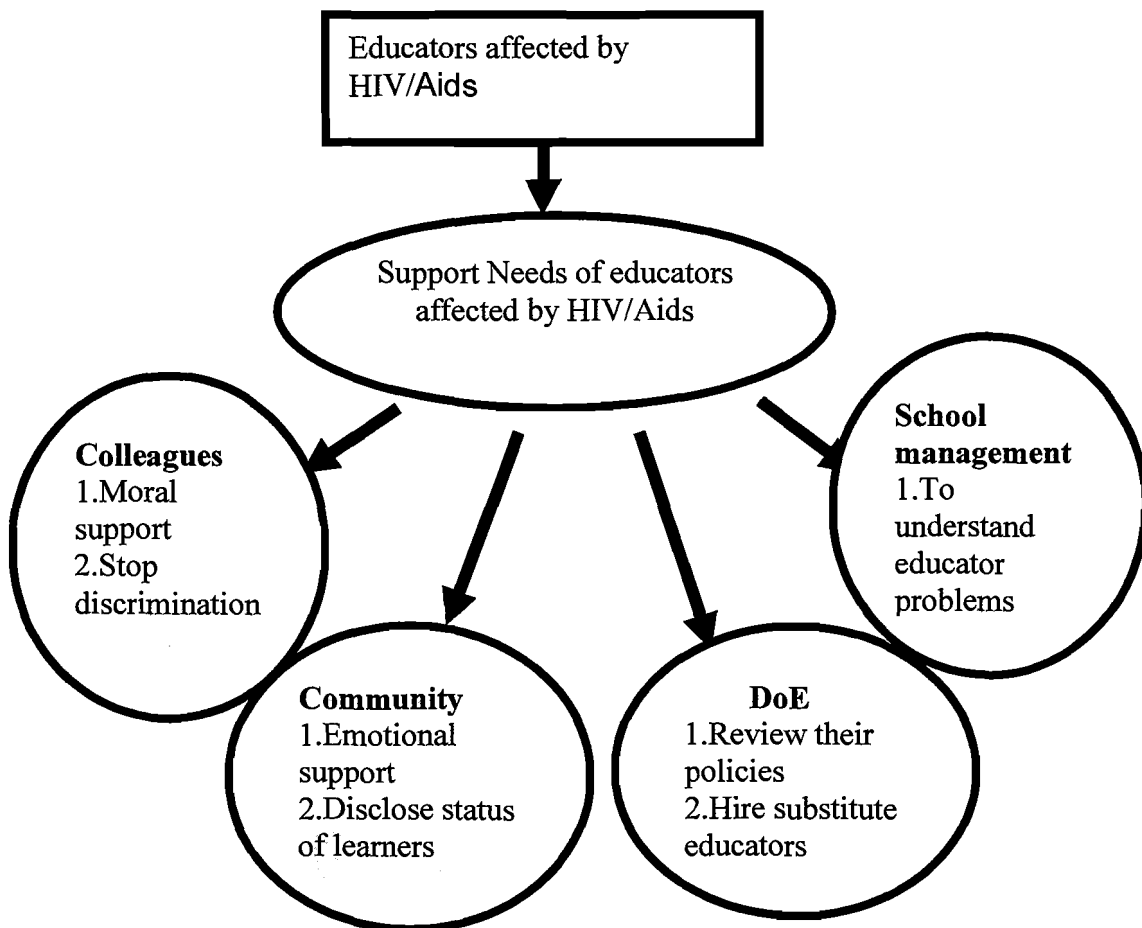
They reflected that affected educators teaching in high schools need the following support from the structures listed above:

- revision of HIV/Aids policies;

- training workshops regarding issues of HIV/Aids, that should promote HIV/Aids awareness to all;
- increase of leave days;
- replacement of educators who are ill/dead;
- organising counselling sessions for educators;
- support groups that can help care for ill members when their loved ones are at work;
- an end to discrimination;
- provision of moral and emotional support;
- substitute teachers when educators are absent; and
- disclosing status of learners in school.

These support needs are summarised in Figure 6.3 below:

Figure 6.3 Summary of participant support needs



6.7 LIMITATIONS OF THE STUDY

The following limitations are noted:

- The phenomenological study was conducted with only 14 secondary school educators. Because the sample size is small no generalization can be determined from this study.
- The study was limited to educators who are affected by the HIV/Aids pandemic, so it is not practical to generalize the results of the study to all educators.
- The educators who participated in this study come from the same province, even though they live in two different towns. Therefore findings cannot be generalised inter-provincially.
- The study was conducted only in high schools. The results cannot be generalized to educators in other types of schools, such as primary or pre-primary schools.
- The study was conducted only with black high school educators therefore it focused on one racial group. The results therefore cannot be generalized to people of other races. At the same time, the danger exists that this study reinforces racial stereotypes associated with the pandemic. Black teachers were interviewed because township schools were logistically most accessible to the researcher and not because the researcher believes that HIV/Aids is a problem that affected black people only.

6.8 CONTRIBUTIONS MADE BY THE STUDY

The study made the following contributions:

- This study documented the experience and support needs of high school educators affected by HIV/Aids, where they experience situations in which their family members, friends, colleagues and learners are ill/dying from HIV and related diseases. It is important to have an in depth understanding of their experience and support needs so that more can be done to address their support needs and therefore that stakeholders and service providers can have more empathy for affected educators.
- The contributions of this study relate to theory (we understand the high school township teacher's experience better) and to practice (the findings may be used by service providers and stakeholders to better support high school educators better, who are affected by the pandemic).
- In a small way this study suggests that not all educators are affected in only negative ways. A few of the participants (even though they were the minority) mentioned positive aspects like socialising with others to prevent the pandemic and the strengthening of their faith. These positive experiences could help other educators to think of positive ways in which they could respond to the pandemic.

6.9 RECOMMENDATIONS FOR FURTHER STUDY

The following recommendations for further study are:

- as this study included a small sample of participants, it is recommended that it be repeated with a larger sample;
- as this study's focus was limited to only HIV affected educators in high schools, it is recommended that another study be conducted whereby the focus will be on a wider sample of educators;
- in this study participants were only from the same province, it is therefore recommended that another study be conducted which will focus on different provinces as well;
- since this study was conducted with black high school educators, it is recommended that another study be conducted with educators from different racial groups so that their experiences can be compared; and
- it is recommended that the findings be used to create a supportive intervention programme for educators affected by the pandemic and that the impact of this programme be tested in a future study.

6.10 CONCLUSION

This study documented the impact of the HIV/Aids pandemic on fourteen high school educators affected by the pandemic. The results show that these high school educators experienced negative personal and professional impacts in the context of the HIV/Aids pandemic. Their experience is summarised in the poem below – this poem was written by a high school educator affected by the pandemic. Hopefully the rich understanding which this study provides of how high school educators are affected by the HIV/Aids pandemic will encourage researchers and education stakeholders to support educators in similar plights.

Because of You²

I have come across pain
My Personal being was badly affected;
My esteem was shattered;
I cried all the time;
I lost everything that I valued;
My family members, my friends,
My colleagues and my learners;
Because of you.

My profession was badly affected;
I became absent from work all the time;
I was discriminated against at my work place;
I was always in pain;
My hard work turned into nothing;
Because of you.

There are other you's
that must understand
the impact of you
the pain of you
The community-you
The school management –you ...
If they could understand
the horror of you
your power would be less

I need
for people to understand that
my personal and professional life

² You refers to the pandemic

is turned upside down
Because of you

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ADDENDA

ADDENDUM A

Informed consent

I _____ agree to voluntarily participate in the research project of Mrs Serero. I understand that the purpose of her research is to better understand how educators are affected by the HIV/AIDS pandemic. I understand that she will interview me and recorded my interview and that this should take approximately 60 minutes. I understand that I can withdraw from this project at any stage and that I don't have to disclose anything I would prefer not to talk about.

I understand that all information which is collected from me will be kept confidential. I grant permission that any information which is collected from me may be used for research and publication purposes, both in South Africa and other countries. I grant permission that Mrs Serero can use the data for her Masters degree. I understand that she will share the final research results with me.

I understand that if something troubles me while participating, the researcher will be prepared to provide me with information about community resources that can help me.

If I have any concerns about this study or my participation in it I am free to contact the supervisor, Dr Linda Theron (email: Linda.theron@ nwu.ac.za or 016 910 3076 / 016 910 3082 or P.O. Box 1174, Vanderbijlpark, 1900).

Signature: _____

ADDENDUM B

- 1: How has HIV/AIDS affected you as an educator?
- 2: How has HIV/AIDS pandemic affected you emotionally?
- 3: How has HIV/ AIDS pandemic affected you spiritually?
- 4: How has HIV/ AIDS pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)
- 5: How has HIV/ AIDS pandemic affected you socially? (How has it changed your social interaction?)
- 6: How has HIV/ AIDS pandemic affected you professionally? (How has it impacted on you as an educator?)
- 7: What support do you need from school management to cope with how HIV/AIDS pandemic has affected your job as an educator?
- 8: What support do you need from your colleagues to cope with how HIV/AIDS pandemic has affected your job as an educator?
- 9: What support do you need from the community to cope with how HIV/AIDS pandemic has affected your job as an educator?
- 10: What support do you need from the department of education to cope with how HIV/AIDS pandemic has affected your job as an educator?

ADDENDUM C

Interviews 2007

Interview with Educator 1:

Researcher: Good afternoon, Sir

Educator: Good afternoon Madam

Researcher: Thank you very much for honouring my invitation, as I have already indicated previously this interview will be recorded; do you have any problems with that?

Educator: I do not have any problem with what ever that is going to be recorded here

Researcher: Okay, so it means we can carry on?

Educator: Yes we can carry on

Researcher: HIV/Aids is the disease that is killing many people in the World especially in South Africa; do you agree with the statement?

Educator: Yes Madam, I have seen a lot in the news that HIV/Aids is killing many people in the country. Yes I believe it is killing many people.

Researcher: What makes you believe that?

Educator: Eeh", I believe because one of my younger brothers actually died of HIV/Aids related diseases!

Researcher: So in your case did HIV/Aids affect or infect you?

Educator: Madam, I was affected because his death, you know came directly and to me and, you know it was a problem to me.

Researcher: How has HIV/Aids affected you as an educator?

Educator: It affected me as an educator because most of the time, I was unable to go to work, because I had to take him to the doctor, I had to do other duties for him like - I had to wash him, I had to feed him, you know in most cases I had to do what ever that he could not do for himself.

Researcher: I heard you saying that most of the time you could not go to work, why didn't you go to work? What made you to be absent from work as an educator?

Educator: As I have said, my brother was terminally ill, also at that time I could not go to work, I had to look after him, I had to bath him, I had to take him to the doctor, I had to do all the daily activities that he could not do for him.

Researcher: What do you mean when you say that you had to feed him? What actually made you to be absent from? Why could you not hire somebody to take care of him so that you could then go to your work place?

Educator: I could not hire somebody else because finance is the problem, and as I have said he was still a student at one of the universities. So it was a problem. I had to do it to use the money to pay for the medicines and what ever that was needed in such cases.

Researcher: How has HIV/Aids pandemic affect you emotionally?

Educator: My emotions Ma'am as I have said were quite weak, I could not cope and it was actually a bit tough for me, I used to cry, I in fact still want somebody to help me with my emotions.

Researcher: I heard you saying that you used to be weak. What really made you weak?

Educator: I felt very weak because I lost him, he died and as I said I wanted somebody to help me (as how can I actually) accept his death.

Researcher: You also mentioned something about not coping. Where were you not coping – with taking care of him or were you not coping at you work place as an educator?

Educator: Yes, in both cases I could say yes I could not cope at work and at home. At work I could not work because my stress level was high and at home sometimes we did not have money to take him to the doctor. And you know as a brother to me I could not do everything he wanted from me, actually.

Researcher: You also mentioned something about being tough, can you elaborate?

Educator: Yes Madam, I used to do a lot of work at home, physical work at home, physical work or manual work. I also used to prepare at night the work I was to do

the next day's work as an educator, but that is gone, that is why I am saying I used to be tough. I used to cope with some of the things but now I cannot cope any more.

Researcher: You have also said something about crying. Why did you cry or when were you crying? What were you crying for?

Educator: Madam this issue of crying, I also feel like crying now because if you were in my boots you will understand how is it like losing a brother through HIV/Aids what does it mean because it causes you to be ashamed of the life that you live.

Researcher: Now Sir how has HIV/Aids pandemic affected you physically. For example did you sleep badly?

Educator: Madam, as I have said my emotions were very weak, I could not sleep at all and the thing that caused me not to sleep well is because I was thinking what am I going to do with the problem that I see in my family

Researcher: Has your appetite decreased?

Educator: Yes it has decreased tremendously because I just lost the taste of eating, because if you are emotionally weak, I think you cannot eat well, you cannot sleep well, most of the things are very abnormal to you.

Researcher: As you are telling me about your decreased appetite did the lost of appetite really affect you physically?

Educator: Yes Madam, my physique actually changed as you can see now I used to weigh about 66kg but now I weigh about 55kg because some of the doctors told me that I am also stressed up.

Researcher: Okay Sir, what really causes you not to sleep?

Educator: As I have mentioned Madam, I am always thinking about why this disease should affect my brother.

Researcher: But you seem very down on your spirit, is it so?

Educator: Yes Madam, my spiritual being is very down because we used to go to church for help, there was no help, we used to pray at home, but there was no help and you, we have lost hope.

Researcher: What really causes your spirit to be down?

Educator: It is an issue of losing hope, we lost hope. We lost hope because there was no help.

Researcher: What do you mean when you say there was no help from church? What kind of help were you expecting from the church?

Educator: I thought that the preacher or the reverend would pray for us, maybe convey the message to God that we are having a problem, but the problem was not solved because ultimately he died.

Researcher: Tell me how is your social life now?

Educator: Well if I understand you clearly in terms of social life – I cannot socialise mainly because of HIV/Aids.

Researcher: How does HIV/Aids affect your social life?

Educator: My social life is very affected in the sense that wherever I go I get discriminated against. When I get into a group of people, they move away from me, I believe that they think I am also infected with HIV/Aids. My family is cursed, wherever, whenever we go or walk in the township, you will always hear people saying “there is a brother to the one who is HIV positive, and in every thing that we do we become an outcast, we are not recognised as human beings.

Researcher: You also said something about discrimination against. Can you give an example of a situation where you were discriminated against?

Educator: Well I was discriminated against at work, and I am still being discriminated against. Whenever I get into a group of colleagues, whether it is in the library or at the parade, you will see people moving away from me, people will always give nasty remarks about my life not knowing as to whether I am HIV positive or negative.

Researcher: Okay, you have also mentioned something about being cursed. Why do you think that you are cursed or that your family is cursed?

Educator: I think we are cursed because HIV/Aids is one of the diseases that is, you know not known among people. Whenever it occurs in the family it becomes a stigma, it becomes a big issue, like cancer or one of those diseases, therefore I think it is a curse to my family if in my street or in my neighbourhood we were ten

or fifteen people who were affected or infected then I believe or I would not say we are the only family that is having that patient who was HIV positive.

Researcher: Can you elaborate on being an outcast?

Educator: Yes, as I have said being an outcast is like I used to be invited to weddings, I used to be invited to normal cultural occasions at the location, but that is not happening anymore due to the fact that my brother was HIV positive and he died of that.

Researcher: How has HIV/Aids pandemic affected you professionally?

Educator: It affected me professionally because I could not deliver as I was expected; in most of my subjects or the subjects I offer at school I had a low pass rate.

Researcher: What do you mean by not delivering according to expectations?

Educator: In most cases the Principal will call me into his office, because I was always late at work. I could not prepare what I was going to do the next day. You know as I have said my spirit was down, I was emotionally weak and you know I thought the Principal is aware that I have a brother who is HIV positive and by that time who was terminally ill.

Researcher: You also said something about low pass rate. What actually caused you to produce a low pass rate?

Educator: Madam, for the fact that I was not regularly at work, it means that I could not teach, I had to as I said earlier in this discussion that, I had to take my brother to the doctor, at times he could not walk, I had to bath him, I had to take him to whoever I was advised to take him to church you know to traditional healers you know, there were many things that I had to do for him rather than going to work.

Researcher: Do you think HIV/Aids pandemic has impacted on you as an educator?

Educator: Yes it impacted on me as an educator, I could not stand bold as an educator, for the fact that my brother is HIV positive I was supposed to explain to everybody what is the sickness or the disease that is holding my brother to be always in bed.

Researcher: Now how has HIV/Aids pandemic changed your daily routine as an educator?

Educator: As I said Madam, my daily routine was like that of the doctor or a nurse. I had to carry the responsibilities of my younger brother. I could not attend to extra classes. I could not organize afternoon classes and of course I was also sick due to the fact that I was stressed by what was happening in my family

Researcher: What do you mean when you say that you became a nurse?

Educator: Madam, being a nurse simply means I had to wash him, I had to dress him, and I had to give him medicine. You I became a nurse even though I was not trained to become a nurse.

Researcher: You also mentioned something about not carrying your responsibilities but to take care of your brother's responsibilities. Can you elaborate?

Educator: Madam, my responsibilities of being an educator were not carried out. As I said I could not teach properly, because I was emotionally weak, my spirits were down, I could not eat properly, you know think if you could imagine the situation I was in then you will understand better.

Researcher: You said something about being stressful. How did you take care of your stress?

Educator: Even at present Madam, I did not do anything about my stress. I am still stressed. The only thing that I am trying to do, I am trying to cope with daily life. Even when he has passed away I am just trying I am still trying to cope. I am still stressed.

Researcher: You have also mentioned something about not attending to your work properly or no attending extra classes at all. Do you still experience the same problems even now?

Educator: Yes Madam, I am still experiencing those problems, because as I have said I have lost hope, I am emotionally weak, and I cannot cope, I think the department should do something about people like myself.

Researcher: What support do you need from the school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Madam, even I am not too sure as to what the school management can do, I will suggest a few things. They should actually employ extra teachers, so that in such cases there should be a replacement. We should also get a bit of counselling in terms of what is happening. I also think that the school management should understand the issues being HIV/Aids issues.

Researcher: You suggest that the school management should employ extra educators. What will really be the role of the extra educator in your case?

Educator: As I said an extra educator would actually come as a replacement in cases like the one I have experienced. For instance if I am at home that teacher will come and teach or do what I was supposed to be doing in my absence. Therefore I think if the teachers are extra, they will replace each other so that we try and support or help the teacher who was not at work

Researcher: You also mentioned something about counselling. Do you think counselling will help?

Educator: Yes of course counselling will help. I think it will help. Because even at present I did not get counselling, I am just getting people who are talking about to forget what happened and they just tell me that I will cope, but I think counselling will help most of the people in such cases.

Researcher: Why do you think the school governing bodies should understand issues around HIV/Aids issues? Why do you think it is important for them to understand?

Educator: I think it is important for the school management or the SGB to understand these issues because preparations will be done before hand. People will not be discriminated against. When ever a person is affected or infected in the school premises, they will be treated with dignity the respect they deserve. Therefore I think the people who should really behind HIV/Aids issues in letting people understand, and then the school management can have a role to play.

Researcher: What support do you need from you colleagues to cope with how HIV has affected you as an educator?

Educator: Well from my colleagues I need that they should not discriminated against me. I also think that they should support me in terms of taking over extra jobs that I was supposed to do, and also to accept me for who I am you know and they should not think that I am also infected.

Researcher: The word discrimination against appears more often, do you really experience discrimination against?

Educator: Yes I experience discrimination against, for instance people can use the glasses that I have used. People cannot use the utensils that I have used. People cannot go to the toilet that I have used. It even goes to an extent that what ever book that I use; people do not want to touch it because they think that I will infect them with HIV/Aids.

Researcher: You also mentioned something about acceptance, what do you mean by acceptance?

Educator: By acceptance I mean they should actually accept what is happening in my family.

Researcher: What support do you need from the community to cope with how HIV/Aids has affected you as an educator?

Educator: Madam I think from the community those who are affected should come together. Something like support groups, the community should be given more education on this disease itself. We should also be told how does HIV/Aids spread and how can it be avoided.

Researcher: Do you understand what a support group is?

Educator: From a support group point of view I think this is where people who have the same experience with HIV/Aids can come together and share the ideas as to how can they cope with regard to nursing and the discrimination against of whatever kind. I think in a support group it is where people can come together and console each other.

Researcher: So do you believe in support groups?

Educator: Yes if support groups can be established I think it will be better.

Researcher: Do you also think that the community need more education on the disease?

Educator: Yes, I think the community needs more education on the disease because until such time I had no hand first experience I did not know anything about HIV/Aids.

Researcher: You said something on spreading and guidance on HIV/Aids. Can you elaborate?

Educator: Yes, according to what I have learned now of late. People are not aware or convinced as to how HIV/Aids is spread, and people do not know how to avoid it, because you will find out that whilst I was talking to my brother while he was ill. He did not use a condom. They think it is a bad thing. So people do not have information about HIV/Aids.

Researcher: What support do you need from the department of education to cope; how can HIV/Aids pandemic has affect your job as an educator?

Educator: I think the Department of Education should come up with a clear policy as what should happen in cases where an educator is affected. I think the one thing that comes into picture is the policy

Researcher: What should the policy be all about?

Educator: The policy should reflect issues of what will happen if somebody is discriminated against. The policy should always state what are the management plans in cases where the teacher is affected or infected. What are the long and short term strategies for those who are affected or infected. Is there any funding or is funding available for such matters (i.e. is there a budget to carry such responsibilities). What is the policy on replacement if the teacher is affected and also stressed? How do we replace that particular teacher? When is the teacher going to get counselling on HIV/Aids matters? I think these matters (are among those I think) should also appear in the policy document.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: I think more information should be given to educators at schools.

Researcher: What do you mean by more information?

Educator: By more information I think if people are given workshops on HIV/Aids. If the debates are held with regard to HIV/Aids issues. The conferences – teachers should be part of such conferences that are being held in the country. We should also have rallies on HIV/Aids issues.

Researcher: Thank you Sir for you cooperation, I have also learned from you and this session, Bye

Educator: Thank you Madam.

INTERVIEW WITH EDUCATOR 2

Researcher: Good afternoon, Sir

Educator: Good afternoon Madam

Researcher: How are you?

Educator: Fine how are you?

Researcher: Fine thank you.

Educator: Not that very well.

Researcher: Thank you very much for honouring my invitation, as I have already indicated previously this interview will be recorded; do you have any problems with that?

Educator: No, no.

Researcher; HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes.

Researcher: How has HIV/Aids affected you as an educator?

Educator: It has affected me in the sense that I have seen learners and sometimes their parents die of this disease and they are mostly people I know. That has been quite traumatic because in cases of learners who die in your class, you will have to prepare that class and try to do some kind of counselling for learners and to make them understand that what was the case with those learners. But again if it is a parent you ask yourself that even if you give counselling to the kids in your class you do not know what will happen to the kids,

how are they going to go about without parents, you find it traumatic, you do not have solutions for them, you do not have answers for them to all their problems.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: Yes it has made me an emotional wreck because wherever I come across people, especially people that I know who have this disease I just face them and break down and cry.

Researcher: Sir, in your answer right now I heard you saying something about emotional wreck. Actually which feelings did you really experience?

Educator: Feelings of helplessness, not knowing what to do with these feelings of wreck. It's like you are useless. You do not know what do to do.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: You start to question whether there is a God and what is he doing in such cases or whether God has a purpose with all these things, or about Aids. When is He going to stop this pandemic?

Researcher: Okay so I heard you saying something about having questions; do you think did you really got answers to your questions?

Educator: I did talk about men of cloning, about the role of God in this thing. What they told me is that these Aids was not the first pandemic to hit the world, they had many pandemics throughout. That showed the existence of God, because in the end of everything God brings an answer and life goes on

Researcher: How has HIV/Aids pandemic affected you physically (e.g. do you sleep badly/has your appetite decreased?)

Educator: Well before my brother passed away it was very difficult for me to eat. Sometimes I could not sleep at night and as a result I lost weight. I also thought that I am also infected and that was also stressful to me. Like I said I started to loose weight. It was after he was buried that I became all right.

Researcher: So Sir when you were answering my previous question I hear you saying something about stress. By the time you were stressed how did you really react, how were reactions during that stressful situation?

Educator: I was angry, angry because I could not do anything to save my brother and I also had feelings of withdrawal from social interaction, I never wanted to mix wit people because I thought maybe they will be pointing fingers at me and say

here is the man whose is brother to that one who died of HIV/Aids or they will say I was suffering from Aids. So I withdrew from social interaction. I became an introvert.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I am no longer going to places of fun as I used to. Because it is in these places where you end up in short term relationships, which may impact negatively on you whole life. I have seen it with my brother and I don't want it to happen to me. I'm now an introvert I do not go out.

Researcher: Okay so I heard you saying that you now became an introvert. Do you think being an introvert will really help you to heal this painful situation you are in?

Educator: For now it does help me, because I do not get silly questions from people. But in the long term I think I will have to seek counselling which will help me so that I can go back to a normal life.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: Eeh", the Aids pandemic in general especially for the teachers implies that a teacher has to give counselling classes. This impacts negatively on tuition time because most of the time is taken by that counselling and it is very difficult to teach in a situation where learners are crying maybe for their parents or their classmates who has passed away. The starting point will be to try to bring normality to such a class by way of speaking to them reconciling with what has happened. That is how it affects me.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I do not think there is much they can do except by appointing an assistant to relieve the affected educator and that they have to do in conjunction with the department of education, because in most cases if a teacher is affected by this disease he spends most of his time outside the school premises which impacts negatively. So the only thing they can do is to appoint an assistant that will help in such instances.

Researcher: What support do you need from your colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Yes you may not realize it, but just by talking to one another, there is a long way to make people feel better.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The most important thing from the community will be for them to educate their children about the value of abstinence and the value of avoiding premarital sex, because if the children become sexually active and are involve in sex before marriage the chances of contracting AIDS are great. Abstinence is the answer, which is what the community should teach their children

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Yes once an educator is affected or infected by AIDS it goes without saying that such an educator will not be in a position to be present every time in the school premises. So the department has to make room for such people by way of changing their policies so as to accommodate the needs of such teachers.

Because every time if such an educator has to see a doctor it won't be for one day, it will be for more than one day. So the department has to be flexible with that teacher.

Researcher: Okay Sir in your statement I hear you saying that the department should change their policies. Which issues should be included in their policies that would be able to support you? Educators who are affected by HIV/Aids?

Educator: I believe that the department has to consider giving such educators sympathetic leave so as to attend to those cases of HIV/AIDS without impacting on their teaching and learning situation.

Researcher: Eeh! Okay what else can be done to support educators who are affected by HIV/AIDS pandemic?

Educator: Not much can be done, but by understanding their plight in reducing their workload. Because they have so much to do to help those that are affected and maybe those that are closer to them. Their workload has to be reduced.

Researcher: Okay thank you very much Sir

Educator: Thanks Madam

INTERVIEW WITH EDUCATOR 3

Researcher: Morning Madam, how are you?

Educator: Fine and you Madam?

Researcher: As I have indicated to you earlier that this interview will be recorded, do you have the problem with that?

Educator: It's fine with me.

Researcher: HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes Madam, I agree with the statement.

Researcher: How has HIV/Aids affected you as an educator?

Educator: Eeeh, It has disturbed a lot, most of our teenage girls got pregnant because the government's laws allow them to attend school being like that. It also makes them to be at the risk of being infected by HIV/AIDS. The other thing is that I have a brother who is infected HIV/AIDS.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: it has affected me very badly I feel very bad because as I have mentioned that I have a brother who is HIV positive he is always sick and as a family we had to look after him. That drains our emotions because every time when we look at a person especially your beloved one going through such painful things, you become emotionally disturbed.

Researcher: Okay in you answer right now I heard you saying something about being disturbed. How do you become disturbed? Are you becoming disturbed in work or at home?

Educator: I think Madam both, at home because like I have said it has disturbed me emotionally at times I find that I don't sleep well. I don't eat well when I see him suffering and not eating. At work I am always emotional. I've got bad mood swings whereby I am not happy at all.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: When we talk about spirituality we are referring the to Bible or maybe the church. I was a person who was very active in church attending services, choir the practises that are being done in church, maybe Saturday gatherings. I am no longer able to do that because I must look at my brother.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?).

Educator: Madam to be honest I am no longer sleeping well. As it is now I am taking sleeping tablets because I think I have a lot of fatigue and stress. Because at times maybe you are asleep you hear him complain that there is a pain or whatever that he will be saying, we all wake up. As a result my body has now started to have a pattern of sleeping; I'm no longer having good sleep. Again I don't eat well as it is now. If you look at me I'm now slim because my appetite has decreased. How can I eat when my brother is not eating? That has affected me a lot.

Researcher: How has HIV/Aids pandemic affected you socially as an educator?

Educator: Madam it has changed my social interaction a lot because at first I was this person who liked to go out with friends, have parties, enjoy myself but since I've got this person who I was looking after I'm no longer involving myself in such things, but as of now I don't socialize anymore. Again I was this person who like parties, being jolly doing most of this that has to be done in church but since my brother has become sick, I'm no longer attending that. At times I even forget even to pray, I feel doubt that, aay, it's like God is not seeing that my brother is suffering, why is He not helping him. Again spiritually HIV/Aids verifies that this was said in the Bible, especially in the book of Revelations. At the end of the Bible where they say that at the end of everything here on earth there are going to be lots of diseases that are going to come upon us.

Researcher: Okay you also said something about not being active; do you think that you are really getting any help by not being active in the church like you used to be?

Educator: Yes I do get help because at times I usually confide this to my pastor, so he gives me moral support by telling me some of the things that makes my

morale to be up. And he comes to our home and prays for my brother. When I was saying that I am no longer active I mean I am no longer attending the church and all those stuff but since I have seen it happening in my family, this has shown me that HIV is rife here outside. So I have decided to be alone and abstain from doing all those things especially alcohol.

Researcher: How has HIV/Aids pandemic affected you professionally/impacted on you as an educator?

Educator: It has affected me a lot because like I'm an educator my job has suffered a lot and my learners are left behind due to the fact that I'm always absent from school and this had made them not to be on par with other learners of the same grade. Because the teachers who are teaching the other classes is far ahead with the work than I am.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The support I need from them they should be considerate and bear with me in my difficult situation and if I am going to stay longer at home like maybe if am taking leave they must help me by looking for a substitute who can continue with my work, so that my learners can not be left behind.

Researcher: What support do you need from you colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: From my colleague I need moral support so that I can be able to carry on with my job effectively and so that I can be able to help my brother if I am at home.

Researcher: You also mentioned something about moral support, can you elaborate on that what do you really mean when you say that you need moral support from your colleagues?

Educator: By moral support I mean they must phone me and ask me how is my brother doing, how do I cope? If they got time they can pay a visit to my home maybe after school or during the weekend so that they can see what I am going through.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: From the community I think the parents should teach to their kids about HIV/Aids and teach them the precautions to prevent it. Another thing the community should understand the situation I am going through, they mustn't complain that I am not attending my job because it's not my choice to stay at home. And some of them should volunteer to come and help me so that I can be able to go to work. There are people here in the community they can come to my place and help me with my brother.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think the department of education should be considerate and understand my position. They must organise a substitute for me. Actually I must get leave and stay at home, a family responsibility leave so that I can stay at home and look after my brother. By that time they must get a substitute to take my place. Again they must organise counselling and there are people who are working with the department of education. So I must be motivated and counselled.

Researcher: Okay Madam I heard you saying that the department of education should organise the vacation leave for people who are affected like yourself. Do you really mean that, actually how long, what should be duration of the leave that you are supposed to get. Will it be the throughout the process while your brother is sick or when your brother starts to be sick?

Educator: Eeh, Madam, I think, aah, I don't think that it will be for a long time, like I say if he sick for six months, I can not stay at home for the whole six months, but I mean they can give me two weeks maybe when he is so sick or when his condition is worse. I can stay at home for only two weeks and then come back to work when everything is okay

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: I think the school or department of education should organise workshops whereby they are going to discuss HIV/Aids and they should invite

motivational speakers to come and motivate educators who are affected by HIV/Aids pandemic in their lives.

Researcher: Madam thank you very much for being co-operative

Educator: Yes Madam, you are welcomed.

INTERVIEW WITH EDUCATOR 4

Researcher: Good afternoon Madam, and how are you?

Educator: Fine and you?

Researcher: Thank you for honouring my invitation as I have already indicated to you previously that this interview session will be recorded. Do you have any problem with that?

Educator: No I don't have Madam.

Researcher: HIV/Aids is the disease that is killing many people in the World especially in South Africa; do you agree with the statement?

Educator: Yes I do agree with the statement Madam.

Researcher: How has HIV/Aids affected you as an educator?

Educator: As an educator HIV/Aids affected me because about two to three of my grade 12 learners were infected by HIV/Aids.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: I felt emotionally unstable. It was like a shock to me, I never expected learners of about 16 to 17 years to confide in me about their HIV status. I became stressed I did not even know what to say to the learners but as time goes on about after a day or two, I felt it was for me to join an HIV/ Aids support group. Fortunately I know of a lady who was conducting HIV/Aids counselling service from the correctional services nearby so I went to her and joined the support group so that I can be able to come back and counsel my learners, give them the necessary support.

Researcher: Madam from your previous answer you talk about being stressed, can you elaborate how did you behave when you experience this stress?

Educator: It was actually when I felt that I was stress up, it was when I could see that my concentration was affected, I couldn't concentrate enough it destroyed my concentration and it also affected my performance and I could not even sleep well at night because I had all those nasty dreams, feeling bad about what happened to my learners and all the like and I also felt that maybe I've contributed in a way by not giving learners enough lesson about HIV/Aids.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: I ended asking myself about the mercy of God and I even asked myself why God allows the poor learners as young as they are to fall into HIV/AIDS trap.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: Yes as I have already mentioned I could not sleep well and I had all the nasty dreams and nightmares and all the like

Researcher: Did all this affect your appetite?

Educator: No not really.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I ended up interacting a lot with people who are more knowledgeable about HIV/Aids and in some cases people end up thinking that I am HIV positive, maybe I am trying to gather enough information because I am HIV positive and I don't want to confide it to anyone. So most of the people ended up seeing me with those HIV positive people at the Aids support group and they ended up thinking maybe I am HIV positive and I am just trying to hide my HIV status.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: As an educator I am expected to comfort my learners and prepare them to open up and to live a positive life. And at times you end up being forced to give learners pastoral care. You end up being a nurse to a learner, because if at times if learners are HIV positive you must prepare them so that they can be able to

open up because in most cases they want you to keep it to yourself and also stress you up because you want it them to share it with somebody else who is able to offer assistance to the child.

Researcher: You also mentioned something a about positive life. What do you really mean when you talk about positive life?

Educator: You know once a person has tested HIV positive the only thing that comes into that particular person's mind is that I am going to die. So the thing is we are all going to die one day, so by living a positive life is that you feel like abstaining from sex because it is reducing your CD-count or go for a protected sexual life and you must tell yourself like any other person if you want to have a profession go to school and have that profession or collect whatever you want to collect and live until such time that death comes your way like any other person because we are all going to die.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think the management should recommend that all educators should be given counselling and be given some training about HIV/Aids in the schools. Because it is not only the learners that are affected at times you find that even their parents become infected with HIV/Aids and it affects the learners and so as educators we are the first people that learners come to and report the case and as they are kids they expect you to offer assistance.

Researcher: What support do you need from you colleagues to cope with how HIV/AIDS pandemic has affected your job as an educator?

Educator: Teachers should not discriminate against or pass negative remarks in class about (myself) or HIV/Aids and one other thing is that if maybe I am not in class maybe trying to help the learner with situation he/she is in they can maybe assist

Researcher: What support do you need from the community to cope with how HIV/AIDS pandemic has affected your job as an educator?

Educator: I should think nurses and doctors can offer assistance in counselling the learners, even the pastors, the church ministers can be of help to the learners and HIV/Aids support groups can also help in taking care and offering the learners

more knowledge about HIV/Aids and how to cope with the situation he/she finds herself in.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I should think they should conduct training sessions and sessions must be part of the curriculum and it must be compulsory for each and every educator to attend such sessions. They should also provide educators with counselling maybe twice every three months so that educators can be able to cope with their work.

Researcher: So Madam you mentioned something about training sessions that must be provided by the department of education. Do you think that training sessions will be appropriate? What will the role be of these training sessions?

Educator: I should think the training sessions will be appropriate in the sense that, Madam, maybe in the training sessions they can maybe involve all stakeholders like maybe nurses/doctors. Let me say the health department and they can be able to give us more information about HIV/Aids and that can maybe help us to cope with the situations that we find ourselves in.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: I should think that the education department must work hand in hand with the health department so that educators can be prepared, they can prepare them well in advance so that they can be able to cope with the situation. And one other thing is that we must know that HIV/Aids is not meant for certain people or a certain class of people. HIV/Aids is there and it affects or infects everybody. Everybody can be infected with HIV/Aids that is maybe if you are HIV positive do you ever think that is a curse or because in most cases we find that some people become infected through rape and all the like, you know.

Researcher: I think we are done Madam, thanks very much for your cooperation.

Educator: Thank you Madam.

INTERVIEW WITH EDUCATOR 5

Researcher: Good afternoon Madam, How are you?

Educator: Fine and how are you?

Researcher: Fine thank you.

Researcher: Thank you for honouring my invitation as I have already indicated to you previously that this interview session will be recorded. Do you have a problem with that?

Educator: No.

Researcher: Know that every thing discussed between us will be private and confidential.

Educator: Okay.

Researcher: Can we start now? Are you ready?

Educator: Yes Madam.

Researcher: HIV/Aids is the disease that is killing many people in the World especially in South Africa; do you agree with the statement?

Educator: Yes Madam, I do agree.

Researcher: How has HIV/Aids affected you as an educator?

Educator: You know when my cousin was diagnosed and HIV was detected, he later died of HIV related diseases, I did not perform well at work as I used to. I then realized that it had affected me a lot.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: I was much traumatised, very disturbed. I could not believe that this was happening within my family especially to a close cousin because I loved her very much.

Researcher: When you answered me just now you said something about being traumatised and being disturbed. How did you feel when you were disturbed?

Educator: You know I lost focus of everything, I was not sure of anything; I did not trust anyone anymore. I also used to be very forgetful.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: As a Christian I wanted to ask the Lord why my family, but I remembered that I was a praying Christian and I knew that everything that God does He does it with a purpose.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: It has affected me very much. I realized that I lost my appetite, my concentration, I had sleepless nights; I spent a lot of time thinking about it.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: Before the whole thing I used to be an outgoing person, I socialised easily, but that has changed. I don't trust people anymore. I don't want to find myself in a group. Every time when they look at me I think they talk about the crisis I am in so I am no longer socializing anymore.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: Before I heard about my cousin's illness I used to be an active teacher, a very active teacher but now of late I am withdrawn.

Researcher: OK, you also mentioned something about being withdrawn, can you elaborate?

Educator: Before this happened, I was up to date with my work, I easily joined people, easily work with people, you know I'm someone who believes in groups. I didn't believe in working alone. But after all of this, I started to isolate myself from the people I used to talk to. From the people I trusted.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think if only they can understand the support I need from them especially when I have to be absent from work because I have to take her to the doctor. One thing which is important is that a program should be established for educators so that the people can learn more about this pandemic.

Researcher: So Madam, you mentioned something about programs, what kind of programs are you talking about?

Educator: I'm talking about HIV/Aids training programs. I think people should be made aware of how the disease is transmitted, how can it be prevented. This will reduce the rate of this disease.

Researcher: What support do you need from you colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think my colleagues needs to support me especially when I am absent. It is very important that my classes are attended to, my work is done. I think as colleagues they should phone me and ask me how I'm doing, on weekends pay me visits, and bring some vegetables to show support and concern.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think from the community I need people who are not working could be asked to volunteer by helping, because a sick person needs to be washed, needs a bath everyday, needs to be fed and needs to be taken to the doctor or clinic everyday

Researcher: How should volunteers help?

By helping me to take care of my brother while I'm at work.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The department of education can support me by organising workshops for educators. I think educators must be made aware of this killer disease so that it can be prevented and help those who are sick.

Researcher: Ok, Madam in your statement you mentioned something about prevention of HIV/Aids. How can it be prevented? Can you elaborate on that?

Educator: Yes Madam, I believe that if people could be made aware of how this disease is transmitted from one person to another, these precautions could be taken. People should know that they should use condoms, they should abstain if

necessary, and they should stick to one partner and extra marital affairs could be reduced.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: I think that if more advertisement can be made on HIV/Aids pandemic, on radios, televisions and in newspapers. I think this is the extra thing that needs to be done and I believe it can help; it can make a lot of people aware.

Researcher: Okay, I think we are done Madam, thank very much for your co-operation.

Educator: Thank you very much.

INTERVIEW WITH EDUCATOR 6

Researcher: HIV/Aids is the disease that is killing many people in the World especially in South Africa; do you agree with the statement?

Educator: Yes I agree.

Researcher: How has HIV/Aids affected you as an educator? Educator: I had one family member who was HIV positive.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: I was very stressed and I was emotionally weak after hearing the news that one of my family members is HIV positive.

Researcher: How did you feel after hearing the news?

Educator: I felt tired and angry.

Researcher: How did you express your anger?

Educator: I used to shout at the children

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: I had doubts as to why did this thing happen to my family; I also had questions, which were not answered.

Research: Which doubts did you have?

Educator: As to why should God leave my family to experience this pandemic?

Researcher: How has HIV/Aids pandemic affected you physically (e.g. do you sleep badly/has your appetite decreased?)

Educator: I could not sleep as I was wondering as to why my family member was infected with HIV. I over worked myself in order to forget this.

Researcher: How did you overwork yourself?

Educator: I did not give myself enough time to rest; I worked till late at night.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I isolate myself because most of the people were talking bad things about my family. I decided not to socialise

Researcher: Do you think that by isolating yourself helped?

Educator: Yes I felt better away from people and from the community

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: It was for the first time my work was unproductive this was due to the anger I had. This anger I had, made children to hate me and have an attitude towards the learning area.

Researcher: How were you not productive?

Educator: My school results dropped

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: School management had to understand that at times I would be late or absent from work and they should have been supportive.

Researcher: What support do you need from you colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: They should sort of share my work allocation among themselves.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The community should accept such situations that one finds himself/herself in. They should stop discriminating.

Researcher: Were you also discriminated against?

Educator: People should be accommodative.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: We should be organised and given a workshop, organise seminars where educators will be informed about HIV/Aids.

Researcher: Do you think that the present workshops are not enough?

Educator: They are not.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: Fund them to help with the projects about HIV/Aids.

INTERVIEW WITH EDUCATOR 7

Researcher: Good afternoon Sir how are you?

Educator: I am fine thank you.

Researcher: Thank you for honouring my invitation. As I have already indicated to you that this interview will be recorded, do you have a problem with the recording of it?

Educator: No, I don't.

Researcher: Know that everything that will be discussed between us will be confidential and private.

Educator: Okay.

Researcher: Are you ready can we start now?

Educator: No I am ready.

Researcher: Aah HIV/Aids is the disease that is killing many people in the World especially in South Africa; do you agree with the statement?

Educator: Yes I do.

Researcher: How has HIV/Aids affected you as an educator?

Educator: It affected me because I had a family friend who passed away due to an HIV/Aids related disease

Researcher: Tell me Sir, did you know about your family friend while he/she was still alive, so yes how did you feel? How has HIV/Aids affected you emotionally?

Educator: I mean it was heartbreaking to a person close to me and my family to be suffering that way she did until she passed away. It was really heart breaking.

Researcher: Okay Sir, you said that it was heart breaking to hear the bad news about you family friend. Which feelings did you experience?

Educator: Eeh, like I said it was touching. You know because one has a first hand experience to see a person you know suffering until the last day. It was really painful because one experienced that.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: Look, I am a Christian and I believe that God is sending a message to people that disobedience can lead to sufferings, however I also believe that God will end this misery. So I have a positive feeling that ultimately this will end.

Researcher: You said that was really a heart-breaking scenario. Did you feel bad?

Educator: Look as I said, it was very touching. It was not good to see a person suffering until the last day. It was painful to me.

Researcher: How has HIV/Aids pandemic affected you physically like for e.g. did your sleeping routine change in a way or did you sometimes lose any weight?

Educator: Quite honestly I could deal with that, it did not really affect me that much. But emotionally, yes, it was emotionally touching.

Researcher: Okay Sir you said that physically it did not affect you. But do you have any worries about your sick friend?

Educator: Look, Yes of course, eeh for example she had a young child. One was very concerned what was going to happen with that young boy and unfortunately she was not married, so she was going to leave that young boy on his own. So that really makes me concerned what was going to happen to that child. Up until now I am still thinking about that boy because we are living far away from him.

Researcher: How has the HIV/Aids pandemic affected you socially? How has it changed your social interaction? Educator: Look I still interact with people, but I think HIV/Aids has changed me because one has started to advise friends about the seriousness of HIV. Every time when we are together as friends socialising we normally have a discussion around to make one aware of the dangers of that and how we can advise other people to try and avoid being victims

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: In a short space of time I think there will be a shortage of educators due to HIV/Aids. So like I said in socializing, even professionally when we have presentation one will always try to end his presentation and making other professionals aware about the seriousness and the dangers of HIV/Aids, so that as professionals we can also try to make other people aware who are not professionals about the dangers of HIV/Aids.

Researcher: So what support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think that it is very important that school management must organise some workshops and forums to a large extent and invite experts who are knowledgeable on HIV/Aids so that we can be advised in terms of how also to cope with our work. Because as we said in the beginning in one way or another we always think back about our friend who has passed away. So I think workshops and forums will really help.

Researcher: So Sir you mean that you don't have workshops in the department of education that are organised for educators?

Educator: Look, eeh they are, there are workshops that are being organised but I mean if the department organises the workshop, just one big workshop, it does not deal with emotions of an individual, it is just a message that is being sent to every educator who attends that but, as for an individual, assistance does not happen that way.

Researcher: And then what support do you need from you colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think one really need an emotional support and not to make unnecessary and sensitive issues out of your friend. Who has passed away due to HIV. Emotional support I think will be of importance.

Researcher: Okay Sir, you said something about emotional support. Can you elaborate what do you mean by emotional support?

Educator: Eeh I mean talking in terms of being sensitive you know normally people when you talk about your friend who has passed away, they would always ask funny questions like how did he contracts Aids, stuff like that and blown out of proportion. Support in terms of, eeh acknowledging that it happens by mistake and then be sensitive to ensure that you are not unnecessarily affected by that.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Eeh, I think the community must be sympathetic emotionally also to every educator affected by HIV/Aids. And they must also accommodate such educators. I mean there are situations where you will feel down on a particular day. I believe that once you feel down you can work according to expectations. So the community and also educators must be there for you to give you that moral support and moral boost. .

Researcher: So what support do you need from the department of education to help you to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: As I indicated, I think expects will be of assistance.

Researcher: Do you mean that you don't have workshops that are organised for educators?

Educator: Like I said to you now, being called into the one big meeting, eeh but an expect who will come to me as an educator, talk to me and allow me to air my emotions, and I believe an expect will know how to help and assist so that I can be able to deal with that. Like I said you know when the situation comes of a friend who passed away it sort of kills you, it puts you down. So when you have been advised on how to deal with such issues it will be of help. Actually I am

talking about counselling, as you know that counselling will be done by an expert and so the counselling will really help a lot.

Researcher: What else can be done to support those educators who are affected by HIV/Aids?

Educator: The Department must pay special attention to such educators. An expert in the field of HIV/Aids or a member from the department of Health, either provincially or nationally must be organised by the education department in dealing with that situation.

Researcher: I think we are done with what we were supposed to do today. Thank you very much for your cooperation.

Educator: Thank you Madam it's a pleasure.

INTERVIEW WITH EDUCATOR 8

Researcher: Afternoon Ma'am.

Educator: Afternoon Ma'am.

Researcher: How are you?

Educator: I am fine thank you.

Researcher: Thank you for honouring my invitation. As I have already indicated to you previously that this interview session will be recorded. Do you have a problem with that?

Educator: No Ma'am.

Researcher: Know that everything discussed between us will be private and confidential.

Educator: Okay Ma'am.

Researcher: Are you ready now, can we start?

Educator: Yes.

Researcher: HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes, Madam, I do because from the media even around us, we are witnessing the impact of HIV/Aids.

Researcher: Can you elaborate what is it that you witness on the TV?

Educator: Okay we hear, we listen, and we see the statistics of people who are dying and being buried due to this disease. The hospitals are full of people who are infected and who do not get cured.

Researcher: How has HIV/Aids affected you as an educator?

Educator: It has affected me a lot because as an educator I am a parent, I am sister to these learners and a sister to who ever has been affected and as I am talking to you now, at my school three learners are being buried in one month. Fortunately or unfortunately I happen to know two of them. The one was in my class and I taught her for one and half year, she became sick until she died due HIV related diseases.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: I was so sad to know that it might not be the last, but many are to follow.

Researcher: You said something or you mentioned something about you being sad, what kind of feelings did you really have the minute when you were sad?

Educator: My moods were down, I could not do anything, and I was very much affected emotionally.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: I doubted my Christianity, whether I was praying right or not or I was doing something in my prayer that was not right. I doubted even if God was existing. Why can't He answer our prayers as everybody is claiming to pray asking for a cure for this disease?

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: I felt so stressed that I developed an over-eating behaviour and I became overweight.

Researcher: You said that you develop overeating behaviour. Actually after eating how did you feel?

Educator: I just felt like, ooh, I have eaten too much, why can't I take this food out.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I do not socialise easily anymore. I developed an attitude of isolating myself just because I am afraid of being infected, maybe by sharing, for example, toilets with others and even when my children are mixing with others, I don't feel happy. So my social status has been affected a lot.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: As a professional teacher being trained, I know exactly do as a professional teacher. But since the beginning of this I ended up not being hundred percent professionally because at times I do neglect some of the things that I know, I have to do as a teacher.

Researcher: Okay, you said something about neglecting things that you have to do as a teacher, what kind of things are you referring to?

Educator: Hmmm, you know as a teacher, when a learner has done so well, you need to hug learners and show that appreciation, but at times it won't feel, eeh, having that oomph of going and hugging those learners.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Yes Madam, if we can be given a lot of awareness concerning this disease, and a lot of education on how to cope and how to handle these learners who are infected and affected.

Educator: I think it will be best. Again we need to be given a chance to support in ways of seeking help from the welfare department to help these learners because some of them they are orphans. They need grants, they are the head of the families too so many things.

Researcher: What support do you need from your colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: If my colleagues cannot discriminate against learners who are being affected or infected. And if they can show that support, give me that support so that I can help these learners whole-heartedly. Because at times you will come

across a situation that you don't know how to handle, but if they can be there for me I think it will be a great help from their side.

Researcher: Okay you also mentioned something about the discrimination against learners, how can your colleagues stop that particular discrimination against learners? How can they treat these learners if they are not discriminating these learners?

Educator: I will be happy if the learners who are infected or who have disclosed their status cannot be isolated, if they can be treated equally, they can be treated the same as other learners, that will help me a lot.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected you job as an educator?

Educator: The community that brings their learners to our schools especially in my class, if they can disclose the status of their learners, if there are any who have been infected, it will help me a lot and they must just say, whether the learners are orphans or not, so that I can know exactly what to do, and they can help a lot if they can share some of their responsibility with me as an educator.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I can be very happy if I can be given permission to celebrate the awareness day and be given enough education on HIV/Aids because as an educator we are just frightened, we are afraid of this HIV/Aids that we don't know, of how to take care of learners and how does it affect us. We need more education.

Researcher: Okay Madam, you said something about not being given enough chance or more to celebrate HIV awareness days, do you mean that in the department of education nothing has been done in order to make educators aware of HIV/Aids?

Educator: No, I don't mean that, but the department doesn't play that major role in the celebrations of these days. Is only the NGO's that shows their interest. If the department can also take a firm stand concerning these days I think that can also help a lot.

Researcher: Okay what else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: We must be provided with free counselling as educators. We need a lot of counselling and there are a lot of medical expenses that we experience because we now get sick because of lot a of stress and if they can at least increase sick leaves because we are so sick, we are being affected by this disease.

Researcher: Okay Madam we now come to the end of the session. Thank you very much for your co-operation and thank you for your time.

Educator: Thank you Madam, I hope research findings be given to us, they can help us, maybe in providing ways that can be used in coping during the HIV/Aids pandemic.

INTERVIEW WITH EDUCATOR 9

Researcher: Good day Madam. How are you?

Educator: I am fine and you?

Researcher: Thank you for honouring my invitation. As I have already indicated to you previously that this interview session will be recorded. Do you have the problem with that?

Educator: No I don't have a problem.

Researcher: Can we start now are you ready?

Educator: Yes I am ready.

Researcher: HIV/Aids is the disease that is killing most people in the World especially in South Africa; do you agree with the statement?

Educator: Yes, Madam I agree.

Researcher: How has HIV/Aids affected you as an educator?

Educator: Yoo! HIV/Aids has depressed my personality. It demotivates me seeing that I am unable to help those people who are infected. Many of these learners who are HIV positive are in my class. I was very depressed when one of these learners died due to HIV. For the fact that they are dying, and other learners are still sick. This becomes a problem to me because there is yet no cure for them. I

heard that that learner who died was not supported at home; I feel that I failed her.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: I felt very stressed. I thought that I was also going to be infected so I was scared. I felt demotivated. Most of the times learners or colleagues were discriminating against her.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: I realised that HIV/Aids is the disease that needs a cure from God for the fact people's medicines that are given to those who are sick do not cure them. Due to this I doubted as to whether are we praying enough. I thought that God is far from us. I thought that God does not exist. How can we say that we pray a lot but we are not being helped? Even traditional healers are trying but nothing is happening.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: I have been depressed. I wondered why this disease should infect so many people. I did not sleep well after the death of the learner in my class. I had nightmares. I did not eat well. I had the image of this child, in my class, who did not want to eat. This affected me. I ended up using sleeping pills. I gained weight.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I was scared of sharing things with other people. I was not sure about the conditions around me. People are not written as to whether they are sick or not. People do not disclose their status. I thought that I will be infected if one of the learners who has a cut or blood stains. I can even help this child who has that cut. I had to take precautions. No hugs to children, I thought I would be infected.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: This disease has belittled my profession, colleagues and people are dying. I have lost interests in my profession. I feel very helpless.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I think that management should give us the opportunity to use all the resources and facilities in order to motivate learners and not to isolate other learners who are sick. Learners should also be taught not to discriminate. (as educators are the one's who have to deal or interact closely with infected learners)

Researcher: What support do you need from colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Colleagues should not discriminate but should give motivations and help us on how to apply precautionary measures.

Researcher: What do you mean by special precautions?

Educator: If a child has a wound then I should be told or advised by colleagues on how to use gloves.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The community should disclose the status of their children' maybe we can help in terms of organising grants or donations.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The department is not doing enough, they should organise conferences or come together rallies so that educators should be made aware of these diseases. We should be told that we should accept this disease.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: If we may just have psychological counselling and these be done occasionally.

INTERVIEW WITH EDUCATOR 10

Researcher: Afternoon Ma'am, How are you?

Educator: I'm fine thank you.

Researcher: Thank you for honouring my invitation as I have already indicated to you previously that this interview session will be recorded. Do you have any problem with that?

Educator: No.

Researcher: Know that everything that is discussed between us is confidential.

Educator: Yes Ma'am.

Researcher: Are you ready now, can we start?

Educator: Yes Ma'am.

Researcher: HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes.

Researcher: How has HIV/Aids affected you as an educator?

Educator: By having a sister who is HIV positive.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: I was depressed knowing that my sister is infected.

Researcher: You said that you were depressed, can you tell me more.

Educator: I did not enjoy anything. I felt that every day came, made me angrier.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: I just asked God as to why did it happen to my sister? I found answers after praying that God has a purpose with everything.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: For a few days I had sleepless nights, but after some time I recovered.

Researcher: How did you recover? Did you use anything that helped you to recover?

Educator: I just prayed. I think God answered my prayers.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: We usually had family gatherings, but after I found out about my sister's infection, I stopped attending all social gatherings. I withdrew myself from all these gatherings. I stayed alone.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: If she became ill, I had to take care of her. So this disturbed me at my work.

Researcher: How did it disturb you?

Educator: I had to be absent from work.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I need the support in such a way that they understand the situation that I find myself in. They can help by finding a substitute or someone to help with my work whilst I am taking care of my sister.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: they should help me with my work while I am away they can also sympathise with me.

Researcher: What help do you need?

Educator: My children should be taught whilst I am away.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The community should stop stigmatising and the community should accept me back.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: They should increase family responsibility leave (days). They should change the curriculum and make HIV/Aids a learning area.

Researcher: Do you think that when HIV/Aids is made a learning area that could help?

Educator: Yes, more information will be provided.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: Implement free counselling for educators in order to help them with stressful situations that they find themselves in

Researcher: Thank you

Educator: Thanks.

INTERVIEW WITH EDUCATOR 11

Researcher: Afternoon, Ma'am

Educator: Afternoon, Ma'am.

Researcher: How are you?

Educator: I am fine thanks, how are you.

Researcher: I'm fine thank you

Thank you for honouring my invitation; as I indicated to you that this interview will be recorded, do you have any problem with that?

Educator: No, I don't have any problem with that.

Researcher: Know that everything said in this interview will be treated with respect and the confidentiality deserves.

Can we start now? Are you ready?

Educator: Yes I'm ready.

Researcher: HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes I agree with the statement because nowadays we can hear from the media, we can also read in the newspapers that statistics are very high even though we are not sure about the statistics because some of the people do not test for HIV/Aids so we are not sure about those statistics.

Researcher: How has HIV/Aids affected you as an educator?

Educator: Eeh, I had a friend and, she was an educator too, she died of HIV/Aids, I am very worried about some of my colleagues and learners who absent themselves from school because of some illness which makes one to be more suspicious that they might be having (eeh) HIV or Aids

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: Sometimes I put myself into the situation and I wonder if I could handle that situation. Eeh! I saw more or less three of the closet people who were

terminally ill and I was very hurt. I felt pain I became worried. I had fear and I could not stop thinking about it, I even hallucinated.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: Eeh! I lost hope and never understood why could this happen to those people. I asked myself whether God really is seeing them, whether He can just let them suffer like that? Can't He may be just forgive them their sins, because some of the people are innocent, it was not their intention to get HIV/Aids.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: I became very stressed so I couldn't sleep well, I could not eat well, and I lost weight a little bit more especially after the death of those people who were close to me. Because I just kept (on imagining them) in my mind especially in their last days of their lives.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I was very withdrawn because those people are the people who were close to me and I loved them. I never thought that one day I will lose them and I could not socialise with other people anymore because when I meet friends I would think that maybe my friend will be here and we will be enjoying ourselves together. Sometimes one of the members of the family also, was infected by HIV/Aids. When the families gathered I thought that if he was here he could be enjoying himself with us. So it was really painful when I think that they won't be there anymore to socialize with us.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: I did go to school but I didn't perform up to the requirement because I was really disturbed, I could not do my job well because most of the times I had to be absent and go to the hospital, sometimes just because those people were close to me I had to go twice even thrice a day to go and see them. I had to take care of them .so I could not do my job well. Sometimes I had books or assignments to mark but because I had to go to hospital from time to time I couldn't do my work.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: They should just understand the situation a person is facing if they could just give me leave for a few days to rest and take care of the infected people.

Researcher: What support do you need from your colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Because sometimes I will be absent I could not do the marking I think if they could just help me with the marking, and attend to my classes while I'm not around so that I can be up to date with my work too.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Eeh! from the community members some of the people can volunteer to help the people who are sick to take care of them, to wash them, to feed them, so that as a teacher, when I have to be at work, I'll be at work because would be people who will be helping the infected people. So they also as the members of the community, must stop saying bad words or discriminating against those people.

Researcher: Okay Madam, I heard you said something about discrimination against that they shouldn't discriminate when they were discriminating, what kind of things did you really experience or what kinds of deeds did they really do to your infected family member?

Educator: (Ja) Yes, they discriminated in the way that, eeh! sometimes people when they see that person around them, they don't want to be so close to that person, they pass remarks and some of them you can see they gossip about that person.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Eeeh! Madam, I think I need more counselling and if the department of education can just allocate more days for family responsibility leave and also to make an allowance for substitution if necessary, when a teacher is not around, if

he can't attend to his classes there should be a substitution and that person must be paid.

Researcher: What else can be done to support educators who are affected by HIV/AIDS pandemic?

Educator: Because HIV/Aids is a big problem in our lives. I think the department of education should try to organise counselling for the educators, and they must also make a follow up on those educators who are attending counselling to ensure that they complete their sessions.

Researcher: Okay Madam I think we have now come to the end of our interview session. Thank you very much for your time and thank you for your cooperation.

Educator: Thank you very much Madam.

INTERVIEW WITH EDUCATOR 12

Researcher: Good afternoon, Sir

Educator: Good afternoon Ma'am.

Researcher: How are you?

Educator: I'm fine and you?

Researcher: I'm fine thank you.

Researcher: Thank you very much for honouring my invitation, as I have already indicated previously this interview will be recorded; do you have any problems with that?

Educator: I don't have any problem.

Researcher: Know that everything said in this interview will be treated with respect and confidential it deserves. Can we start now? Are you ready?

Educator: I am hundred percent ready.

Researcher: HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes, Aids is undoubtedly the number one killer disease in South Africa and the world at large, it has killed more people than during wars ever taken place.

Researcher: How has HIV/Aids affected you as an educator?

Educator: You know it has extended my duties to those of social or community worker, I now view life differently and my performance is slightly lower

Researcher: Okay, you said something you just said something about your performance being slightly lower. Can you elaborate on that?

Educator: Yes, You know every time instead of spending more time on your academic work you spend more time attending to those affected, an those who are ill, an those who you know, whatever problems psychological or physical, whatever the case might be.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: One is endlessly hopeless, I usually empathize and sympathize with orphans left behind and all those infected. I sometimes feel that life is meaningless.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: Spiritually I am empty, it's like I have no soul, living in a vacuum. One feels God has forsaken us. Its like Biblical prophecies are coming true.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: I can hardly sleep a full six hours. I hardly eat at the side of a very sick person. I have lost a few kilos and feel less energetic than before.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: I have now become extra careful, you know it's like touching someone who is contagious, I tend to see every person as HIV positive and no conversation ends without talking about it but I realised that to get on or over it, one has to socialise more and more.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: I have now become extra careful, you know, it's like touching someone is contagious. I tend to see every person as HIV positive and no conversation end without talking about it, but I realized that to get on or over it one has to socialize more and more.

Researcher: So Sir, do you mean you are still socializing with people?

Educator: Yes, because it quite helps.

Researcher: So why do you socialise more?

Educator: You have to socialise, eeh! so as to get accepted, so as to be made to forget about the circumstances surrounding you, and so as to go on (well) with life, you know you feel that you are part of everybody and the tension and the stress is relieved.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: You know we have now become aware that we are teaching a generation that will soon be extinct if it they do not change their social and sexual behaviour. I become more and more professional in my approach, tolerance, confidence, and compatibility to name a few key principles in dealing with the scotch or pandemic.

Researcher: So Sir can you elaborate what you mean by being tolerant, maybe compatibility and confidence.

Educator: You know tolerance is about accepting someone as easy, you accept that person's weakness and strong points. Confidence means if you say that I tell you something in confidence it means that this is between me and you and you don't have to confide in anybody else. And by compatibility i mean that getting on well with the person, this person being infected as is, you must take him as if there is nothing wrong with him that is you are compatible with him.(I need the management to accept my problems and also to tolerate them).

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: You know the policies are being drawn they are being designed by professionals, but those policies are not implemented and revised. We need that these policies must be implemented and revise quarterly. We need continuous counselling and capacitation from the department to cope with the disease. My job has become stressful in the make of many children who becomes orphans by the day.

Researcher: Okay, you also mentioned something about the policy, which policy are you referring to?

Educator: HIV policy. It is the policy on how we deal with the people who are infected. How to treat those people. The people who are affected, how do we get along with those people who are affected and the very general principles with regard to, how to spread the awareness in the community and the school at large.

Researcher: What support do you need from colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: You know we have to be a collective in terms of enlightening and assisting one another to cope with it. Everybody infected must be made to feel at home. Seeing colleagues succumbing to the disease is devastating both us and kids feel down and demotivated.

Researcher: Elaborate?

(Educator: To be collective in terms of providing information on HIV/Aids and assisting each other with work while absent)

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The community at large must also come together they have tendency to deny the existence of HIV/Aids. Community organisations and churches often pass the buck to schools. They must also destigmatize the pandemic thus reducing infection, failure to do so gives us educators an extra burden to tackle the issue. We cannot fully concentrate on our job, that is teaching children.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The department must vigorously roll out programmes to combat or live positive lifestyles; so far the department of education is doing very little. This is evidence by scores of government officials, high and low ranking succumbing to the disease. This has resulted in under performance.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: Let them join campaigns such as Aids groups, be encouraged to read more and more about this disease. This will give them more information about this

disease. This will give them better understanding and impart this knowledge to the community at large.

Researcher: Thank you very much Sir I think we have come to the end of our session. Thank you for your cooperation and thank you for your time

Educator: OH! you are welcome Ma'am.

INTERVIEW WITH EDUCATOR 13

Researcher: Good evening Ma'am.

Educator: Evening.

Researcher: How are you?

Educator: Fine, yourself?

Researcher: I'm fine thank you.

Researcher: Thank you very much for honouring my invitation, as I have already indicated previously this interview will be recorded; do you have any problems with that?

Educator: I don't have any problem.

Researcher: Know that everything said in this interview will be treated with respect and with the confidentiality it deserves.

Educator: Yes I am.

Researcher: HIV/Aids is the disease that is killing many people in the World especially in South Africa; do you agree with the statement?

Educator: Yes I do agree with it. Eeh! there is lack of knowledge in our people about HIV/Aids. And many people do not believe that HIV/AIDS is real, they think it is just being said by the white people to stop them having sex. And another factor is that eeh! ignorance is there, people ignore the signs of Aids. People ignore that the disease is real and it's killing people, they ignore the symptoms, they ignore safe sex, they ignore the messages that the government is putting up in front to them. HIV/Aids campaigns are not really educating our people. I feel that a lot has to be done by the government to put up, push up Aids campaign and Aids education. I also feel that the church stand on HIV/Aids is not really helping our country at this moment, because they really talk about abstinence,

they do not give the youth any alternative, that if they really want to go on having sex like they do now. What can they do so that they cannot be infected by the Aids virus. So I feel the church has to come up with another stand, another alternative for the youth is to use condoms or to do something.

Researcher: How has HIV/Aids affected you as an educator?

Educator: Looking at the infected and affected learners at school, it is really heartbreaking. I've moved from being an educator to being a social worker. I am a magistrate and a church leader; I am so many things in one. So the other roles that I am, I haven't been trained for, so it is very difficult for me as an educator to deal with these children as I am expected to support them.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: Eeh, emotionally I feel that as I see them being sick, it affects me because I get sick too. You know I am always tired, I think a lot. I am always, I am always hurt to see them sick and it makes me angry, why do we as people have to have this disease, why do we have to suffer like this especially when it comes to learners, children you know it affects me, I get confused on how to deal with those learners and I feel like I can just scream to make myself feel better. Looking at them and knowing that this disease is working on their bodies and the immune system and one of those days children are going to die, it really affects me emotionally. I just look at them and I feel like crying and you know I think I'm going to depress those learners if I can do that.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: It has tested my faith in God. I doubt if God is there, I doubt if He has the powers especially when it comes to learners, children being sick because I don't think as the Bible say that you know children are made in the image of God and you know they are the first ones to go through to Heaven and when they get sick with diseases I doubt if God is really there. I ask myself if I pray if you know my prayers are reaching the above person and if He hears me, so that He can give us a cure and these children can be cured.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: Physically it is working on my mind as you know my mind is working extra hours trying to come up with answers on this pandemic, How can we cure it, and our learners, how can we assist them? It burdens me because you know I have to have extra energy for myself and those learners, especially when they are sick, you have to carry them around, you have to do so many things for them. I'm always tired and sick when I see them sick. I feel like I'm sick myself you know my body is tired. I'm itching; it is not good for everyone.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: Socially I tend to choose people who are knowledgeable and interested in this pandemic to learn from them. I also choose people like grandmothers and guardians because I tend to feel sorry for them and willing to do something about helping them. I feel like you know I can do more than I am doing now, so I socialize with nurses, I socialise with social workers to learn new methods of how to help those learners

Researcher: Okay, Ma'am you said something about helping the grandmother and the guardians of the learners how to really want to help the guardians and the grandmothers.

Educator: Eeh! with the grandmothers I usually apply for grants for them, so we deal with other departments to work with grandmothers. I apply for grants. We go to the magistrate and the grants are approved so that learners can get money and the grandmothers or the guardians can have financial support for those learners. Also eeh, we have a vegetable garden in our school where we give them some vegetable so that they cook for those learners if they don't have anything to eat at home. So we are going an extra mile for them.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: Most of the time our learners are absent from school because they have to attend to clinics to get treatment on ARV or to check their CD count or they are sick, because they are so weak. Their immune system cannot fight this

disease like flu, like headaches everything, so most of the time they are not at school and they don't have energy to do the school work. So even if they are at school sometimes when they are sick, they are just there for the sake of attending school. They don't do their schoolwork because they don't have energy, and they drop out during the year, it is very rife because the children get sick and they don't have the energy to cope with the schoolwork, so most of the time they are at home. You know the parents or guardians have to carry them around if they are infected. If they are affected they always cry at school because they miss their parents. They don't understand death, they don't understand why their parents couldn't stand/wake up, and they don't understand so many things. So we have to educate these learners about this pandemic.

Researcher: Okay Ma'am, you just said something about learners who are becoming absent and who are also dropping out during the cause of the year how does that really affects you as an educator?

Educator: It affects me because when they come back after a week or two after being sick, I have to go back and do the school work that I have already done with other children, and I have to prepare other tests and assessments. So that those learners cannot fail at the end of the year. I also have to have extra classes so that I can help them with the schoolwork that they are behind with. I also have to support them so that they can carry on with the work because they need support.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Firstly, I would like them to understand hardships that go along with being HIV/Aids infected and affected, I would also like them to give me time to deal with the learners, so that you know I can have some support groups classes, I can have extra time to counsel them and to give them any necessary support that they need. The management can help us with organising some programmes and workshops about the disease to understand better and how I can cope, you know the coping strategies when dealing with these learners. And I will like them to organise a first aid kit that is fully filled with medical items to help the learners and gloves should also be included. Eeh, our management can also, you know from time to time organise someone, a preacher or somebody who can come and

assist us with our spiritual being so that we can go back to God and understand the pandemic and deal with children with sympathy and empathy that we have to deal with them.

Researcher: What support do you need from colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I need them to understand that it affects me emotionally, spiritually, physically and try to counsel me in a way that could uplift my spirit. I also need my colleagues to understand that sometimes I will need to deal with the learners during school hours and sometimes I will need them after school when they need for extra curriculum. Eeh I have to talk to them, maybe counsel them or take them to the clinic for their treatments or go /take the children to go and check for ARV. Take them to the vegetable garden, to give them vegetables. So I need their support in that regard so that they can keep in check for me.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The community can acknowledge that HIV/Aids really exists and that it is killing the people, they can disclose the illness if it is there in their families or learners being affected or infected. The community can also go an extra mile in acknowledging that the disease is there and letting the school know their needs and the school can support them. And we can also go and help the community with, HIV/Aids programmes you know, (eeh) distributing condoms, educational support and emotional support.

Researcher: So Madam the question that was asked to you was how the community can help you to cope with HIV/AIDS pandemic. But in your answer I heard you saying something about you as an educator being able to educate the community can you elaborate? How does the education that you give the community help you to cope as an educator?

Educator: Once the community has disclosed and has acknowledged that in their HIV/Aids lives within it, that they have people that are infected and affected in their families in their community. If I educate them, I help myself in return because I'll be knowing that the disease is there. I'll also be helping them in dealing with the disease. So I will know that the children in my school have parents in the

community who have passed away due to the disease, the learners in the school they have parents in the community who are infected, are suffering from the disease and how to deal with those learners in school. That is why I'm saying it is a two way traffic I will help the community and they will help me back.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I would want the department to have trained counsellors to work with learners and myself and those counsellors I would like them to be people who can talk my mother tongue so that I can really understand them. I would like the department to organise workshops where we will be taught methods and ways of dealing with HIV/Aids infected and affected learners. I'll also like them to organise some workshops on how to deal with stress. Eeh, be involved and come up with programmes to assist educators on how to deal with learners who are infected.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: There is nothing more that you, know, people that can do except listening that is the most important thing when you listen, you give a person a platform where that person can express his views and feelings. So if we can have people who can listen to us and contribute to what we have, we are putting on the table to them, and we can use that to empower other people. They can allocate again enough time for educators to work with the learners who are infected and affected, they can also allocate time for the educators to interact, act with the community.

Researcher: OK Ma'am, Thank you very much; I think we have now come to the end of our interview session. Thank you very much for your cooperation.

Educator: You are welcome.

INTERVIEW WITH EDUCATOR 14

Researcher: Afternoon Ma'am

Educator: Afternoon Ma'am.

Researcher: How are you?

Educator: I'm fine and you?

Researcher: I'm fine thank you.

Researcher: Thank you very much for honouring my invitation, as I have already indicated previously to you this interview session will be recorded; do you have any problems with that?

Educator: I don't think so.

Researcher: Know that everything discussed between us will be private and confidential, are you ready now?

Educator: Yes.

Researcher: Can we start?

Educator: Yes

Researcher: HIV/Aids is the disease that is killing many people in the world especially in South Africa; do you agree with the statement?

Educator: Yes I do.

Researcher: How has HIV/Aids affected you as an educator?

Educator: Here at school most of the children are HIV positive, and then I always sympathise with them because sometimes they are so weak and very sick, I even refer them to the clinic so that they can get ARV programmes and get some medication which will keep them healthier.

Researcher: How has HIV/Aids pandemic affected you emotionally?

Educator: Hey, it affects me a lot because the learners health status affects me because their progress is so poor they sometimes come to school and when they don't come they lose some lessons and it stresses me a lot emotionally, I'm so disturbed I even think are the children coming to school today or not and I become so angry because of these innocent children being affected.

Researcher: How has HIV/Aids pandemic affected you spiritually?

Educator: I'm not surprised, my dear because before in the Bible it was stated that we are living in the last days which are critical times which we cannot deal with. There will be a lot of sicknesses or diseases which are going to affect people like hypertensions, diabetes and HIV/Aids nowadays which affects everybody.

Researcher: How has HIV/Aids pandemic affected you physically? (e.g. do you sleep badly/has your appetite decreased?)

Educator: Don't say that my dear, I've got nightmares when I see a child who is very sick like maybe last night or the previous when I sleep I've got nightmares about the child, those children...(that are infected by HIV/Aids) I've got sleepless nights and I'm becoming irritable to my children and my husband because they don't understand how/what's the problem with me. But the thing is what I've seen at school it's terrible I even don't want to eat and I'm losing weight terribly these days. I even become very tired because I don't eat well.

Researcher: How has HIV/Aids pandemic affected you socially? How has it changed your social interaction?

Educator: Hey I usually take part, eeh I was involved in extramural activities and in most of the committees like Basadi (Woman's) organisation. I was involved in a lot of things but now I have isolated myself because I feel tired and not happy to be involved with other people.

Researcher: How has HIV/Aids pandemic affected you professionally? How has it impacted on you as an educator?

Educator: It has affected my performance I used to produce good marks, my children used to have good marks then. But now since they're in and out of the school, their performance is so poor due to absenteeism. Ja (Yes) absenteeism, so the results have dropped and the principal, my relationship with the principal is no more good because he is wondering what's going on.

Researcher: What support do you need from school management to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: Really I need regular training and updating like now I have to go to the refresher course and they must update me with the new programmes and then how to cope with the children at school.

Researcher: What support do you need from colleagues to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: I need group responsibility, eeh, group responsibility or they should help me when, like I also said, this disease people will isolate a sick person, So they should not discriminate against these learners, they must support the learners in their classrooms because as you know that they are rotating I am doing Sotho in my class and the others mustn't discriminate against these learners in their classes and then when I'm absent maybe taking the child for ARV programmes they must support me. They must continue teaching/giving lessons to my learners that means in that way they will support me.

Researcher: What support do you need from the community to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: The community must know the resources centres, like they must know where to refer to maybe if the mother sees the child is sick, she must refer the child to the clinic and then secondly she must talk to the church minister in their community, and again they must know where is the ARV centre and then they can take the child there. If the child is in that state where the child needs treatment and then the parents must also teach their children the morals you know these things. The morals begin at home, it should not be at school that's at home and then there's an invitation let me say maybe the counsellors invite the community in that area that they should come to the meeting. They're going to discuss HIV, they mustn't ignore the invitation they must also attend and then the volunteer can help us a lot here at school if I don't go/take the learner to the ARV centre the volunteer can take the child to the centre or to the social grant and ask for a grant.

Researcher: What support do you need from the department of education to cope with how HIV/Aids pandemic has affected your job as an educator?

Educator: They must provide information by using pamphlets and issuing out of condoms in schools, provide workshops, give information in their yearly planning they must cater for an HIV awareness week for the children.

Researcher: What else can be done to support educators who are affected by HIV/Aids pandemic?

Educator: *Invitation of religious group during HIV campaigns and workshops to relieve stress and also provide counselling for learners, educators and parents.*

Researcher: Ok, Ma'am thank you very much we have now come to the end of our interview session, thank you for time.

Educator: Thank you Ma'am.