

**Care, Caring and Coping: Attitudes of
children orphaned by HIV/AIDS and
their caregivers towards schooling in a
South African Township**

by

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UNIVERSITY *of the*
WESTERN CAPE

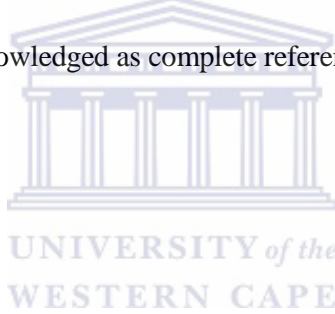
**A thesis submitted in fulfillment of the requirements
for the degree of Magister Educationis in the Faculty
of Education, University of the Western Cape.**

Supervisor: Mr James Lees

November 2007

DECLARATION

I declare that *Care, Caring and Coping: Attitudes of Children Orphaned by HIV/AIDS and Their Caregivers Towards Schooling in a South African Township* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged as complete references.



Signature:.....

Vanessa Belinda Joseph

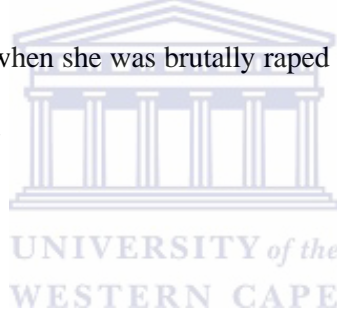
November 2007

DEDICATION

To my late mother:

It was so sad to see you go, Mommy, but thank you for always believing in me, my brothers and my sisters. You taught us great lessons in life. Thank you!

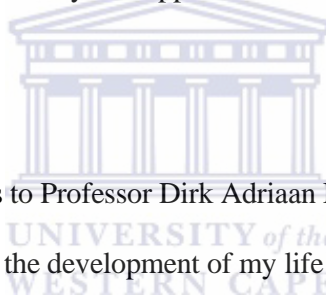
I also dedicate this work to one of the high school girls at Desmond Tutu Secondary, who was part of the research and was interviewed by me but lost her life at 16 years old when she was brutally raped and killed in August, 2007 in Mbekweni Township.



ACKNOWLEDGEMENTS

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A word of special thanks to Professor Dirk Adriaan Meerkotter, for his valuable contribution in the development of my life at UWC since 1990.

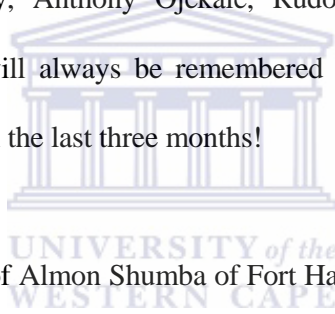
All the participants who took part in this research and who played a critical role in the development of the thesis; principals and educators of the schools in Mbekweni Township; the director and staff at Ikhwezi Community Centre, all the caregivers at the (ICC) and the social worker at the time.

A special thanks to the orphaned learners of Mbekweni Township, who took part in the study by sharing and trusting me with your rich life stories. Without you this project would not have been possible.

The Department of Education for allowing me to do the research at the different schools in Mbekweni Township.

To all my colleagues in the Faculty of Education, thank you for your support and encouragement throughout. Special thanks go to Steven Kemp, Rhona Wales and Lee-Ann Daley, who had to step into my shoes when I was granted study leave to attend to and share my office responsibilities.

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Sincere thanks go to Prof Almon Shumba of Fort Hare University, who offered support in the initial stages of my research study. Your guidance and patience inspired me all the way.

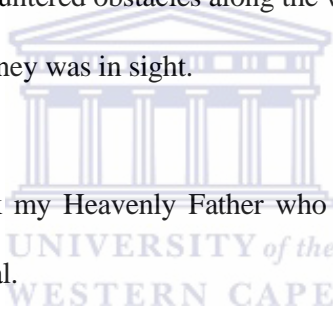
A big thank you to my family, my brothers and sisters and their children for the moral support they have given me when I needed it most ...I would never wish for others.

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Finally, I want to thank my Heavenly Father who gave me the strength and health to achieve my goal.



ABSTRACT

In many countries, the scale of poverty, and the alarming number of children now being orphaned by HIV and AIDS, has increased the roles and responsibilities of grandparents as caregivers in their grandchildren's lives. Not only do grandparents have to care for their grandchildren on a daily basis but they also carry the burden of seeing them through school, possibly with the fear that they might not be able to see them achieve all their dreams. This study examines the complex issues surrounding school attendance for orphaned children in Mbekweni, a township in the Western Province, in South Africa.

The study explores the relationship between the attitudes of orphaned learners and their caregivers towards education and schooling itself, uncovering the struggles and the strengths of caregivers and orphaned children that directly relate to success or failure in school.

Contrary to some studies of orphaned children, this study found a positive willingness to help orphaned learners by school teachers and a high value placed on the children's education by the caregivers who have adopted them. The children do, however, struggle with their own desire to be seen as 'normal' children by their peers at school and not as 'AIDS orphans'. The lack of pocket money and material items such as new clothing and cell phones are symbolic manifestations of the division the orphaned children feel between themselves and their peers in school. If they had more money, the orphaned children

believe, they would be better able to be accepted as ‘normal’ by their school peers and, as the researcher suggests, by themselves

The study offers several recommendations for measures to support orphaned children in their school careers, including carefully designed awareness and sensitisation programmes for educators and non-orphaned youth in schools. It is suggested that caregivers and educators also need help in better understanding the psychological issues of unresolved loss that many orphaned children express in ways that undermine their possibility for success in school.



KEYWORDS

South Africa

Township

School

Caregivers

Children

Orphan

Attitude

Coping

HIV/AIDS

Care



ACRONYMS

AIDS--Acquired Immunodeficiency Syndrome

CSG--Child Support Grant

DoH--Department of Health

HIV--Human Immunodeficiency Virus

ICC--Ikhezi Community Centre

NGO--Non-governmental Organisation

OAP--Old Age Pension

OVC--Orphans and Vulnerable Children

USAID--United States Agency for International Development

UNESCO--United Nations Educational, Scientific and Cultural Organization

UNICEF--United Nations Children's Fund

WCED--Western Cape Education Department

WHO--World Health Organization



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CHAPTER 1

1.1 INTRODUCTION

This chapter gives an overview of the research project. The aspects covered include the introduction, background to the study, motivation of the study, problem statement, hypothesis, aims of the study, specific objectives of the study, research questions, data collection methods, significance of the study, a note on language, setting of the study area, definition of key terms, limitations of the study and the outline of the chapters.

According to a UNAIDS/WHO (2006) report, the number of people living with HIV has risen from around 8 million in 1990 to nearly 40 million today, and it is still growing. The South African population is expected to decrease by 23%, with the life expectancy at birth decreasing dramatically in the period 2005-2010 to 45.6 years (Rehie & Shisana, 2003:1-8). It has already been projected by USAID (2000) that by the year 2010, the Southern African region will have 5.5 million orphans, that is, approximately 16% of all children under the age of 15 years.

1.2 BACKGROUND TO THE STUDY

Globally, the human immunodeficiency virus (HIV) epidemic is currently a most devastating problem, as it increases in spread and mortality indiscriminately, leaving behind helpless, orphaned children. Despite only having been discovered in the early 1980s, it has rapidly

developed into a pandemic that has since caused the death of millions of people of all ages and ethnicities (Van Dyk, 2001:334). To this day, HIV continues to deprive numerous people worldwide of the resources on which human development depends (UNAIDS, 2004).

South Africa is not exempted, as the country is described as having the highest HIV rate in the world. Age seems to be a large contributory factor in the rapid spread of the disease. Current statistics show that 15-24 year olds are presently the age group most susceptible to HIV, both nationally and internationally (Thom, 2003; UNAIDS, 2004).

Children orphaned as a result of HIV and AIDS not only lose their parents but are also faced with social, psychological and physical challenges such as stigmatisation and lack of adequate number of orphanages, amongst others. The seriousness of the HIV/AIDS pandemic was aptly captured in the paper of the South African Minister of Social Services, Dr Zola Skweyiya, presented in 2003, on HIV/AIDS in South Africa, in which it was stated that of the 16.3 million children in South Africa, two-thirds live below the poverty line, and one fifth do not live with either parent, either because they have died of HIV/AIDS or are separated (Skweyiya, 2003). This indicates that, despite the enormity of HIV/AIDS challenges, some institutions and the government have not been able to successfully take up the role of supporting these HIV/AIDS orphans. These children need support from caregivers as well as from the government.

The absence of a mother in any household can have a negative impact on any child in terms of schooling, social upbringing and emotional needs. As Ardington and Scott (2005:20) observed, “The deaths of parents, mothers in particular, have marked negative effect on their children’s schooling, regardless of the cause of death.” Case and Ardington (2006) noted that the average orphan fell behind academically by a third of a year almost immediately after the death of his or her mother.

According to Pearce (1996), who relates the story of Bongani, a 15-year-old who had lost his mother 3 years earlier, it is evident that no school going child can survive on his or her own. Bongani stated that he could not concentrate in school, wandered around, did not want to speak to anyone as he wanted to be alone, and did not have any food. He further stated that it is difficult to concentrate on an empty stomach. Not only does one have to deal with an empty stomach but also with stigma, he lamented: “Sometimes friends tease me if I don’t have food and I go and sell tomatoes. They call me ‘tomato boy’ and everyone laughs at me. But the educator advises and supports me”. Bongani’s experience shows that the stigma of being a poor orphan remains.

For a number of reasons women are more vulnerable than men to HIV/AIDS; these include female physiology, women’s lack of power

to negotiate sexual relationships with male partners, especially in marriage, and the gendered nature of poverty, with poor women particularly vulnerable (Walker 2002:7). “With increasing economic insecurity, women become vulnerable to sexual harassment and exploitation at and beyond the workplace, and to trading in sexual activities to secure income for household needs” (Loewenson & Whiteside, 2001:2).

Full and proper care for children today is the best investment a nation can make for national stability and a prosperous future. Caring for orphaned children is also a direct entry point for HIV prevention in the community today, that is, opening the possibility for community-owned prevention efforts. As Kerkhoven and Hammeijer (1998:14) noted, “Providing orphan care is a care issue, which does not only focus on the short term and ignores the long-term, but also, needs adequate orphan care as an effective prevention strategy.” It should be of utmost importance that the government and non-governmental organisations continue with their care for orphans as a long-term strategy to be effective in this regard.

Research has shown that poverty and an increased number of children orphaned to HIV and AIDS have necessitated that grandparents take up roles and responsibilities as caregivers in their grandchildren’s lives (Meerkotter, 2002:50-56). In many communities, grandparents have

become the primary caregivers for their grandchildren. This has largely been the result of the death of the middle generation of parents as a result of the HIV/AIDS pandemic.

In most cases, the death of parents meant a loss in total household income; inevitably, this tends to increase the stress and demand on the surviving grandparent(s). Prior to the HIV/AIDS pandemic, grandparents provided care to their grandchildren within the nexus of an extended family. While a child's parent(s) might not have lived within the home where the child was being raised, the extended family contributed financially towards the upkeep of orphans left by the deceased parents, who must have passed on in their middle years.

Historically, parents have left their children within their grandparents' care for a number of reasons; such as geographical re-location as a result of employment in a depressed economy, poverty, and marriage or re-marriage. In many cases, parents left their children under the care of grandparents as a temporary measure and a coping mechanism in response to economic or personal strain. While the parents might not have been physically involved in raising their own children on a day-to-day basis, they contributed to the economic well-being and decision-making in their children's upbringing.

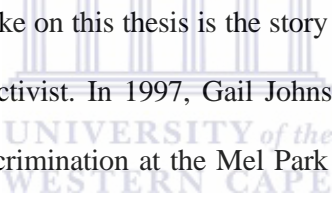
According to the US Bureau of the Census (1993), it has been noted that in most African countries, the HIV virus spreads rapidly throughout areas where portions of the population are displaced or are temporarily employed away from home. In South Africa today, most people, including parents, are a cell-phone call away. With HIV/AIDS, the departure of parents from the extended-family household is painful and permanent. One or more grandparents are left, not simply with the financial burden of one or more grandchildren in their care but also as the primary and principal decision-makers concerning the children's upbringing.

1.3 MOTIVATION FOR THE STUDY

The preliminary conversations with an HIV/AIDS Coordinator at the Ikhwezi Community Centre (ICC) in Paarl, a non-governmental organisation (NGO), inspired the author to conduct this study. During a visit to the ICC, which looks after orphaned and vulnerable children, I observed that grandparents who care for their grandchildren were having challenges with making decisions concerning schooling. Grandparents and grandchildren are often at odds with each other over the need to attend school. As caregivers, grandparents struggle to provide orphaned children with the academic and emotional support necessary for the children's success in school. It must be recognised that the death of one's parent(s) is a devastating experience for a child. Orphaned children, deprived of academic and emotional support, may

end up dropping out of school. Grandparents of orphans have the daunting task of instilling hope for the future in such a manner as to give meaning to their grandchildren's schooling.

Grandparents have their own fears and worries, compounded by the fact that some of them may not have attended more than 2 or 3 years of schooling and are unable to read or write. All they hope for is to see their grandchildren through school before they die. While many grandparents dream of their grandchildren having a good education, the road from the death of their own child to the success of their grandchildren is a long and a painful one.



Another motivation to take on this thesis is the story of Nkosi Johnson, the 11-year-old AIDS activist. In 1997, Gail Johnson, Nkosi's foster mother, experienced discrimination at the Mel Park primary school in Melville, Johannesburg. She filled in a form for her foster son, stating that he was suffering from HIV/AIDS. The reaction from the school was to discriminate against Nkosi because of his HIV infection. This behavior on the part of school teachers, whom I have always thought must be caring people if they are to do their jobs well, motivated me even more to embark on such a study, to look, in depth, at what these children have to deal with. Nkosi died at the age of 12, having moved many thousands of people in the world, including me, by his public speeches (Pillay, Sandhu & Williams, 2001).

The death of Nkosi Johnson was sad, but on a positive note, it has been an inspiration for AIDS awareness campaigners. Minister Skweyiya wrote this in a national newspaper, the *Sunday Times*, just after Nkosi's death: "There can be no better monument to Nkosi, the child who has made us confront our frail humanity and our own deepest fears".

This research study seeks to explore the important reasons why orphaned learners drop out of school. At the same time, the study observes how their caregivers and educators cope in making life easier for these children. As for every other child, education is crucial for the development of orphaned learners. In an article by Case, Paxson and Ableidinger (2004:483-508), they argued that "declines in school investments that result from parents' deaths have the potential to reduce the living standards of a large number of African children throughout their lives and to slow African growth further." This study seeks to make sure that schools play an important role in improving the prospects of orphaned learners' lives and to be fully committed, without fear or discrimination, to assisting children orphaned to AIDS to secure their futures.

1.4 PROBLEM STATEMENT

Children orphaned by HIV/AIDS present numerous challenges to caregivers, schools and society in general. After losing their parents, these children need to find someone who can take care of them. In most

cases, a change in the principal caregivers for these orphaned children creates changes in the children's behaviour and attitudes in society. Schooling is often the one constant in an orphaned child's life that carries on as before after the death of a parent. Therefore, there is a real need to evaluate how care of, caring for and coping with HIV/AIDS orphans impact on their attitudes towards schooling and to discover from orphaned children themselves what they need to stay in school.

1.5 HYPOTHESIS

Experiencing care and caring positively influences orphaned learners' attitudes toward schooling in the Mbekweni Township. Their lives are, however, made complicated by feelings that they are not simply normal children anymore and that the significant reduction of their access to simple material goods that other school children have access to makes them feel alienated from their classmates. This issue is important to explore as it relates to an orphaned child's ability to stay in school and complete his or her education.

1.6 AIMS OF THE STUDY

The general aims of this study were to determine and report on the following:

- to determine and explain the reasons why orphaned children are struggling in society and at times have difficulty attending school

- to explain the role that caregivers and educators play in the lives of orphaned children; and
- to make suggestions on how orphaned children can be supported to remain in school.

1.6.1 Specific Objectives of the Study

The main objectives of the study are to

- determine how orphans are being cared for by their caregivers
- explore the relationship between the attitudes of caregivers and orphans towards education and schooling
- determine how orphans and their caregivers are coping in terms of school attendance
- determine the support offered to orphans in schools by the Education Department and the private institutions involved in HIV/AIDS programmes.

1.6.2 Research Questions

According to Strauss and Corbin (1990:39), a research question is directive and helps the researcher to stay focused throughout the research project. It points to the interaction to be investigated, the site, the people involved, and the potential participants. This study seeks to explore the relationship between the attitudes of HIV/AIDS orphaned children and their caregivers towards education and schooling.

The following research questions directed this research study:

1. What are the attitudes of children orphaned by HIV/AIDS towards schooling?
2. What are the attitudes of children orphaned by HIV/AIDS towards their caregivers?
3. What are the attitudes of children orphaned by HIV/AIDS towards their peers?

1.7 DATA COLLECTION AND METHODS

The data collection is qualitative, and the case study method was applied to the work. The design was an action-oriented participatory research, involving educators, caregivers and orphaned children in identifying problems, strengths, and possible solutions to problems. An interpretive approach was applied in this research and interviews and questionnaires used as research instruments.

1.8 SIGNIFICANCE OF THE STUDY

- This study will, it is hoped, be useful to future researchers exploring the same field as it will provide important baseline data for comparison. At the commencement of this study, the

author could not find much documented literature on this particular aspect of the AIDS pandemic's effect on orphaned children and their relationship to school.

- Since HIV/AIDS has become a chronic problem, the study may be used as a basis for caregivers in supporting children orphaned to AIDS and encouraging them to remain in school.
- The outcome of this study will also assist caregivers in understanding and responding to the complex needs of children orphaned to AIDS if they are to remain in school.

It is hoped that this study will add to the body of knowledge on how young people orphaned by HIV/AIDS can be successful in their education and their lives.

1.9 A NOTE ON LANGUAGE

The history of Mbekweni has resulted in many of the township dwellers being fluent in Xhosa, with a good understanding of and ability to speak Afrikaans. However, it is important that non-Afrikaans speakers are part of this study. To this end, the services of a Xhosa-speaking research student to translate discussions as they occurred were employed. It is hoped that the use of this research strategy will be

sufficient to uncover the important processes at work that support or otherwise an orphaned child's participation and success in school

1.10 SETTING OF THE STUDY AREA

The research location for this study is Mbekweni Township, situated 7 kilometers north of Paarl in the Western Province. This township was established in 1946 and emerged when displaced blacks were moved from the centre of Paarl because of Apartheid. Its name means "Place of Respect". Overcrowding and poor sanitation are the most persistent problems experienced by residents of the so-called "Place of Respect".

The community of Mbekweni speaks Xhosa, and this is used for teaching Grades 1 and 2, whilst children become acquainted with learning English. In this case, the services of a research student were employed to assist with Xhosa translations.

1.10.1 Ikhwezi Community Centre

Ikhwezi Community Centre was established in 1986 to assist and empower disadvantaged women and underprivileged children in the Paarl, Mbekweni and Wellington area. Currently, the day care centre looks after 40 children. Through the Aids Orphans Sponsorship Programme, Ikhwezi places children who have lost their parents due to AIDS with other family members and supports them with food parcels, school fees and clothing.

1.11 DEFINITIONS OF KEY TERMS

Some regularly used terms and phrases will be defined for the purpose of the study.

1.11.1 South Africa

South Africa is a developing country situated in sub-Saharan Africa. The capital of the Western Cape Province is Cape Town. The province has a population of 4 524 335 (Statistics South Africa, 2003). The South African Constitution (Act 108 of 1996) recognises 11 official languages: Afrikaans, English, isiNdebele, isiXhosa, isiZulu, Sepedi, Sesotho, Setswana, siSwati, Tshivenda and Sitsonga. Mother-tongue languages generally distinguish social groupings that share common cultural beliefs. In terms of the Constitution, the country is divided into nine provinces: Western Cape, Eastern Cape, KwaZulu-Natal, Northern Cape, Free State, North West, Gauteng, Mpumalanga and Limpopo.

1.11.2 Township

In South Africa under the Apartheid regime, the term *township* referred to a residential development which confined non-whites (African, “coloureds” and Indians) who lived near, or worked in, white only communities. A good example of this is SOWETO, coined from South West Townships.

1.11.3 School

A school is a collection or group of people who share common characteristics of either outlook (a school of thought or a school of belief) or practice (such as a school of painters). In this study, a school refers to a designated place for learning. The range of institutions covered by the term varies from country to country (http://en.wikipedia.org/wiki/Main_Page).

1.11.4 Caregivers

In this study, the term *caregivers* refer to people who assist another person to assure that the person in need receives the necessary care to carry on with his or her life safely and with dignity. A caregiver sees to it that the person's basic needs of food, clothing, cleanliness, and shelter are met.

1.11.5 Orphan

Orphans shall refer to what Michaels and Levine (1992) described as children who have lost one or both parents. They indicated that a majority of the women with AIDS are single mothers, and thus their children have lost or may lose their only parent. According to Back, Michaels and Levine (1996: 73), the English word "orphan" is derived from Greek and Latin roots meaning "a child bereaved by the death of one or both parents".

UNAIDS, WHO, and UNICEF (UNICEF, UNAIDS and SIDA, 2004:9) defined an AIDS orphan as a child who loses its mother to AIDS before the age of 15 years. Some of these have already lost or will also lose their fathers to AIDS.

1.11.6 Attitude

An attitude is an enduring response towards persons, objects and ideas. Attitudes have cognitive, affective and behavioural components. Allport (in Sears et al., 1991:546), when defining attitude, stated that it is a mental and neural state of readiness, organised through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related.

He also emphasised how past experiences form attitudes. Cohen (1964) noted that many investigators assume that since attitudes are evaluative predispositions, they have consequences for the way people act toward others, for programmes they actually undertake, and for the manner in which they carry them out.

1.11.7 Coping

Wineman, Durand & McCullough (1994:268-273), defined coping as “the constantly changing cognitive and behavioral efforts used to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. Coping is thus

conceptualized as a dynamic process that is dependent on the person-environment transaction.

Coping can occur at different levels:

- (a) By individual caregivers,
- (b) At group level to assist others (social support), and,
- (c) At an organizational level

1.11.8 HIV/AIDS

According to the *Genetics Study Guide* (2005:2), HIV is the acronym for Human Immunodeficiency Virus, while AIDS is the acronym for Acquired Immune Deficiency Syndrome. HIV is the virus that attacks the body's immune system and causes AIDS (Polson, 2000:3). HIV infects cells and tissues of the human immune system by neutralising their ability to fight diseases, thereby rendering the person infected with HIV vulnerable to a range of "infections and cancers, called pathogens" (Genetics Study Guide, 2005:2). Pathogens are opportunistic viruses that compromise the immune system of HIV-infected people, "making them sick and, at times, resulting in death" (Polson, 2000:3). The Acquired Immune Deficiency Syndrome or AIDS is thus a compilation of diseases that arise because of HIV infection (Genetics Study Guide, 2005:2).

1.11.9 Care

The word *care* is commonly used to specify the attention, support, and protection given by one person in society to another. McCance et al. (1999:247) stated that it is difficult to define the concept of caring. Following an in-depth concept analysis, they identified the key elements of caring as serious attention and concern, providing for, and getting to know the patient.

Different societies, communities and individuals attach various meanings to the word, depending on the cultures and contexts in which it is used. These range from a term of endearment to the provision of all the basic needs of an individual. The latter may include activities like obtaining and preparing food, providing personal and home hygiene, maintaining ambulance and preventing any kind of injury. Orem (1985) referred to assistance with the abovementioned activities as dependent care, and the WHO (2002: 3) referred to it as dependency.

1.11.10 Stigmatisation

Erving Goffman's (1963) study, *Stigma: Notes on the Management of Spoiled Identity*, is widely recognised as a main source of literature for the research of stigma. According to Goffman (1963:3),

In the original Greek meaning of the term, stigma referred to “bodily signs designed to expose something unusual and bad

about the moral status of the signifier,” although today, stigma “is applied more to the disgrace itself than to the bodily evidence of it”. In short, stigma is therefore defined as an “attribute that is deeply discrediting” and that reduces the bearer “from a whole and unusual person to a tainted, discounted one.

1.12 LIMITATIONS OF THE STUDY

The issue of HIV/AIDS is a sensitive issue in most cultures. Cummins (2000:35) observed that, “... social expectations of the learner and sensitivity to contextual and interpersonal cues greatly facilitate communication of meaning”; thus the context in which orphaned learners lives exist has to be dealt with sensitively so as to encourage participation in any research study.

Time constraint was a major limiting factor for the research. The time given for data collection extended beyond the time planned for. It was necessary to make extra visits to the ICC to meet caregivers who worked in different shifts during the day.

The language issue was another limitation to the study in terms of time as the researcher had to meet more often with the translator when participants expressed themselves in isiXhosa.

The time of data collection was just a week before their September holidays and the learners had just finished their exams. It was

extremely difficult to get hold of them at school as some of them stayed home or left school early.

Sometimes educators could not adhere to scheduled appointments with the researcher because of school activities, and appointments were frequently rescheduled. The researcher had to be patient and go back and forth as she depended on the data to carry on with the project.

1.13 OUTLINE OF THE CHAPTERS

The thesis has 5 chapters.

Chapter 1 is the introduction, which provides the reader with an overview of the thesis, with specific reference to the various chapters. The background to the study, motivation for the study, problem statement, hypotheses, aims of the study, the specific objectives of the study, research questions, data collection, significance of the study, a note on language, setting of the study area, and definitions of key terms are outlined in this chapter.

Chapter 2 focuses on the literature review of the research study. The set of ideas from the literature inform and guide the study.

Chapter 3 describes the research methods adopted for this study. It outlines the overview, research design, case study, sample study, data collection and methods, data analysis and conclusion.

Chapter 4 discusses the findings of this research. This chapter outlines six case studies.

Chapter 5 presents the conclusion and recommendations of the research study.

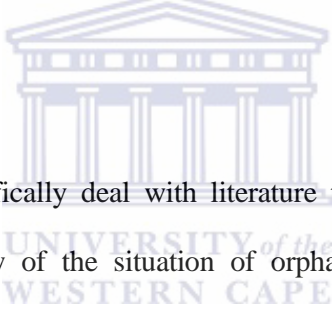


CHAPTER 2

LITERATURE REVIEW

2.1 OVERVIEW

Anderson (1996) argued that successful research is based on all the knowledge, thinking and research preceding it, and for this reason, a review of the literature is an essential step in the process of undertaking a research study. The set of ideas from the literature informs and guides the study.



This chapter will specifically deal with literature that relates to the following: An overview of the situation of orphaned children and education issues, the historical context of HIV/AIDS, caring for orphans in developing countries, caring for HIV/AIDS orphans, care for orphaned children in South Africa, coping by orphaned children, education and schooling for orphaned children and HIV/AIDS and education. Finally, the theoretical framework is discussed and the conclusion of the literature review presented.

2.2 HISTORICAL CONTEXT OF HIV/AIDS

The data in Table 1.1 reveal statistics on the world epidemic of HIV and AIDS. The statistics were published by UNAIDS/WHO in November 2006 and refer to the end of 2006.

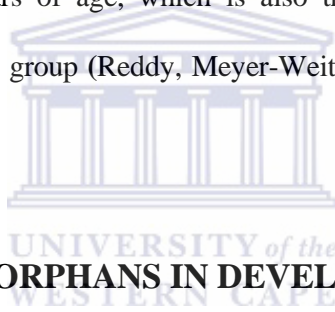
Table 1.1 Global HIV/AIDS Estimates for end of 2006

People living with HIV/AIDS	Estimate in millions	Range in millions
People living with HIV/AIDS in 2006	39.5	34.1-47.1
Adults living with HIV/AIDS in 2006	37.2	32.1-44.5
Women living with HIV/AIDS in 2006	17.7	15.1-20.9
Children living with HIV/AIDS in 2006	2.3	1.7-3.5
People newly infected with HIV in 2006	4.3	3.6-6.6
Adults newly infected with HIV in 2006	3.8	3.2-5.7
Children newly infected with HIV in 2006	0.53	0.41-0.66
AIDS deaths in 2006	2.9	2.5-3.5
Adult AIDS deaths in 2006	2.6	2.2-3.0
Child AIDS deaths in 2006	0.38	0.29-0.50

In an attempt to understand the full impact of HIV/AIDS upon the human population, it is necessary to consider the current prevalence statistics. The number of people living with HIV has risen from around 8 million in 1990 to nearly 40 million today, and is still growing. Around 63% of people living with HIV are in sub-Saharan Africa (UNAIDS/WHO, 2006). According to Lusk and O’Gara (2002), by 2010, there will be an estimated 15 million children worldwide, under

the age of 5, orphaned by AIDS, and yet more will be living with ill and tired caregivers.

There seems to be no sign of the epidemic declining (UNAIDS, 2004). According to previous surveys by the Johns Hopkins AIDS Service (Quinn, 2002) and the HSRC's Shisana and Simbayi (2002:1-8), approximately 11% of South Africans are living with HIV, which is thus directly affecting 5 million South Africans and indirectly affecting millions of others. Crucially, the largest HIV positive group in South Africa is 15 to 45 years of age, which is also the country's most economically active age group (Reddy, Meyer-Weitz, Van den Borne, & Kok, 2000:521-530).



2.3 CARING FOR ORPHANS IN DEVELOPING COUNTRIES

Not having a mother, who will love, nurture, and guide you, is one of the most difficult things for any child to handle. Such suffering among children has been one of the consequences of the HIV/AIDS pandemic (UNICEF, 2000a).

In Africa, orphans have historically been absorbed by the extended family (Ankrah, 1993:5-22). Studies of orphans in Southern Africa show that, a remaining parent, aunts, uncles and grandparents are the main caregivers for orphans (Monasch & Boerma, 2004:55-65).

However, Freeman (2003), a former South African director of Mental Health and Substance Use, expressed a view shared by a number of people in the South African Department of Health (DoH) that despite a large number of children affected by HIV/AIDS being taken into the stable and caring homes of family and neighbours, many are likely to develop mental health problems because they will not be exposed to formative influences.

Freeman listed these influences as follows:

- early bonding experiences critical for good, caring human relationships;
- modeling, boundary setting and development of value systems necessary for moral development; and
- the support, caring and discipline needed for emotional stability.

In several countries, income in orphan households has been found to be 20-30% lower than in non-orphaned households. Further studies show that where a family member has AIDS, the average income falls by as much as 60%, expenditure on healthcare quadruples, savings are depleted and families often go into debt to care for sick individuals (Foster & Williamson, 2000:275-284).

Community-based support for families and children affected by HIV/AIDS is the main care strategy in South Africa. However, the tradition of orphans and widows being absorbed into the extended family is weakening in many African countries. In an assessment of different approaches to care for children orphaned by AIDS and for other vulnerable children in South Africa, Loening-Voysey and Wilson (2001) observed that the cost effectiveness of community care is unsustainable in many countries, e.g. Zimbabwe, where fewer than 4000 orphans of an estimated 800 000 are housed in the country's 45 registered institutions (Matshalaga & Powell, 2002:185-186).

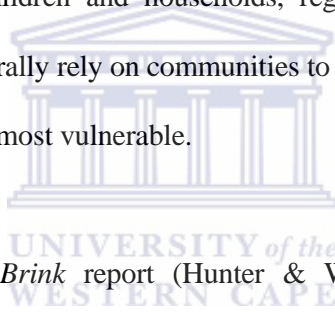
Table 1.2 Regional Statistics for HIV & AIDS, end of 2006

MOST INFECTED REGIONS	ADULTS AND CHILDREN LIVING WITH HIV/	ADULTS AND CHILDREN NEWLY INFECTED	ADULT PREVALENCE	DEATHS OF ADULTS AND CHILDREN
Sub-Saharan Africa	24.7 million	2.8 million	5.9%	2.1 million
South and South-East Asia	7.8 million†	860,000†	0.6%†	590,000†
Latin America	1.7 million	140,000	0.5%	65,000
Eastern Europe & Central Asia	1.7 million	270,000	0.9%	84,000
North America	1.4 million	43,000	0.8%	18,000

Source: UNAIDS/WHO (2006), AIDS Epidemic Update November.

The data in Table 1.2, provided by UNAIDS/WHO (2006), are more country-specific, giving a breakdown of those countries with the largest number of HIV infections, adult HIV-positive prevalence rates.

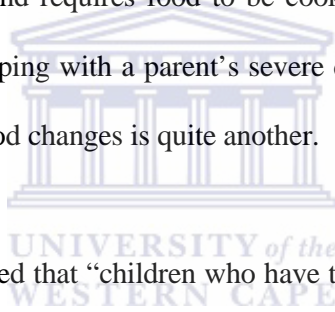
It is critically important that orphaned children are allowed to develop in a normal and emotionally secure atmosphere. They should not be labeled as “AIDS orphans”, as this can increase the level of stigmatisation, discrimination, and harm for these children. Barnett and Whiteside (2002:206) reported that communities should directly assist the most vulnerable children and households, regardless of orphan status, and one can generally rely on communities to identify those who are in greatest need and most vulnerable.



The *Children on the Brink* report (Hunter & Williamson, 2000) estimated that in a total of 88 countries, 41 of them in Africa, 20 in Asia, 10 in the Caribbean, and 17 in Latin America, the year 2010 will see over 38 million children below the age of 15 who will have lost their mother, father or both parents as a result of AIDS.

In Tanzania, 34% of children lived with one parent and 12% were not living with either parent, yet 8% of children were orphaned due to loss of father or mother, and 1% had lost both parents (Urassa, Boerma & Ng’weshimi, 1997:141-153). For every Brazilian maternal AIDS orphan, there were 3 children with mothers living with AIDS and 12 with mothers living with HIV infection (UNAIDS, 1997).

According to Barnett and Whiteside (2002:206), becoming an orphan of the epidemic is slow and painful; the slowness and pain has to do not only with loss of a parent but also with the long-term care that the parent's failing health may require. Although a young girl of 8 or 9 years may be used to caring for younger siblings, she is unprepared to care for her mother, father or both of them. A report from The World Summit for Children argued that childhood should be a time of joy and peace, of playing, learning and growing (UNICEF, 1990). Coping with a parent who is weak and requires food to be cooked or water to be brought is one thing, coping with a parent's severe diarrhea, declining mental function and mood changes is quite another.

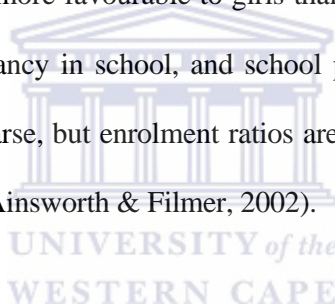


Mankell (2003:185) stated that "children who have to be one another's parent have a pretty distorted start in life; they slip up." He further observed, "Among these children, some of them live on the streets, as their parents have died of AIDS." His organisation now runs a theatre group and a day centre for these children and help them develop skills, such as shoe-shining, so that they can work rather than beg and steal for a living.

Ainsworth and Filmer (2002) established that although the evidence is mixed, in general, orphans are more likely to be out of school than non-orphans. In their Kenyan study, they reported that 52% of the children

orphaned by HIV/AIDS were not in school, compared to 2% of non-orphans. It is therefore important for all stakeholders, including governments across the world, to have their special education policies in place so that greater efforts are made to keep orphaned children in school.

In the Caribbean there may be need for special measures to ensure school participation and performance on the part of male orphans. This is because, unlike other parts of the world, the region experiences a gender disparity that is more favourable to girls than to boys, in terms of numbers, life expectancy in school, and school performance. Data for orphans are very sparse, but enrolment ratios are higher for female than for male orphans (Ainsworth & Filmer, 2002).

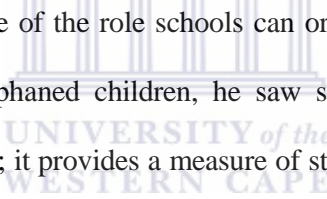


A corroborating study by Kelly (2000) also found that reports from child welfare professionals in the Caribbean countries experienced the same problems in terms of school attendance, in addition to the challenges of financial constraints.

It seems that there is a lesser likelihood of poor school attendance by orphans when there are formal fostering arrangements that involve government child support grants (CSG); these may include provision for special educational expenses, such as fees where needed, textbooks or examination costs, and some supervision by child welfare officials

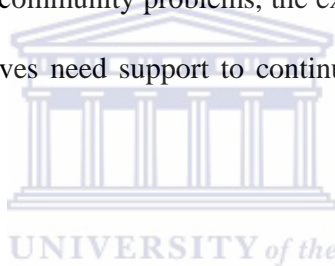
to ensure that the fostered child is being properly looked after and has access to the necessary medical and educational service.

Kelly (2000) argued that the basic problem is not of getting orphans into schools or educational programmes, or even ensuring their survival within extended families and communities, but the fundamental issue is the kind of adult they will grow up to be. They would have been catapulted from infancy or very early childhood into adult status with responsibilities, without passing through the formative years of a normal childhood.



Donovan raised the issue of the role schools can or should play in all children's lives. For orphaned children, he saw school as restoring "structure to young lives; it provides a measure of stability in the midst of chaos; it trains the mind, rehabilitates the spirit, and offers critical, life-sustaining hope to a child in the face of an otherwise uncertain future" (Donovan, 2000:3). Donovan further stated that "Schools can offer children a safe environment, with built-in support, supervision and socialization". He further suggested that the best way to maximise the enrolment and attendance of orphans and other vulnerable children is to abolish school fees. In addition, removing the requirement to buy a school uniform, introducing school feeding programmes, and ensuring access to life skills education to reduce the risks of HIV infection can also have a major impact.

Already some relief operations are targeting the most vulnerable families, such as those affected by HIV/AIDS and those headed by women, children, and the elderly. For example, in Lusaka, Zambia, where 85% of the families living in the low-income outskirts of Lusaka are caring for orphans, the World Food Programme and local NGOs are running urban school feeding programmes to help children orphaned by AIDS to stay in school and to enable AIDS-affected families to cope with rising food prices. Rather than external services attempting to take over community problems, the existing community care and coping initiatives need support to continue and develop to meet changing needs.



A rare longitudinal study from Malawi (as cited in a paper presented at the 44th annual meeting of the Comparative Education Society), found that children who had lost both parents were twice as likely to drop out of school: a 17.1% drop-out rate was observed during the year following their loss, compared with children with one parent dead at 9.1% or with both parents living at 9.5% (Harris & Schubert, 2001). In contrast, a study in northwestern Tanzania found that maternal orphans and children in households with an adult death delayed enrolment in primary school, but children were not more likely to drop out of primary school once enrolled (Ainsworth, Beegle, & Koda, 2001).

2.4 CARING FOR HIV/AIDS ORPHANS

I should be sitting under that tree at my age, not working in the sun. This will drive me to an early grave, but not as early as my son, I guess (Appleton, 1993:23).

These are the words of an elderly man on the shore at N'toro, who was looking after three grandchildren, including a toddler. His son and daughter-in-law had died of HIV/AIDS. This is just a single case of a grandparent who is doing full-time childcare.

Children are directly affected by HIV/AIDS when they are orphaned. In addition, many more children are affected indirectly when their close or extended family, their community and, more broadly, the structures and services which exist for their benefit, are strained by the consequences of HIV/AIDS (Tarantola & Gruskin, 1998:61-86).

Caring is important, as the number of adults dying of AIDS is increasing, with a proportional increase in the number of orphans growing up without parental care and love. Children who grow up without the love and care of adults devoted to their well-being are at higher risk of developing psychological problems (Wild, 2001:3-25). A lack of positive emotional care is associated with a subsequent lack of empathy with others, and such children may develop antisocial behaviour. Not all children are, however, affected, or to the same degree. Protective factors in the form of compensating care from other

people, including teachers, as well as personality predisposition, may lessen the impact on children of reduced care in the home environment.

Those orphaned children affected are often traumatised and suffer a variety of psychological reactions to parental illness or death. They endure exhaustion and stress from work and worry, as well as insecurity and stigmatisation, as it is either assumed that they too are infected with HIV or that their family has been disgraced by having the virus. Loss of home, dropping out of school, separation from siblings and friends, and increased workload and social isolation may all impact negatively on current and future mental health.

Such children show internalising, rather than externalising symptoms in response to such impacts, such as depression, anxiety and withdrawal as opposed to aggression and other forms of antisocial behaviour (Forehand et al., 1998:513). This will deprive them of their basic right to shelter, food, health and education.

2.5 CARE FOR ORPHANED CHILDREN IN SA.

According to the Medical Research Council's (MRC) findings, at least 5.7 million children in South Africa could lose one or both parents from HIV and AIDS by 2015, unless there are major intervention programmes (PLUSNEWS, 1995). Meerkotter (2002:1) wrote that "South Africans and other sub-Saharan Africans will have to learn, not

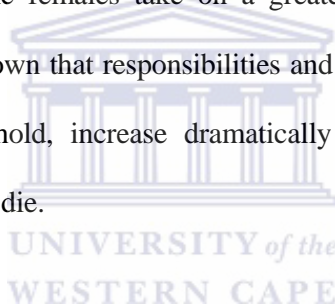
only how to prevent the continuing spread of the virus, but also how to provide care, love and parenting for the parentless.”

Not only do grandparents have to care for their grandchildren on a daily basis but they also carry the burden of seeing them through school, possibly with the fear that they might not be able to see them achieving all of their dreams. The grandparents providing the necessary care are in most cases already impoverished elderly people who depended both financially and physically on the support of the very son or daughter who has died. Orphans growing up in communities disrupted by the HIV/AIDS epidemic are more likely to cope if they can live in familiar surroundings which are as stable and as nurturing as possible. However, according to Hunter and Williamson (2000:4), additional support/assistance from government, non-governmental organisations and donors is also crucial.

Caring for orphans increases the overall vulnerability of the families and communities that take them in, reduces household income and food security, stretches social services and undermines community cohesion (Levine, 1990:36). Although it is difficult to quantify the resources lost in taking care of orphans in such informal settings, it is however obvious that orphans put an extra burden on household resources. In a study conducted by Cohen (2005:34), he observed that “AIDS-affected children are failing to go to school, and it’s because their governments

are failing them”, and stated further that “these children have lost enough. They should not be turned away from school and lose the right to an education as well.”

It was reported in *Africa's Orphaned Generations* (UNICEF, 2003:17) that children orphaned by AIDS are less likely to be in school or to access education because they are the ones who care for their sick parents at home, have increased responsibilities, and have reduced household incomes. This affects female orphans more than their male counterparts because the females take on a greater burden of care. Several studies have shown that responsibilities and work, both within and outside the household, increase dramatically when parents or caregivers become ill or die.

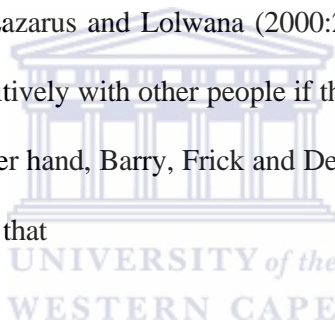


In such circumstances, instances of work and responsibility being given to children as young as 5, have been observed (UNICEF, 2000a). These include domestic chores, subsistence agriculture, and provision of care giving to very young, old and sick members of the household. Work outside of the home may involve a variety of formal and informal labour, including farm work and begging for food and supplies in both the community and beyond (Hunter & Donahue, 1997).

A very common experience described by children is the constant worry about going to school and leaving their parents, in case they die alone. Children also described worrying about their futures once their parents die, loss of home, dropping out of school, separation from siblings and friends, increased workload, and social isolation, all of which may impact negatively on current and future mental health (Forehand, Steele, Armistead, Morse, Simon, & Clarke, 1998:513-520).

2.6 COPING BY ORPHANED CHILDREN

According to Donald, Lazarus and Lolwana (2000:223), children will engage actively and positively with other people if they have a positive self-concept. On the other hand, Barry, Frick and DeShazo. (2000:335-340) expressed the view that

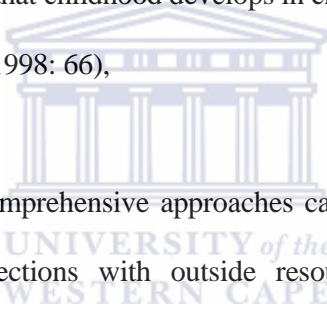


Children affected by HIV/AIDS may be subjected to impersonal and abusive child care, through exploitive family and community care, poorly chosen and ill supervised foster care, and long term institution-based rearing. In general, and without considering associated effects such as pre-existing home conditions, separation and bereavement, impersonal and abusive care is associated with a range of psychological disorders, including a reduced capacity for affection and compassion, acting out, and more aggressive coping styles.

Every effort also needs to be made to avert conditions that result in impersonal and cruel child care. Orphanages and unstable foster care have been identified as high-risk environments for neglect and abuse (Frank, Klass, Earls, & Eisenberg, 1996:569-578).

If the government fails to step in, families will become poorer and, children will go hungry and become weak and vulnerable to infectious diseases. Mckerrow (1995:13-14), in his article “Model of Care for Children in Distress”, stated, “These children lose the joy of their childhood and the skills that childhood develops in children.”

According to Fredland (1998: 66),



Cohesive and comprehensive approaches can be developed to strengthen connections with outside resources, fostering a global network and response to the potential harm to achieving any development goals. Such open and aggressive responses, most importantly, will put the government in control of its own future by enabling it to establish priorities and programmes of its own choosing.

Concerted rather than solitary efforts will help deliver the resources to the poor communities that are struggling to cope with orphans’ daily needs. It is clear from the various studies mentioned above that school enrolment for orphans is not what it should be or what it used to be

before the outbreak of the AIDS pandemic. Therefore, girls have to drop out of school to care for their sick parents, and thus lose their right to education and also valuable information about HIV prevention and transmission. This is further corroborated by Mankell (2003:34) in the following statement: “It is clear that female-headed households generally assume more of the care than those headed by males”.

Sometimes, it is non-literate women who have to play the role of caregivers for orphaned children, and it can be difficult if these caregivers cannot read stories to orphaned children or give them some assistance in terms of their homework. Schooling can help to break the cycle of poverty and, at the same time, help to build up positive self-confidence, thus allowing young people to take greater control over their sexual choices.

In most cases, women are the caregivers, and sometimes they have to provide food and shelter for the family when the breadwinner either falls ill or dies. As a last option, women sometimes engage in commercial sex in exchange for money to put food on the table, after their husbands, brothers and fathers have died as a result of HIV/AIDS. Women, especially those in cultures where property rights devolve along the male line, also face losing the family land and property. They might also lose these assets upon disclosing their HIV status to their spouses.

A study by Juma (2001:45) has shown that in Kenya, free schooling is given to HIV/AIDS orphans. This decision on the part of the government is admirable as this widens their knowledge, skills, and thus will open up job opportunities for them. Juma further stated that “Schools are the best places where HIV/AIDS orphans can learn about the disease, and how to overcome the threats of the disease, and they are taught specific coping mechanisms”. In schools, orphans also learn how to communicate, improve on their self-confidence, and to develop life skills. According to Bennel (2005:473), orphaned children are better motivated psychologically to attend school than other children, as attending school is still an important part of leading a normal life. Furthermore, the home environment for these children is likely to be much less attractive than school, with little or nothing to do during the day and/or relatively inattentive carers (Bennell, 2005:474).

According to a UNICEF (2003:32) report, “offering children free basic education, giving them safe and viable options for earning a living and providing families with financial and other forms of assistance can mean that many orphans who might otherwise be separated from their families are able to remain with them.”

The growth in the number of orphans all over the world is taxing the coping strategies of families and society at large. In many cases, the

extended family finds it extremely difficult to cope economically and psychologically with the numbers it is required to absorb. In Zimbabwe, Parry (1998:316) instituted the Farm Orphan Support Trust (FOST) programme for orphaned children, under which a known family in the farm compound takes the children in when parents die. The farmer and various support organisations linked with FOST assist these families to care for the children. This enables the children to stay in a familiar environment and continue to have access to the farm school, clinics and other services.

On the other hand, children need more than donations of food and money to assist them in long-term survival without their parents. Smith and Pennells (2000) argued that “they need life skills, including hygiene techniques, interpersonal skills, self-esteem and responsibility”. They further stated that “Children can learn these skills through structured playing, which not only fosters social growth and the development of skills, but provides relief from stress.”

The 12.1 million African children who had lost their mother or both parents to the epidemic by the end of 2001 is forecast to more than double during the next decade (UNAIDS/WHO, 2001) and 9% of children younger than 15 years in Africa will be orphans by 2010 (Hunter & Williamson, 2000:12).

According to a UNAIDS (2004) report, it was noted that, “Despite the daunting numbers, children orphaned by the epidemic, can still have safe, healthy and productive childhoods, but only if all sectors of the society respond with immediate, sustained and coordinated efforts that give high priority to protecting children and preserving the family unit.”

The Apartheid system in South Africa caused a huge social dislocation, separating families, and making migration a way of life. The Education system for black South Africans was downgraded and systematically undermined. While the present South African constitution promotes equality, many women, particularly those caring for orphaned children, remain disempowered.¹ The burden of caring for people living with HIV/AIDS and for orphans falls largely on women. Thus, it has been argued that the illness and death of a woman has a “particularly dramatic impact on the family” in that it threatens household food security, especially when households depend primarily on women’s labour for food production, animal tendering, crop planting and harvesting. (IFAD, 2001:11)

The presence of HIV/AIDS-infected individuals in a school affects not only the person himself or herself but also social interactions in the institution and the surrounding community.

¹ Conversation with 17 women at Ikhwezi Community Centre (20 March 2005)

Building the capacity of children to support themselves is almost unthinkable because, as pointed out in a report by Hunter and Williamson (2000:12), “even while AIDS is removing highly educated and skilled workers from the labour force, it is forcing the children and young adults who could replace them to leave school, increasing their poverty, frustration and social disaffection”.

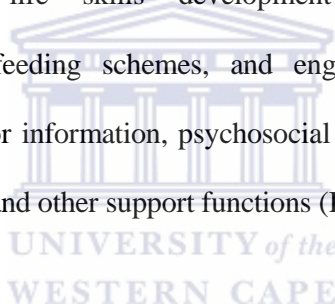
Children in sub-Saharan Africa orphaned by AIDS, or otherwise affected by the epidemic, need help to recover emotionally, physically and educationally. The only way this can be achieved is through support to families and communities. Governments and donor development agencies will have to take an objective look at what works on the ground and can be widely replicated.

2.7 EDUCATION AND SCHOOLING FOR ORPHANED CHILDREN

Keeping orphans at school is crucial for their future; it can provide education that can work as a safety net in the children’s lives. Schooling can also help to break the cycle of poverty. However, orphans may be the first to be denied education when extended families cannot afford to educate all the children of the household. Education is crucial to development. Case and Paxson (2001:301) argued that “decline in school investments that result from parents’ death have the

potential to reduce the living standards of a large number of African children throughout their lives, and to slow African growth further”.

Education is vital for the children’s future and is also important for their psychosocial development. Schools can provide children with a safe, structured environment, the emotional support and supervision of adults, and the opportunity to learn how to interact with other children and develop social networks. Interventions include reduction or elimination of school fees and hidden costs, improving the quality of schools, introducing life skills development into curricula, implementing school feeding schemes, and engaging schools as community resources for information, psychosocial support, day care, HIV/AIDS prevention, and other support functions (Kelly, 2000:63).



Kelly (2000:63) further concluded that another important reason why education plays a crucial role in preventing HIV transmission is because its principal beneficiaries are people ranging in age from infancy to young adulthood. It is mostly the youth who are in schools, colleges and universities, developing the values, attitudes, knowledge and skills that will serve them subsequently in adult life.

According to Kelly (2000), most of the HIV prevention programs have the main objective of helping students to behave more responsibly. “The desired responsibility is to be shown by managing

personal sexual behaviour in ways that remove the risk of HIV infection". (Kelly 200:80)

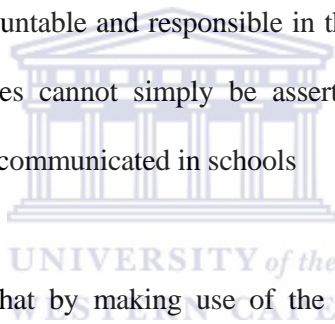
There is a need to articulate the important roles that schools play in the upbringing and education of orphans since education and schooling are vital for children's future and their psychosocial development. If orphaned children cannot go to school because of the effects of being in households affected by HIV/AIDS, the school attendance of such children drops off because their energies are required for subsistence activities, and in the face of reduced income and increased expenditure, the money earmarked for school expenses is used for basic necessities, medication and health services (UNICEF, 2000b). At a national level, a World Bank study in Tanzania suggested that HIV/AIDS may reduce the number of primary school children by as much as 22%, and secondary school children by 14%, as a result of increased child mortality, decreased attendance, and dropping out (Williamson, 2000).

Drop-out rate is likely to increase in South Africa as families become unable to afford the costs of schooling, and as children's contribution to care and work is required at home to care and work is required at home. Thus, despite all their shortcomings, schools have significant potential to play a critical role in obviating the terrible effects of the HIV/AIDS epidemic on children. Apart from the accrued personal and social benefits of education for work and national development, schooling provides stability, institutional affiliation, and the

normalisation of experience for children. It also places children in an environment where adults and older children are potentially available to provide social support (UNESCO, 2003).

2.8 HIV/AIDS AND EDUCATION

HIV/AIDS education could serve as a means of nurturing a culture of sexual and social responsibility among learners. Asmal, in the *Manifesto on Values, Education and Democracy* (2001:8-9), stated that instilling values and democracy into our education system would help learners to become accountable and responsible in their behaviour. He further stated that values cannot simply be asserted; they must be debated, negotiated and communicated in schools



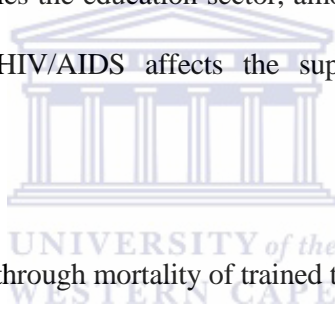
Richard (2002) noted that by making use of the youth to take the message across, it can be more effectively spread. The philosophy of the Youth Ambassadors is that the youths listen to each other; whether it is hair, fashion, music or sex, the youth speak to each other.

Kelly (2000:63) stated that

Several programs and curriculum innovations have been introduced to promote HIV/AIDS awareness and prevention among young people. Many of these programmes have not yet yielded the expected results; this however, is not a reason for

not pursuing the programmes. On the contrary, it is a signal that strategies need to be improved; activities need to be better targeted, more flexible, prolonged, consistent, and above all, made intersect oral, combining formal and non-formal education, education with mass-media campaigns.

According to Mankell (2003), “It is a lack of basic education that makes people more vulnerable to HIV infection.” The adverse impact of HIV/AIDS on individuals globally cannot be overemphasised, considering that it cripples the education sector, amongst others. Kelly (2000:63) noted that HIV/AIDS affects the supply of education because of



- the loss through mortality of trained teachers;
- the reduced productivity of sick teachers;
- the reduction in the system’s ability to match supply with demand because of the loss, through mortality or sickness, of education officers, inspectors, finance officers, building officers, planning officers and management personnel;
- the closure of classes or schools because of population decline in catchments areas, and the consequent decline in enrolments or because of teacher loss.

Kelly (2000:29) described four dimensions to the impact that HIV/AIDS has on teachers and teaching, which are teachers' infection and mortality, teacher productivity, teacher costs, and teacher stress. He further stressed that poverty creates situations of vulnerability to HIV infection, with the following being noteworthy:

- the lowered nutritional status of poor people;
- their lack of access to adequate health services;
- the reduced likelihood of treatment for sexually transmitted diseases which they may have contacted;
- their lack of access to information and the means of protecting themselves in sexual encounters,
- the overcrowded conditions in which they live;
- the survival needs which cause poor women and girls to enter into sexual relationships, and to protect their expected income by not insisting on condom use;
- the economic needs which propel young men from poor families to leave home and migrate from one high-risk locale to another in search of work;
- the virtual absence of pleasurable experiences, other than sex, available to poor people.

All the aforementioned affect the total well-being of an individual, which directly or otherwise impacts on their abilities educationally and in other spheres of life. In terms of teacher infection and mortality,

frightening statistics show that by the year 2010, in South Africa alone, a rate of 20% to 30%, some 88 000 to 133 000 teachers, will have died due to AIDS. There is a dearth of information on teacher infection and mortality, and the little data available show that the current cadre of teachers constitutes a high-risk group in several countries (Kelly, 2000:64).

In a UNAIDS/WHO (2006) report, it was noted that schools have fewer teachers because of the HIV/AIDS epidemic. In 2006, it was estimated that 21% of teachers in South Africa were living with HIV. Teachers who die have to be replaced, if a replacement is available. The education sector loses teachers in specialised fields, especially in the higher levels, where they have more replacement problems (UNAIDS/WHO, 2006).

The productivity of HIV-affected teachers becomes a major issue in the education system, since the HIV infection normally follows a pattern in which the infected person begins to experience a series of illnesses. This follows by an increased frequency of occurrence and severity as time progresses, which ultimately results in reduced productivity. The individual's immune system becomes so weakened that it can no longer ward off opportunistic infections, which become the marks of full-blown AIDS.

This scenario leads to infected teachers being frequently absent from school, long before they develop full-blown AIDS. The educators' participation becomes more uncertain, and eventually, they are unable to teach (Goliber, 2000:27) pointed out that an infected teacher loses the equivalent of 6 months of professional working time before developing full-blown AIDS. On this basis, each AIDS death is preceded by the equivalent 6 months of disability, during which teacher involvement in school activities becomes progressively impaired.

The illnesses of these infected teachers means their productivity is lowered, their classes receive little or no teaching, and their teaching load needs to be reduced. There is further loss of productivity if they need to be hospitalised, though they are still considered to be members of a school staff and the teaching profession. Occasionally, funerals of family, friends and colleagues can also reduce a teacher's capacity to put in a full day's work. These occasions lead to absences from work, late arrival, and closing early. These factors are a definite cause of reduction of the time available for professional activities.

In economic terms, decreased productivity of serving teachers has grave financial implications on the education system. Conditions of service normally provide for an extensive period of sick leave for a teacher who is ill, and the education department needs to bear all these

costs. There are also other costs, such as replacements, part-time substitutes, and the training of additional teachers.

Another fact that should be borne in mind is that there is a dearth of accurate data on the number of teachers who are HIV-infected and those who have progressed to full-blown AIDS. This makes the picture for rational planning for teacher numbers and cost-effective deployment extremely difficult.

Kelly (2000:69), on teacher stress, opined that teachers are also personally deeply affected by the incidence of HIV/AIDS among their relatives and colleagues and by their fear and uncertainty about their HIV status. Teachers' frequent contact with deaths/funerals of their colleagues and students heightens their fears about their own HIV status. Those teachers infected with HIV/AIDS are not only a financial loss for the Education Department, but students become very skeptical about the awareness/prevention messages being passed on by such teachers. Kelly further maintained that communities also blame teachers as being responsible for the introduction and spread of HIV/AIDS. In rural areas, teachers are seen as people with an insured income, who can pay for sexual favours.

2.9 THEORETICAL FRAMEWORK

Different people have different understandings of HIV/AIDS. People's opinions are influenced by religion, culture and politics. Nicolson, in his study (1995: 62), argued that

In South Africa, there is a segment of the population that by its religious affinity believes that AIDS is God's answer to being unfaithful, and attributes it to the decline in morality; as a result, those who are affected and infected by HIV/AIDS become secretive about the disease.

Hence, the epidemic is still silent. It is so silent that even when a person becomes ill and dies, the stigma surrounding HIV/AIDS leads to an attitude of avoidance and denial among the family and community (Johnson, 1997:1). Golstein et al. (2003:193) reported on the South African initiative called Soul Buddyz, available on the following website (<http://www.soulcity.org.za/programmes/the-soul-buddyz-series/soul-buddyz-series>). This initiative successfully uses a multimedia intervention to spread the HIV/AIDS message to children through a television drama series, radio magazine shows, life-skills print material, and a parenting booklet. It is seen internationally as a very powerful educational tool. The aim of edutainment is to bring about positive attitudes and behaviours through characters with whom the audience bonds.

The AIDS-related messages in Soul Buddyz programmes are both general and specific. Some examples of these messages are as follow:

- I am unique and have my own strengths and weaknesses.
- It is important to serve the community to which I belong,
- Boys and girls are equal and deserve equal respect.
- I need to identify my feelings and learn to express them in an appropriate way.
- Life is about choices.
- It is important to communicate about AIDS and sex.
- My body is my own.

The initiatives of Soul Buddyz have established that positive demonstrations emerge from this strategy to reach and teach children about difficult topics. It has increased children's knowledge about gender, sexuality, and AIDS and enhanced their problem-solving skills and their communication skills with peers and adults.

Children have formed support groups, and Soul Buddyz has undoubtedly inspired them. Educators and parents will thus understand the problems faced by children much better. Soul Buddyz deals with real-life issues and real-life situations and makes the children more aware of the things which are a reality.

2.10 CONCLUSION

The major findings from the reviewed literature show that the poorer children are, the more vulnerable they are towards threats to survival. Education becomes a struggle rather than the right of an average child. Missing out on school makes them less employable and the chances of a better future look bleak. A considerable degree of education and training in relation to HIV/AIDS remains to be carried out among young people.

The researcher shares the view of Grobler (2000:40) that it is of extreme importance that knowledge about HIV/AIDS be conveyed in such a way that the target group understands the message because knowledge is only useful if it is understandable.

As HIV/AIDS infection rates continue to rise in South Africa and in other sub-Saharan African countries, it is important that decision-makers take note of how communities and individuals are responding to the disease. It is assumed that until an effective vaccine or cure for

HIV/AIDS is found, responsible sexual behaviour is the only means of averting the continuous spread of HIV/AIDS.



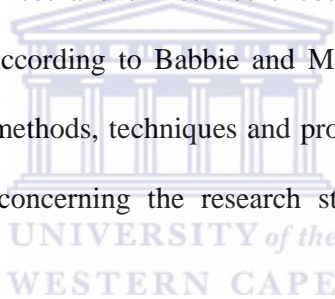
CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 OVERVIEW

In the light of the literature reviewed in chapter 2, the need for further study in the field of HIV is clearly evident.

This chapter outlines the methodological research process and research-related experiences and difficulties encountered during the course of this study. According to Babbie and Mouton (2001:261), methodology refers to methods, techniques and procedures. Relevant ethical considerations concerning the research study will also be discussed.



3.2 RESEARCH DESIGN

According to Babbie and Mouton (2001:261), units of analysis are those facts examined in order to construct a summary description of all such units and explain differences among them. In social science research, individual human beings are the most typical unit of analysis. The units of analysis in this study are children orphaned to AIDS, their educators and their caregivers.

The selected participants in the study consisted of 8 caregivers caring for orphaned learners, 37 orphaned learners (primary and secondary school), between the ages of 12 and 20 years, and 6 educators employed by the Western Cape Education Department.

Babbie and Mouton (2001:74) defined *research design* as a blueprint of how a researcher intends to conduct research. Research design can thus be said to include all the processes in a research study: questions, theoretical perspectives/framework, data collection, data analysis, write up and validation (Creswell, 1998:5). This study used a qualitative research design, an action-oriented participatory research involving educators, caregivers and orphaned children, in identifying problems and possible solutions. It also used a case study approach to the research, understanding that information about the relationships and interactions between the research subjects is as important as the information gained about the subjects themselves.

According to Mahlomaholo and Nkoene (2002:72): “Qualitative research is the happenings organized in patterns of social organizations and learnt culture principles for the conduct of the everyday life, in other words, are people in the immediate setting constantly present to each other as environments for meaningful actions.” As the research deals with the interpretation of real-life issues, the qualitative approach assisted the researcher in obtaining insight into and in-depth

information about the learners, educators and caregivers. A quantitative research approach was not suitable for this research, as the focus was upon the qualitative experiences of the support received (or not) and the struggle of orphaned children, their caregivers and their educators in relationship to school attendance. This research concentrated on the stories of the research subjects rather than on statistical and qualitative patterns. While the latter may provide valuable information that would better the lives of orphaned children and support their remaining in school, they were not part of the intent of this study.

An interpretive approach was used in this research. The researcher made use of interviews and questionnaires as research instruments. The questionnaires were used as the main measuring instrument. Goddard and Mellville (2001) defined a *research questionnaire* as a printed list that respondents are requested to complete. According to Kumar (1999), questionnaires are ideal research tools because they are inexpensive, save time and labour, and offer greater anonymity. Rossouw and Rosentha (as cited in Smith, 2005) corroborated this, stating that there are advantages to using questionnaires in research projects. According to them, the advantages of using questionnaires are as follow:

- They can be administered to large numbers of participants,

- the method allows for anonymity, and
- they are relatively more economical to use.

However, the disadvantages of questionnaires, according to Kumar (1999), are that

- questionnaires are limited to people that can read and write;
- the response rate of questionnaires may be low;
- questionnaires may not be representative of the population;
- the researcher may not be able to clarify issues;
- respondents are able to consult others; and
- questionnaires differ from the interview, in that responses cannot be supplemented with additional information.

Of the 37 questionnaires distributed, 30 participants responded, giving a response rate of over 80%. According to Sekaran (2001:428), a response rate of 30% is acceptable for most research purposes.

Only completed questionnaires were included in the analysis. A questionnaire was excluded from the study and analysis if

- the questionnaire was not fully completed;

- a definite trend of central tendency in the responses of the respondents was observed.

Seven questionnaires were excluded from the study due to incomplete information.

As per arrangement, the questionnaires were administered by the researcher with the help of two educators at the respective schools. This was done during the administrative period so that the normal class programme of the learners was not disturbed.

3.3 CASE STUDY

According to Flyvbjerg (2006:219-245), a case study is a method of qualitative research. Rather than using large samples and following a rigid protocol to examine a limited number of variables, case study methods involve an in-depth, longitudinal examination of a single instance or event, that is, a case. Flyvbjerg contended that case studies lend themselves to both generating and testing hypotheses. Yin (2002) defined *case study* as a research strategy, an empirical inquiry that investigates a phenomenon within its real-life context. He noted that case studies should not be confused with qualitative research and pointed out that they can be based on any mix of quantitative and qualitative evidence. Lamnek's (2005) view corroborated Yin's (2002) and pointed out that a case study is a research approach situated between the concrete data-taking technique and the methodological paradigm.

A case study is a particularly appealing design for applied fields of study such as education: “Educational processes, problems and programs can be examined to bring about understanding that in turn can affect and perhaps improve practice” (Merriam, 2001:41).

In chapter 4, six case studies describe the stories of the orphaned learners, the caregivers, and also how the educator sees the learner in class. The researcher also gives her impression of the learner on the day of interview.

3.3.1 Focus Group Discussions

According to Fontana and Frey (1998:361), the skills required of a group interviewer are no different from those needed by an interviewer of individuals. The interviewer must be flexible, objective, empathetic, persuasive, and a good listener. However, Fontana and Frey (1998:361) did point out the necessity of the following additional skills: The interviewer must keep one person from dominating the group and must encourage respondents to participate, to ensure the fullest possible coverage of the topic.

The focus group in this study was comprised of six caregivers. Two caregivers could not attend the discussion because of unforeseen circumstances. It was a real challenge to ensure that certain members of

the group did not dominate the discussion. It was indeed a good experience and a valuable exercise to listen to a group of women sharing their experiences with the group.

The researcher found the discussion to be not only a very useful and informative method of gathering data but also useful in the way that caregivers could verbalise their feelings and generate possible solutions amongst themselves for the challenges they face around HIV/AIDS.

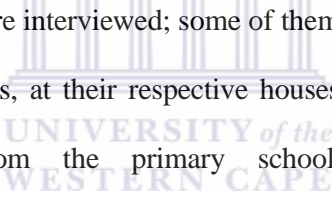
The use of focus group discussions was thus highly appropriate as a data collection technique in this study.

3.4 SAMPLE STUDY

To investigate the attitudes of the orphaned learners, their caregivers and educators, the researcher selected Mbekweni Township for the study. Four schools in Mbekweni Township were selected, namely, Mbekweni Primary School, Vulindlela Junior School, Desmond Tutu High School, and Langabuya Primary School. The schools are very close to each other. There is no hard and fast rule for how many people one needs to interview, since it will partly depend on the resources and time available to collect, transcribe and analyse data (Travers, 2001:3).

The principals of Vulindlela Junior School, and Langabuya Primary did not show any interest after our discussion meeting about the research. Reasons given were that they were short on teaching staff and

did not want to get involved at that time. They were also close to their September vacation period. Both principals agreed that they cannot ignore HIV/AIDS education in their schools and said that they have an educator who deals with the learners orphaned by AIDS. However, they were still provided with posters on HIV/AIDS for their notice boards and issued with brochures about HIV/AIDS to be distributed amongst the children and staff. The researcher then concentrated on the schools that were willing to participate, namely, Mbekweni Primary and Desmond Tutu Secondary, as well as the Ikhwezi Community Centre (ICC).



At ICC, 8 caregivers were interviewed; some of them were interviewed at the Centre, and others, at their respective houses. Of the total, 15 orphaned learners from the primary school returned their questionnaires. A total of 22 questionnaires were returned from the secondary schools. In total, 37 orphaned learners from the schools (primary and secondary) participated in the study. Six educators from both the primary and secondary schools completed questionnaires that were designed for educators to assist the researcher to report on the six selected case studies.

The participants from the primary school were between the ages of 10 and 14 years. They were at a stage in their cognitive development in which they just begin to reason as adults. According to Piaget (cited in

Atherton, 2004:2), at this age they now begin to be concerned with the future and are able to think logically about general matters or qualify problems that may need to be dealt with. They are also at a more vulnerable stage in life as they are still generally in the process of developing the coping skills and defense mechanisms that will guide them through life.

3.4.1 Tape Recorder

Interviews were recorded using a tape recorder. This permits the interviewer to concentrate on the process of listening, interpreting, and re-focusing the interview. Permission to conduct and record the interviews was obtained from the respondents. Respondents were also informed of their right to request for the tape recorder to be turned off at any time should they wish to do so.

3.5 METHODS OF DATA COLLECTION

According to Robson (1993), the selection of data collection techniques depends on the theoretical framework, research questions, and sampling criteria. For the purpose of this research, a survey was conducted, focus group discussions were held, and questionnaires were administered. This section explores the strengths, weaknesses, and applications of the data collection techniques.

The first form of contact was a telephone conversation with the principals of the four schools in Mbekweni Township. This time was used to outline the aims and objectives of the research and to request an appointment to explain the details of what the research was about and what participation would entail. I was then able to visit the selected research sites, the four schools and the Ikhwezi Community Centre in Mbekweni Township. I was able to do some preliminary groundwork and preparations before I actually went out into the field to collect data. This opportunity also enabled me to deal with the practical aspects that would possibly be involved in the data collection exercise, such as obtaining permission from the appropriate authorities and how to best reach my respondents and achieve the desired results. When the time came to begin the research, it was sad that two principals (as stated above) indicated that they would not participate on the grounds of staff shortage and the upcoming examination.

3.6 DATA ANALYSIS

Qualitative data analysis is primarily an inductive process of organising data into categories and identifying patterns (relationships) among the categories (McMillan & Schumacher, 1993). Data analysis is the process of systematically searching and arranging the interview transcripts, field notes, and other materials that are accumulated to

increase the writers' understanding and enable them to present what they have discovered to others (Bogdan & Biklen, 1982).

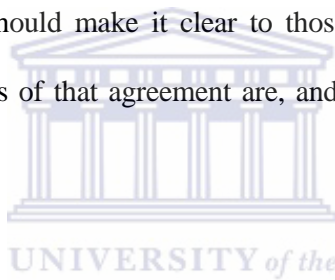
Yin (1994) indicated that data analysis consists of examining categories, tabulating/collating, or recombining the evidence to address the initial propositions of a study. Babbie and Mouton (2001:74) highlighted the point that, when researchers use existing statistics, the starting point for analysis should be to check the accuracy of the statistics. The recorded interviews were transcribed by the researcher herself, in order to identify the differences and commonalities in the responses offered by the learners.

Yin (1994:100) recommended case study research for studies that investigate exploratory questions, arguing that “why” and “how” questions deal with operational links needing to be traced over time, rather than mere frequencies or incidences. However, Yin (1994:100) indicated that case study research should not be limited to a particular method of data collection. Case study is appropriate for both qualitative and quantitative methods. Creswell (1998:5) referred to it as mixed-method research and recommended its use: “In fact, the more that your case study relies on different types of evidence that triangulate or converge on the same findings, the stronger it will be.”

3.7 ETHICAL ISSUES

According to the National Health and Medical Research Council, the primary purpose of a statement of ethical principles and associated guidelines for research involving humans is the protection of the welfare and the rights of participants in research. Gay (1981:63) stated that participants should not be harmed in any way: socially, mentally or physically.

Bogdan and Biklen (1982:50) stated that “In negotiating permission to conduct a study, you should make it clear to those with whom you negotiate what the terms of that agreement are, and you should abide by that contract”.



In the light of the above ethical considerations, proper channels for conducting the research were followed. An application letter requesting permission to conduct research was sent to UWC on 25 August 2006, with a formal ethical declaration form to the Dean of Research, who replied with a positive answer, granting permission to conduct the research.

An ethics statement was developed and agreed upon by the project team (an administrator at Ikhewzi Community Centre, who also offered to help with translation and the author.), prior to engaging in fieldwork. Meetings were arranged with the caregivers at Ikhwezi Community

Centre, and at the selected local schools to meet with the educators and children orphaned by AIDS. It was explained to the caregivers and educators that the research process included questions on HIV/AIDS and the reasons for conducting the research were given. Caregivers, educators and learners were informed that participation would be voluntary. It was also explained to the participants that they would have the right to withdraw from the research at any time (Silverman: 2004).

Berger and Pachner (as cited in Bennet et al., 1994:94) stated that “the idea that consent is voluntary implies that persons agree to participate in a study of their own free will”. The principals and Ikhewzi Community Centre staff were informed that feedback from the research would be made available to them. The researcher stressed that the confidentiality of the learners, educators and caregivers would be respected throughout the process of data collection. Berger and Patchner also posited that “in all research involving human subjects, confidentiality of unidentifiable information is presumed, and must be maintained, unless the investigator has obtained the explicit permission of the subject to do otherwise” (as cited in Bennett et al., 1964:95). Issues discussed included privacy, anonymity and confidentiality, informed consent, professional integrity, and the researcher’s relationship with participants. All participants in the research signed

consent forms. Pseudonyms are used throughout the report to ensure confidentiality.

Questionnaires were administered to groups of primary and secondary school learners, educators, and caregivers. Consent forms were filled in, and confidentiality was assured. The interview as a research tool requires a relationship of trust between the researcher and the subject (Fontana & Frey, 1998).

Bell (2000) argued that a major advantage of the interview is its adaptability. A skilful interviewer can follow up ideas, probe responses, and investigate motives and feelings in a way that questionnaires can never do.

3.8 CONCLUSION

In this chapter, the research methodology, data collection, and data analysis were presented. The researcher is of the opinion that the chosen approach was the most appropriate to achieve the aims of the study to investigate the attitudes of orphaned children and their caregivers towards schooling.

The following chapter presents the data in the form of a story, as befits a case study report. It is also detailed in its description of the community, schools, educators, caregivers and orphaned learners.

CHAPTER 4

RESEARCH FINDINGS

Case Studies

4.1 OVERVIEW

This chapter presents findings from interviews with caregivers, learners and educators. Pseudonyms were used for all the participants interviewed, and all their names are kept anonymous throughout the entire interview. While educators are important for understanding the factors influencing orphaned youths' school attendance, educators themselves were not the primary focus of this study and, because of the constraints of time, took a back seat to the time spent with orphaned children and their caregivers. This is not to devalue educators in any way, and it is clear that much further study needs to be done to understand educators' influence on orphaned children's school attendance.

The following case studies are intended to give the reader a better understanding of the responsibilities and complex relationships that children orphaned by AIDS are experiencing. Chapter 4 data are presented in the form of a story, as befits a case study report. The chapter is also detailed in its description of the community of

Mbekweni, the participating schools, educators, caregivers and orphaned learners.

The experiences and hardships of Bwalya, a Zambian orphaned boy (described in a 1990 UNICEF report), are very similar to what is described in the six case studies below from the orphaned children in Mbekweni Township. No matter how far apart these countries are from each other, the pain and suffering for orphaned children are the same:

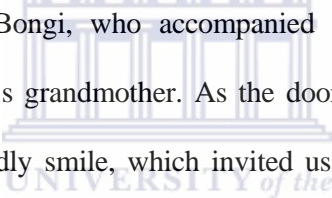
The World Summit for Children affirmed that childhood should be a time of joy, and peace, of playing, learning and growing. However, for Bwalya, as for millions of the children of Africa, the reality of childhood has been altogether different. Coping repeatedly with death, grief and mourning, without a mother or father to give care and loving attention, moving from one home to another, not knowing how long the present situation might last, Bwalya's childhood has been anything but laughter-filled, innocent and happy. His experiences have aged him before his time, transforming him into a "juvenile adult" – vulnerable, scarred, and wary of life. (UNICEF, 1990).

4.2 CASE STUDIES

4.2.1 Case Study 1

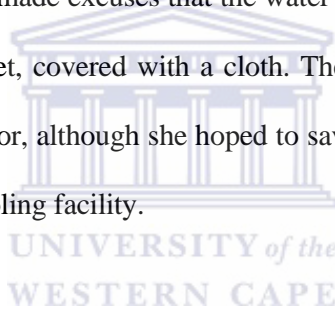
4.2.1.1 The researcher's story about Nomsa

I was introduced to the 17-year-old Nomsa by her very proud grandmother, Gloria. They invited me into their neat and tidy one-bedroom home in Mbekweni Township. When I stopped in front of their municipal house, it seemed, based on first impressions, most probably the cleanest house in the block. The front yard was neatly laid out with small pebbles, with a little path that led to the front door.



My Xhosa translator, Bongi, who accompanied me, is very well acquainted with Nomsa's grandmother. As the door swung open, we were greeted by a friendly smile, which invited us inside her house. She and Bongi greeted each other in Xhosa, while I waited for my turn. Bongi introduced me to Gloria, who offered me a chair and made me feel very welcome. She leaned forward and called her granddaughter with a clear voice, "Nomsa please come here; we have visitors." Meanwhile, I observed how the scars of poverty were evident on the face of Gloria. She does not look like a 66-year-old grandmother, but much older. She was neatly dressed in a clean overall, and in her flat shoes, her swollen feet were still visible. Her hair was neatly plaited, and lots of grey hair displayed her many lived years.

While waiting for Nomsa, she chatted with Bongi in Xhosa, which made me feel left out. Meanwhile, I observed their living conditions. Finally, Nomsa appeared. She smiled and greeted us with a handshake, while her grandmother instructed her to sit down and answer a few questions. Suddenly, the room became tense, and a bit of nervousness could be detected on the faces of Nomsa and her grandmother. To break the tension, I asked for a glass of water. Gloria instructed Nomsa to fetch a glass of water and asked her to use a particular glass cup that was set aside for visitors. When Nomsa returned with the glass of water, her grandmother made excuses that the water was not very cold, as it came from a bucket, covered with a cloth. The family, she said, did not have a refrigerator, although she hoped to save up some money to buy some form of cooling facility.

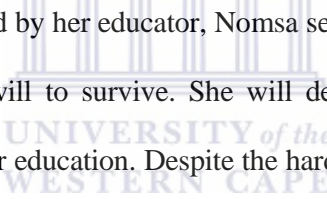


I thanked them for giving me some of their time to talk to me and answer my prepared questions. Nomsa answered some questions, but was very cautious about answering some in the presence of her grandmother. Not many questions were covered, as Nomsa was hesitant and cautious in her answers. The signs were clear that she wanted to talk in private, and after our interview, we arranged to see each other at her school during that same week. We met the following Thursday, as planned.

At school, Nomsa had a very open conversation with me and addressed all the issues that have made her unhappy in her grandmother's house. She raised the fact that she was constantly cleaning and doing most of the chores at home but could not talk with her grandmother about it. Her cousins expected her to do all the household tasks for them, and she felt she could not say no, as she was staying in their home, and they are older. She sleeps in an overcrowded room, and does not have much of a choice. Nomsa raised the issue of grant money and explained to me that she wanted to be like every other child in her school and to be treated like them too. She said, "If you have money, everybody will be friendly to you." She admitted that she was unhappy to be at loggerheads with her grandmother. She was worried about her grandmother's health, and the possible consequences, if any, with the officials of the social services regarding her intention to live separately from her grandmother. The financial implications of her staying away from her grandmother also weighed heavily on her.

Nomsa claimed that she enjoyed school and wanted to become a social worker, if she gets the opportunity. She told me that teachers should help look out for bursaries for children and teach them how to apply. She mentioned that she is acquainted with a number of former matriculated pupils who are jobless and "hang around" in the townships with limited opportunities to further their education. These former students from her school do not know how to apply for jobs, or

for admission into tertiary education, and are not well educated about HIV/AIDS. She commented that educators who are well informed about HIV/AIDS tend to be more supportive than those who are less informed; as a result of lack of support, the learners give up hope very quickly and become involved in alcohol and drug abuse, as they see no future for themselves in the township. She hoped for a proper career-guidance educator, as well as a trained counselor who could assist the orphans when the need arises. She reported, “Our teachers are forever busy, and some of them don’t have time to stop and listen to our problems.”



In summary, as described by her educator, Nomsa seems to be an eager learner, with a strong will to survive. She will definitely grasp any opportunity to further her education. Despite the hardships at home and school, she is one of the learners affected by HIV/AIDS who deals with it in a positive way and continues to make an enormous effort to get the best education available to her.

4.2.1.2 Nomsa’s story (as narrated by her grandmother)

Nomsa’s grandmother is a 66-year-old Xhosa woman. She has lived in Mbekweni Township for all of her life. Her name is Gloria. Her husband died some time ago of tuberculosis. She is tall and walks with a walking stick. She still collects her old-age pension and pays her bills at the local municipality. She resides in one of the municipal houses in

the location, which is, based on observation, probably one of the best maintained houses in Block C. Despite her mobility constraints, because of her sore legs, she still manages to keep her yard clean with the help of the children.

Gloria's daughter died in 1996 from HIV/AIDS. Gloria has been taking care of Nomsa since the age of 7 years. Nomsa started school late because she was a very tiny baby and her mother kept her back until the age of 9. Nomsa never had the privileges of other children whose real mothers took them to school, because her mother died a year before she was supposed to start school.

Gloria admitted that the first day of school for Nomsa often crossed her mind. It was very difficult in the beginning because her classmates could not understand why Nomsa had such an old mother. The teasing only stopped when the teacher explained that her grandmother was raising her as her real mother died of a disease. Nomsa only has faint memories of her mother and sometimes looks at the pictures of her mother displayed in the one-bedroomed house.

"Times are tough," said Gloria from her chair, "It is getting increasingly difficult to care for my own children, not to mention my grandchild. Caring for her is quite important for me, but the fact that it is sometimes hard to address all her needs makes it unbearable. She is a

young girl of 17 years now. Her needs have changed, and she has become more demanding about money, and is probably under peer pressure.” To care for her granddaughter and keep her focused is her goal, considering that she excels at school. Her teachers always compliment her on her neatness and punctuality at school. Nomsa’s grandmother Gloria recalls how she received a grant that enabled her to cope:

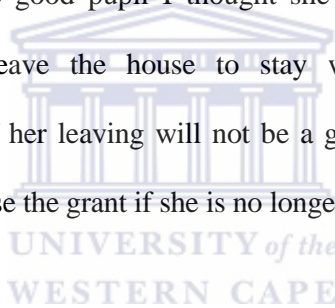
One day when we really ran low on our finances, an unexpected letter arrived to inform me that a Child Support Grant (CSG) for Nomsa was approved, and payment was due the next month. A great deal of trouble went into the application for a CSG because of a lack of qualified people to assist us with the application procedure.

The CSG is not a lot of money, but it helps to feed us all. My other income is the old age pension. With this money, things like the rent, electricity, and water can be covered. Ikhwezi Community Centre provides us with a monthly food parcel, which helps a lot. It contains rice, maize meal, bread flour, fish oil, soap, washing powder, sugar, tea and powdered milk. One of the greatest worry for parents is however, the school fees issue. In our case, Nomsa is exempted from paying school fees, and I am thankful for that. Now that my granddaughter is older

and has found out about the grant, she puts up a fight with me, claiming that it is her money.

I am convinced that she was badly influenced by her friends at school. Nomsa becomes increasingly demanding about pocket money because she wants to be like her friends. She does not care how I have to make plans to feed the six of us. It breaks my heart when she accuses me of stealing her child grant.²

In a very recent argument, I discovered that my granddaughter is no longer the good pupil I thought she was, because she threatened to leave the house to stay with friends. The consequences of her leaving will not be a good thing for her, and we might lose the grant if she is no longer in my care.



4.2.1.3 Nomsa's story

Nomsa is a 17-year-old pupil from Mbekweni Township. She is in Grade 10 at Desmond Tutu Secondary School and stays with her grandmother, Gloria. Nomsa is a tall and slender girl, with a nice physique. When asked about whether she is interested in sports, she replied in the affirmative, saying, "Netball Miss, and I will never quit it". Her eyes are big and her smile is complemented by her beautiful set

² The Social Assistance Act of 2004 sets out who qualifies for government support. For example, the Child Support Grant (CSG) is paid out to the primary caregiver of a child up to the age of 14. A primary caregiver is any person who takes the main responsibility for the daily needs of a child. The Child Support Grant was R190 per month in April 2006. (www.csvr.org.za)

of white teeth. She wears braids in neat rows, and each row is ended off with beads. Her skin has a healthy look. She says that she is living with her grandmother. Her grandmother has four children of her own. She likes school very much and performs very well despite her circumstances.

Nomsa lost her mother because of HIV/AIDS. The following is her poignant story:

I was only told her story when I first heard about HIV/AIDS in school and confronted my grandmother about it. I never knew my father; nobody ever speaks about him in our house, and I do not bother to ask about him or her. The only thing that reminds me about my mother is when I see pictures of her in my grandmother's house, and the way she was curled up under a pink blanket. My mother was always ill, and became very thin. My grandmother used to feed her soup and give her tablets to swallow. Only sometimes I was allowed to sleep next to her, and then she rubbed my hands against hers. She could not carry me but my grandmother did.

My grandmother is very good to me. I have no complaints about food and school uniform, but now that I am bigger, I need money too. My friends at school always look at me if I do not

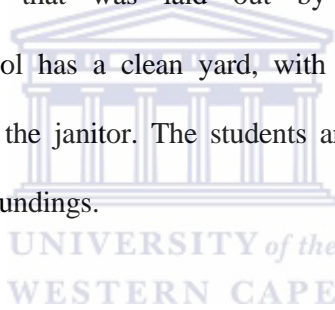
want to go with them on school outings. Sometimes, I do not have money to pay for my school raffles. They do not understand if I do not have money to pay for sweets or cool drinks at the school's tuck-shop. They wear beautiful clothes on weekends and hang out with boys from our school. My grandmother very rarely gives me money when I ask her. The arguments between my grandmother and me make me unhappy, and it affects my concentration in my schoolwork. Because of this, my class teacher has called me in to discuss my low marks in my recent tests. I always get the most chores to do at home. My cousins order me to do things for them too, and it makes me feel like a slave. I run around for all of them, and end up having only a little time left to do my homework. My grandmother never praises me if I score good marks in my exams; only my teachers at school. The support that my teachers give me is unbelievable, and I am thankful for that. They are open, and those of us who are orphans discuss freely with them. Our educators guide/advise us, and keep our discussions confidential.

Despite her teacher's advice, she recently threatened her grandmother that she will leave the house and go to stay with friends.

4.2.1.4 The educator's story about Nomsa

Mr Khutsoane is an educator at Desmond Tutu Secondary school. He has been in the teaching profession for almost 7 years. He is a class teacher to the Grade 10 classes and is well acquainted with Nomsa.

When we met him, he was neatly dressed with well-polished shoes and appeared to be a very calm and collected person. He is a tall man with a friendly smile and speaks impeccable English. He made me feel at ease in his presence. We sat down in the quiet staff room that overlooks a beautiful rose garden that was laid out by the Drakenstein Municipality. The school has a clean yard, with high gates at the entrance, controlled by the janitor. The students are taught to avoid littering the school surroundings.



When we spoke about Nomsa, it was clear that Mr Khutsoane is very concerned about and interested in the welfare of all the orphaned learners in the school. He is well informed about Nomsa's welfare, and knows her grandmother too. He spoke highly of Nomsa's good qualities:

Nomsa is a very eager learner, and she receives good support from all my colleagues, as well as the principal. She is one of the orphaned children in our school who stands out among the others in terms of neatness, deportment and good leadership

qualities, despite her circumstances. She has an extremely good way of dealing with her loss, and we wish all of them could be as positive as Nomsa. She talks whenever she is worried about something, and it makes her burden bearable.

Mr Khutsoane also informed me that he was aware of the recent disagreements between Nomsa and her grandmother about money. When this issue was discussed with him, he explained to Nomsa that she should not allow her peers to put her under such pressure. He advised her to stay away from those friends who influence her negatively as this would also affect her school results.

The educator expressed his concern over the fact that she had threatened to leave her grandmother's house, saying that Nomsa still needs the firm hand of her grandmother. He continued, "We as educators and the community of Mbekweni are here to support the orphans, if only the government could do more for them." In his concluding words to me, he raised the concern that their school is in need of a qualified school psychologist, who can assist the orphans professionally: "Not all my colleagues want to get involved in the daily lives of orphaned-learners. They claim that they are not trained to do so, and it becomes too emotional for some of them."

I thanked Mr. Khutsoane for his contributions and encouraged him to get more colleagues involved for the sake of the orphans at their school.

4.2.1.5 Observations

It was clear that the difficulties that Nomsa faces are a normal situation in every teenager's life. Teenagers reach a stage where peer pressure becomes too much and impacts negatively on them. With the help of her grandmother, Nomsa will be able to cope with her circumstances, but the negative influences of her friends are not doing her any good. Nomsa's grandmother is displaying a 'no-nonsense' attitude, which her granddaughter sees as being too strict. Nomsa's grandmother is taking good care of her and tries to give her the best in every facet of life, within their limited means. She is in a safe environment, and her living conditions are certainly better than that of a host of others.

According to the book *A Guide for Educators* (Department of Health, 2001:17), "the sense of self and social relationships [in children] are being shaped during their critical period, and is vulnerable to negative perceptions of the world around them and their relation to it."

Nomsa is lucky to have Mr. Khutsoane as her class teacher because he allows her to talk about things that make her unhappy and then advises her. She has a support structure at school, which helps her to have a

positive attitude. Furthermore, it was evident that Mr. Khutsoane is trying to keep the orphans in a supportive school environment. If the Government could provide educational programmes/workshops for the educators at Desmond Tutu Secondary school, this would enhance the security, stability, affection, and human warmth that children need and create opportunities for joy and laughter. This would make a difference in the lives of the orphans at school.

4.2.2 Case Study 2

4.2.2.1 The researcher's story about Andile

Andile is an 18-year-old orphan, who lives with his only brother, Tseko, in a one-bedroomed structure in Mbekweni. He is part of a child-headed household. Andile is in Grade 10 at Desmond Tutu Secondary school. When we visited him, he was sitting alone outside their home waiting for us. On getting to his house, we saw him sitting very comfortably on an empty 25-litre paint container, as this served as a chair in their house. He got up from his “chair” and greeted us with a broad smile on his face. He showed us the way inside their house, a roofed wooden structure with a door. The door was painted with white paint, and my eyes fell on the cracks in the door, as the sun shone through it. Andile picked up the container, placed it inside the house, and asked us to sit on their three-quarter-sized bed, while he sat down on the container again. As we sat on the three-quarter-sized bed, the things that caught my eye were the cardboard box covered with a cloth

and the grey paraffin stove on the floor. The box in the corner is used as a wardrobe, while the paraffin stove is used for cooking.

Andile explained that Tseko had gone to fetch their monthly food parcel at Ikhwazi Community Centre, and he would answer our questions in the meantime. He is an attractive young man, with clear skin and short hair. He radiates confidence when he speaks and has a good command of the English language. His discomfort with our presence in their all-in-one-room apartment was obvious; the toilet facility, which is located right behind their home, is shared with their neighbours. He completed the questionnaire with ease and responded to all the questions. When he started writing, I had the feeling that he wanted to pour out all his emotions freely on the paper. The times when he looked up, he looked in the direction of the cardboard box, where their clothes were neatly packed, and then he continued again. One thing that stood out about Andile was the constant smile on his face, despite his circumstances.

4.2.2.2 Andile's story (as narrated by Tseko)

Tseko is 20 years old and heads the household. Andile and Tseko lost their mother 2 years ago, and did not grow up with their father. Tseko and Andile take turns in the mornings to prepare their porridge before school, which sometimes is their only meal at home, though it is supplemented by the peanut butter sandwich that they get in school. He

has no misgivings about his extra responsibility of caring for his brother, provided they stay together. Andile is a very quiet person and is well liked at school. He is a very eager scholar and takes part in soccer at school. On many occasions, educators have paid for his school trips when they travel to participate against other schools.

Tseko then recounted his brother's story:

The first year after our mother passed on was very trying for Andile. There were times when he was so quiet, and it took a lot of effort to get him talking. It was obvious that he missed our mother very much. Sports at school helped him immensely in dealing with our loss. He has become more expressive, and we do discuss problems when they come up. He is very understanding and cooperative with the chores at home. We take turns in preparing food, cleaning the room, washing our clothes, and washing the dishes. Sometimes we are fortunate to get a job over weekends, which help us to buy groceries for the following week.

We are exempted from paying school fees, and two of the educators at our school provide us with school uniforms and shoes. Some of the clothes that we have are what the educators give us, as we do not have money to buy clothes. Caring for Andile is a pleasure, irrespective of the circumstances we sometimes find ourselves in. He quite understands and does not complain about our

conditions. There are times when we argue, but we have learnt over the years to sit down and talk about matters. We often talk about our hopes, ambitions and aspirations. His dream is to become a mechanical engineer, and we hope that our educators can help us to apply for bursaries to achieve our goals.

4.2.2.3 Andile's story

Andile is the 18-year-old brother of Tseko, and the two boys have been living entirely on their own for the past 2 years. Andile is in Grade 10 at the same school as his brother. Andile is shorter than his older brother. He is well built because of his sporting activities at school. According to him, being a member of the school's soccer team helps him to forget the hardships at home. The high school they attend is about 15 minutes away from their house. While talking with Andile, it was obvious in his eyes that the death of his mother was devastating for him. He puts up a brave face, but the emptiness shows.

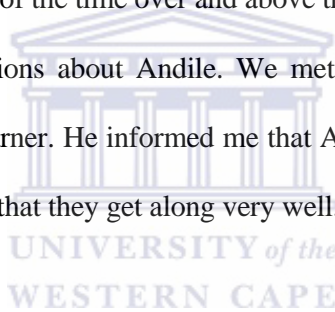
During our discussions, he raised the fact that he sometimes worries about his older brother because he is aware that Tseko cannot concentrate on his school work all the time as he worries about how, where and when they will get their next meal:

We lack basic things like stationery, and even warm blankets for winter. We fetch wood and water for our neighbors, who in

return offer us a plate of food in the evenings. All these concerns affect Tseko's marks in school, but my hope is that he will matriculate this year. If our mother were still alive, we would not have to worry about all these things since she took adequate care of us.

4.2.2.4 The educator's story about Andile

Mr Faku has been an educator at Desmond Tutu Secondary School for about 9 years. At this school, most of the educators support the orphaned learners, most of the time over and above the call of duty. He agreed to answer questions about Andile. We met and had an open discussion about this learner. He informed me that Andile is one of the learners in his class and that they get along very well.



In our conversation, it was clear that Mr. Faku was conversant with the circumstances of most of the orphans at the school. He admitted his awareness of the orphans' difficulties, and he obviously cares for them. He supports the orphans in every possible way, with the help of the school principal. He is the educator in charge of all HIV/AIDS-related matters, under the supervision of the principal. Mr. Faku described Andile as an eager learner, as well as being one of the hardworking learners, despite his circumstances. "The loss of his mother had a devastating emotional impact on Andile," commented Mr. Faku:

At the time of his mother's death, he was only 16 years old, and it took a lot of talking to convince him that she was not coming back. Andile is making remarkable progress in his schoolwork since he joined the soccer team at school. His getting involved in sports was timely, as it helps him with the healing process.

Mr. Faku informed me that Andile comes to talk about his fears, hoping that his brother Tseko will not drop out of school as a result of his worrying about their financial constraints until he has completed Grade 12.

4.2.2.5 Observation

Children's roles as caregivers, as in the case of Tseko, often put them in situations of making difficult decisions. They often worry about things like food, clothes, school fees, and how to survive from day to day. Because of this, concentration at school cannot be optimal. The difficulties that some of these orphaned children encounter frequently drive them to drop out of school or to attend erratically, because of hunger. "They often do piece work to feed themselves has a result of not attending school regularly," said Mr. Faku.

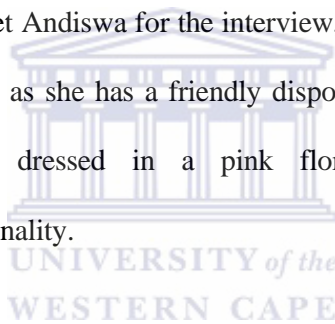
Supporting children in this kind of situations, as described in case study 2, to help them improve their emotional well-being is not only critical

but also very stressful for older siblings who are dealing with these emotions themselves.

4.2.3 Case Study 3

4.2.3.1. The researcher's story about Andiswa

Andiswa is a 17-year-old scholar who became an orphan when her mother died. Her mother, Lucy, was popular and well known in Mbekweni Township before passing on. She was a very friendly person. She was a single parent, and when she died, Andiswa was only 11 years old. When I met Andiswa for the interview, it was hard to tell that she was an orphan, as she has a friendly disposition and a warm personality. She was dressed in a pink floral dress, which complemented her personality.



Andiswa is in Grade10 at the local school and performs very well in her schoolwork. She is a tall girl, who is a member of her school's netball team. She is known as a very caring child and popular amongst her peers and educators. My observations indicate an unhappy person putting up a facade.

She communicated openly with me and admitted that she interacts freely with her class teacher as well. This seems to be her way of dealing with her hardships, instead of bearing it alone. She is "the other child" in the household and carries a lot of responsibilities in ensuring

that there is enough wood and water and that everything is clean before her uncle's wife gets home. She is also seen as the "older sister", who should take charge of the household if/when the other older people are not around. It leaves her with little time to do her schoolwork and to take charge of her own development as a young adult.

4.2.3.2 Andiswa's story (as narrated by her uncle)

Alfred Molewe is Andiswa's uncle. He took her into his care after her mother died of AIDS. He is a 56-year-old man and is fortunate to be employed as a petrol attendant in Paarl. I met him in his two-bedroomed house. He had just arrived when I got to his house. Alfred was still in his petrol attendant's overall when he opened the door for me. He invited me into the house and offered a cup of coffee. He asked his wife to prepare a cup of coffee for me. We sat down and started talking about his job and its long hours. He informed me that he gets some weekends off, and he spends such days with his family.

He assured me that he is happy to have Andiswa under his roof, and will care for her, with the assistance of his wife of course. Alfred's family could not take care of Andiswa because most of them are jobless and thought that he would be the best one to take her under his care. He spoke with some sense of worry about the responsibility of caring for young children in one's old age:

I am so afraid of what the future has in store for these orphans. If I were to die and leave them, who would look after them? Looking after orphans is like starting life all over again, because I have to work hard again, feed the children. I thought I would not do these things again. I am not sure if I have the energy to cope.

He also admitted that he is aware that she is growing older and her needs as a young woman will increase in terms of clothes and spending money and so on.

While talking to me, he became emotional, especially while speaking about his late sister (Andiswa's mother) and how Andiswa reminds him of her as she grows older. It was obvious that Andiswa's uncle is fond of her, probably as an extension of the fondness he had for her late mother.

4.2.3.3 Andiswa's story

"I am very happy to stay with Uncle Alfred, as he and his wife were the only members of our family who took me in, while other family members turned their backs on me," Andiswa informed me. She said that she was only 11 years old when she learnt that her mother had died of HIV/AIDS: "We were good friends, my mom and I, and then, she suddenly passed on and left me alone." She remembered the days when her mother came back from work as a char, with broken dolls, cups and

tea sets, and other items for girls, all of which were supposed to have been discarded: “Whenever I opened my mother’s bag, it was always full of surprises, even though the toys she brought home were half-broken. For me, they were as good as new because there was never money for new toys or dolls.”

Andiswa went on to tell me of her life with her uncle’s family:

My aunt, (my uncle’s wife) is very different from my mother; she pretends that she loves me, but in contrast, takes better care of her biological children. I feel like a slave in their house, but I have no choice but to stay with them as other members of my mother’s family refused to take me in. The only time when my uncle shows true affection is when he is at home on his off days, but then he is drunk. At such times, he calls me and asks about my schoolwork and how I cope. I know he loves me because I heard from other family members that he was very close to my late mother. His love and affection for me cannot be expressed too openly, to avoid jealousy on the part of his own children.

4.2.3.4 The educator’s story about Andiswa

“Andiswa is one of my Grade 10 learners,” said Mr. Matesi. “I have been teaching at Desmond Tutu Secondary School about 7 years, and I am quite familiar with Andiswa.” He then described Andiswa to me:

She is one of the orphans in our school. She always has broad smiles and a friendly disposition. Her circumstances are not very different from that of the other orphaned learners, but she always appears to be coping with her situation. We have many discussions in my class, and she is always open to talk about whatever is bothering her. She communicates freely with me about the situation at home, where she sometimes is under pressure from doing too much house chores, thus leaving little time for her homework. Despite my lack of training in counseling skills, it has been my personal interest since I started teaching to attend to learners who have a long history (of problems) because these have got an impact on their performance. In another conversation with me, she raised the fact that her uncle only speaks to her when he is drunk. She also expressed her appreciation for the kindness from her uncle, his wife, and their children.

Mr. Matesi noted that Andiswa is a cheerful teenager. She does not allow any unpleasant or difficult obstacles in her life or at home to rob her of her cheerfulness.

4.2.3.5 Observation

In my observation, it is clear that Andiswa is one of the very lucky orphaned girls to have her uncle Alfred and his wife to care for her. She has a stable household, although she feels that she is doing too many chores sometimes. She also has the educational support of Mr. Matesi, who thinks that she is doing well at school and at home, despite her circumstances. She is showing that she can cope under pressure and still be a cheerful child. Educators need training in counseling skills to enable them assist the learners more effectively.

4.2.4 Case Study 4

4.2.4.1 *The researcher's story about Simpiwe*

Simpiwe is a very small 12-year-old boy. He looks like a 9-year-old. He is a Grade 6 learner at the local primary school. When we sat down to talk, he appeared extremely nervous so I had to spend about 10 minutes or so to put him at ease before I could put some questions to him. It was not easy to get information from him as he was very withdrawn. When I finally got him to talk, I listened carefully and appreciated the little boy's openness.

4.2.4.2 *Simpiwe's story (as narrated by his aunt)*

Simpiwe's Aunt Dora related the following story:

Simpiwe is my sister's son. As sisters, we loved each other dearly. I was devastated when she died, but I promised her that I would take care of Simpiwe. His mother died of HIV/AIDS and her husband too. He has been in my care for the past 3 years. He is a well-behaved boy and liked by everyone at school and amongst my friends. He has told me that he wants to study to become a mechanic one day. He is very interested in his schoolwork, and I encourage him to continue to do his best. His educators always praise him for his eagerness to learn, and it makes me feel very good. Sometimes, he asks me questions about his late mother and I know that he misses her then. We are lucky to receive a monthly allowance (CSG) that helps to cover all the food expenses. In his case, he is also exempted from school fees.

Dora said that it is not a problem for her to take care of Simpiwe, but there are times when she wishes she had enough money to buy him toys and the things that he likes. "In our case, she said, "it is important to make sure that we buy the basic food first, and there is hardly any money left for luxury items like sweets, chocolates and cool drinks."

4.2.4.3 Simpiwe's story

Simpiwe recounts his own story:

Aunt Dora has taken good care of me since the time I was placed in her care. She is an inspiration for me, and I really appreciate what she is doing for me. Her husband also died a few years ago, like my mother. There are times when I really miss my mother, but then I think of how good my aunt is taking care of me, and that often makes me think how lucky I am to have her. She falls sick sometimes and asks me to bring her medication and water. Sometimes I fear that when I come home, she will be dead. I do not want her to die because who is going to look after me? I have a few friends at school who like me, but on the days when they have money to buy sweets from our schools tuck-shop, I just pretend that I am not feeling well. I do not want them to share their sweets with me all the time; it makes me look like a beggar. My aunt does not give me sweets-money all the time because she only receives money from her own children and a CSG.

He told me that he would try hard to do his best in school as he has a dream of becoming a pilot one day.

4.2.4.4 The educator's story about Simpiwe

Miss Dolly is the class teacher for the Grade 6 classes at the Mbekweni Primary school and teaches Simpiwe:

Simpiwe is a very good child, but very quiet in my class. He is very interested in his school activities and he likes school very much. He is doing well, and behaves well in class. He is a very eager child, and shows lots of potential, but sometimes is very withdrawn.

I know him very well and have visited him and his aunt on many occasions at their house. She takes good care of him and it reflects in his behavior. He seems to be a very stable young man and safe. Sometimes he appears to be very lonely, and will just sit and stare right in front of him. I have noticed that this might be the times when he misses his mother or worries about his sick aunt at home. To be in school is usually exciting and enjoyable for learners, but for some like Simpiwe, it brings intense fear or panic. This is based on Simpiwe's fear when he leaves his sick aunt at home in the morning.

4.2.4.5 Observation

It is clear that his aunt cares properly for Simpiwe. Despite the fact that she cares for him, he in turn worries about her. He is a strong boy who lost both his parents and still has the ability to cope with his schoolwork.

4.2.5. Case Study 5

4.2.5.1 The researcher's story about Vuyo

Vuyo is a 13-year-old girl and lives with her grandmother in a one-bedroomed house in Mbekweni Township. Her biological mother died of AIDS, which is why her grandmother is taking care of her. She did not know her father at all and does not know if he is still alive or in the same province as her. This 65-year-old grandmother looked extremely tired when Bongzi (the translator) and I met her for the first time. She looked as if she was struggling to take care of this young girl.

4.2.5.2 Vuyo's story (as narrated by her grandmother)

Vuyo's grandmother made it clear that she is still missing her daughter who died of AIDS. She explained that it is not easy for her as an old person to take care of Vuyo anymore, as she (Vuyo) is in a very difficult phase of her life. Her peers influence her very easily. She has already caught her smoking and drinking with the youngsters in the area. She continued the story of Vuyo:

This has happened twice already, and I am afraid that she will get used to this behaviour. I am talking to her a lot and she does not pay attention to my warnings. I also explained to her that if the authorities find out about her bad behaviour, we might lose the CSG.

This brings on many worries for me as an old person. I cannot sleep unless I know she is inside the house. I cannot follow her all the time and it makes it difficult for me to move around as I have a problem with my hip. Vuyo is taking advantage of this situation, and she knows that I have to sit down most of the times. I have tried to arrange to see the social worker so that she can come and speak to her. The social worker has promised to visit me next week, as she is very busy in Mbekweni.

Tears rolled down her cheeks as she told me this story.

4.2.5.3 Vuyo's story



Vuyo said that it is very hard to concentrate on her school work. She feels restless and thinks too much about her own mother. She is aware that her grandmother is also unhappy at times:

My grandmother is very sad that her children are gone before her. I am doing well at school, but there are many times when my heart is very sad, and then I follow my friends in doing naughty stuff that Gogo does not like. I know that smoking is not good for me at this young age, but it was fun when my friends introduced it to me. I am happy to stay with my grandmother.

Sometimes it is boring at home because my grandmother cannot go anywhere with me, because of her hip problem. I like to walk around and she orders me to stay home. Sometimes I understand, and sometimes I just feel like ignoring her. I do most of the chores at home and she makes me do my homework every day. Sometimes I lie to her about not having any homework. If my mother were still alive, we would have made time to go to the shops in Paarl and buy small things. With my Gogo, it is different. She just worries about my schoolwork and food for every day. It is hard to live with an elderly person because they have their temper, and she (my grandmother) must adjust herself to my habits, but I have to adjust myself to hers.

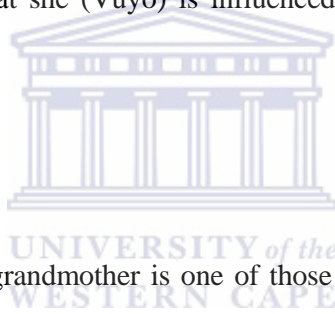
4.2.5.4 The educator's story about Vuyo

Mr. Maloi is one of the well-known educators at the school and in Mbekweni Township. He enjoys teaching in the primary school but admitted to me that it is not easy seeing how some of the children are suffering as a result of the loss of their parents. Mr. Maloi argued that it is difficult for them as educators to deal with the learner's emotional problems at times. He said, "With the limited resources we have in our township schools, we've been trying our best to assist the learners as

far as possible. We do not have counselors in the school, and there is a crying need for learners and educators to talk about our problems.”

He knows Vuyo well, and is just as worried as her Gogo is about her. She has grown so quickly, he said, and she does not pay attention in class anymore. This he has noticed for a while now.

“Vuyo can be a very good girl someday, but the next day she has changed completely,” he said. Mr. Maloi shares the same concern as Vuyo’s grandmother that she (Vuyo) is influenced too easily by the wrong friends.



4.2.5.5 Observation

It is clear that Vuyo’s grandmother is one of those grandparents who can no longer provide the required care as she, being an old woman, needs to be cared for her. Support groups in the community of Mbekweni should be in place to assist such grandparents who are struggling to take care of their grandchildren.

It is no longer acceptable for educators to be unaware of the conditions in which South Africa’s learners live and learn, to fail to identify the deep personal anxieties, fears and shame associated with this AIDS pandemic, and to respond to the learners’ needs for affirmation, solace and care.

4.2.6 Case Study 6

4.2.6.1 The researcher's story about Themba

Themba is a 12-year-old boy who lives with his grandmother and grandfather. His biological parents died because of AIDS. Themba is in Grade 6 at Mbekweni Primary School. He is a very tall boy but very thin.

Themba is a brave child and very fortunate to have fathers figure in the house. It is obvious that this child is raised in a Christian home, as he displays a good balance. Even at school, I was told that the educators and learners all look up to him as he sets a very good example. According the educator, Themba shows good leadership qualities, and one hopes that with this positive message, he will be able to motivate the other orphaned children around him.

4.2.6.2 Themba's story (as narrated by his grandfather)

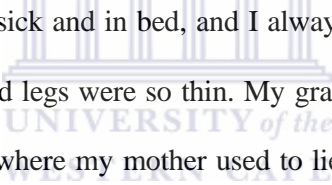
These are the words of Themba's 72-year-old grandfather:

My grandson means a lot to me. Taking care of him is not a burden for us as grandparents, but what worries me the most is, if one of us dies, will he be happy with other family members? I can only support him with the little money of my OAP and try my best to meet his needs. I take him to church on a regular

basis and really hope that he will continue even if I am not alive anymore. His teachers are good to him, and I always encourage him to do his best at school. Most of the other children who have lost their parents suffer a lot, but for as long as we (my wife and I) are alive, we will do our best to see him through school.

4.2.6.3 Themba's story

Themba says that he still misses his mother, although he only has a faint memory of her:



She was always sick and in bed, and I always wanted to know why her arms and legs were so thin. My grandmother kept me out of the room where my mother used to lie on her bed. I am very happy to stay with my grandparents, and I am happy to have both my grandparents on my side.

I did not know my father, but my grandmother told me that he is working far away. It is only now recently when they told me that he has also passed on. Sometimes our grandparents do not tell us the whole truth about our real parents, but they say that they do not want us to worry about past things, but rather do well in our education.

I love my school, but sometimes I do not have all the exercise books that our teacher wants, but sometimes, my friends have a spare one for me. It is not good to look like a “beggar” all the time. My class teacher is taking good care of me, and she always treats me the same as all the other children in our class. It is sometimes difficult if I do not understand my maths at home, and my grandparents cannot assist me with anything.

4.2.6.4 The educator’s story about Themba

Ms Pick had only good things to say when I interviewed her about Themba. She knows him and his family very well and is particularly glad that there is a male figure in Themba’s life. She believes that his grandfather is playing a positive role in his life. Although his grandfather is old, he is still a strong support in Themba’s life.


Ms Pick mentioned that the government’s increasing withdrawal from its responsibility to provide schools with textbooks and other school materials means that pupils have to buy textbooks and exercise books out of their own pockets. This makes it extremely difficult for the learners, and more so for the orphaned learners who are so dependent on their caregivers.

4.2.6.5 Observation

The school environment presents a valuable opportunity for the identification, monitoring and support of vulnerable children, yet very few schools seem able, or willing, to take on this role. The fact that children in schools must buy some of their own books makes it very difficult for learners, and especially orphaned learners, not to worry about these particular things.

Elderly people, traditionally supported by younger members of the family, are also becoming more and more dependent on the state for financial support.

4.3 DISCUSSION

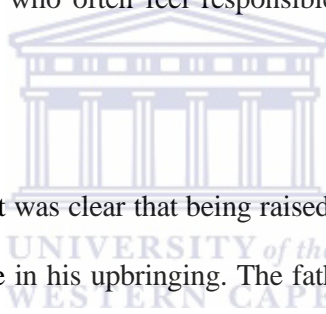


The case studies gave the researcher a great insight into the daily lives, challenges, and experiences of the orphaned learner's life in Mbekweni Township. The researcher was exposed to evidence of the orphaned learners' abilities to cope with their circumstances. Their participation was in itself positive, because they could stand up for themselves and articulate their needs. All the participants exhibited courage, in spite of their circumstances at home and in school.

Most of the orphaned learners are laden with responsibilities well beyond their capabilities as children. Most of the girls are do chores like cooking, cleaning, and looking after the younger children after school, either because their caregivers are working or too old. This was

clearly evident in the case of Nomsa, who wants to focus on her school work but is tied up with too many household chores, with little time to concentrate and do her schoolwork. This excludes the learner from the normal joys of childhood.

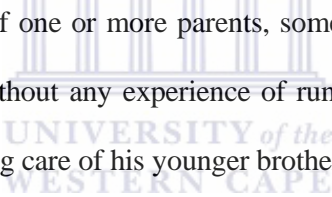
It was evident in the case of Simpiwe, the 12-year-old boy, that orphaned learners have fears and worries which impact on their concentration when at school. Orphaned children are sometimes so traumatised by what they have experienced when a family member dies of AIDS that they cannot learn. Sometimes, feelings of guilt are experienced by orphans who often feel responsible for their parent's illness or death.



In the case of Themba, it was clear that being raised by his grandfather is playing a positive role in his upbringing. The father figure is absent in the lives of most of the other participants. It is evident in the case of Vuyo that she struggles with the loss of her parents and finds it difficult to adapt to her grandmother's style of raising her. This frustrates her, and as a result, she vents her anger in arguing with her grandmother all the time. Such behaviour causes anxiety and confuses her and may result in her dropping out of school.

Economically and psychologically, these children have needs that differ from those of other children in school, needs to which the school and the South African government must respond to. Many of the

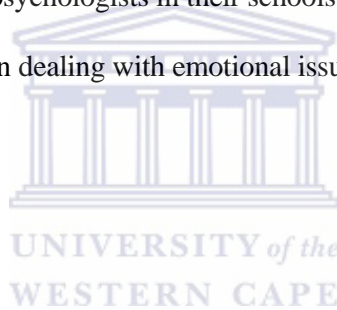
children had experienced a variety of challenges related to poverty, including a lack of clothing, lack of money to buy school accessories like stationery and books, and so on. They do not want to feel like “beggars” when other “normal” children have access to things they cannot buy. Nomsa is one of such children, who are under immense peer pressure as they want to compete with the other girls in school and want to look and dress like them over weekends. Some of them expressed their feelings about the lack of food and money to buy food, which sometimes makes it impossible for them to go to class as they cannot concentrate when hungry.



As a result of the loss of one or more parents, some children become heads of households, without any experience of running a household, for example, Tseko taking care of his younger brother. What a daunting responsibility and task this is; it would even be quite heavy for adults. Fear can be very common among learners as well as adults. Andile was afraid to talk about his fear. In this case, the educator should identify the fear of the learner and try to understand it. Another way to assist the learners in dealing with their fears is to ask them to make sketches or put their questions in a box, where they can be discussed in a group.

Children like Tseko and Andile have lost all childhood characteristics because they have had to grow up quickly after being orphaned. Undertaking such roles, with little or no resources, has

resulted in some becoming involved in behaviours that are bad for their well-being. It was observed by researchers that there were intensive sensitisation campaigns in the beginning when people first heard about the disease, but these have reduced drastically because of people's lack of interest in continuing with these campaigns. Public meetings convened by local leaders do not take place on a regular basis anymore. It was noted by the researcher that only a few churches still give warnings of the dangers of the disease, as well as providing counseling. Educators and children raised the same concern about the urgent need for school psychologists in their schools to whom they can talk when dealing with emotional issues.



CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 OVERVIEW

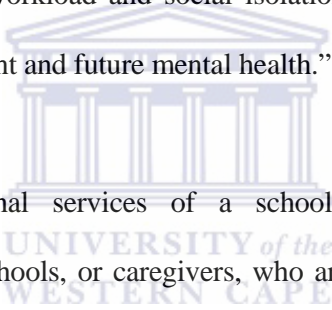
Having spent more than 2 years discussing the situation of HIV/AIDS and orphaned children with various people in the Mbekweni Township, I have become very attached to the staff at the Ikhwezi Community Centre, many of the teachers in the local schools and the orphaned children and their caregivers. It was always a pleasure for me to visit the township and I was always warmly welcomed by people there. I could feel the appreciation township residents had for the little I brought them in the form of an opportunity to talk about their lives, troubles and experiences. I could also feel the overwhelming need of the community for help.

Children orphaned to AIDS present a new challenge to a community with a long history of challenges. Helping orphaned children to navigate past the opportunities for harm is a primary task of caregivers and should be a primary task of educators. Both need help to do so.

5.2 CONCLUSIONS AND RECOMMENDATIONS

Teachers need awareness training about orphans' situations and their needs. This point was raised by every educator and more so by the HIV/AIDS co-ordinators, who complained that they do not get help

from all the educators on the staff as some indicate that they are not fully trained to deal with the issues of orphaned learners. An educator raised the following point: “With the limited resources we have, we’ve been trying to assist them as far as possible. We don’t have counselors in the school and there is such a crying need for learners to talk to counselors about their problems.” Forehand (1998: 14) raised the point that “Children who are affected by the pandemic are often traumatised, and suffer a variety of psychological reactions to a parent’s illness or death. Loss of home, dropping out of school, separation from siblings and friends, increased workload and social isolation, may all impact negatively on their current and future mental health.”



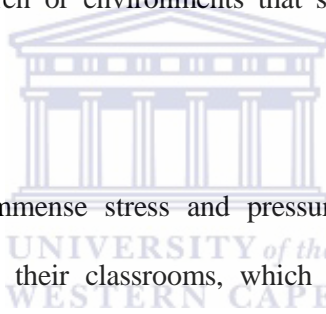
Lacking the professional services of a school psychologist in Mbekweni Township schools, or caregivers, who are not equipped to deal with the learners psychological needs, deprives these learners of their rights as children.

All young people in school need to be sensitised to the challenges orphaned children face, without making orphans into a needy group of children who are not ‘normal’, so that the orphaned children do not get stigmatised.

All educators and learners need to be exposed to training that will reduce the bias they express toward people with AIDS and those

affected by it. Training, and continuous training about HIV/AIDS, is imperative in the lives of orphaned children and their educators, so that they can make informed choices when it comes to decisions about sexuality and how to deal with discrimination. It was noted that all the participants in the study reported that they are treated equally by their peers and do not feel any discrimination or stigmatisation.

The Western Cape Education Department (WCED) needs to understand the power principals hold to create environments that support orphaned children or environments that stigmatise all those affected by HIV/AIDS.



Educators are under immense stress and pressure and have large numbers of learners in their classrooms, which do not give them enough room to pay special attention to orphaned learners and their needs. They themselves are deeply affected by the pandemic. Kelly (2000: 82) wrote, “Teachers are also deeply affected by the incidence of HIV/AIDS among their relatives and colleagues, and by their fear and uncertainty about their HIV status. Teacher’s frequent contact with death/funerals of their colleagues and students heightens their fears about their own status. Those teachers infected with HIV/AIDS are not only a financial loss for the Education Department, but students become very skeptical about the awareness/prevention messages being passed on by such teachers.

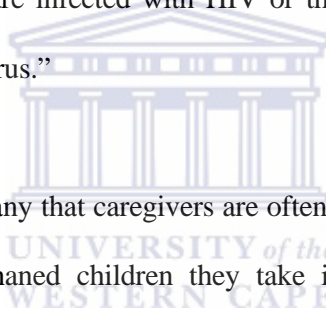
Kelly continued further to point out that communities also blame teachers as being responsible for the introduction and spread of HIV/AIDS. It is not known whether any of the educators who took part in the study are infected, but in the focus discussion group session, it was claimed that they are affected because of relatives. This is why attending funerals takes educators away from school for at least a week.

Orphaned children often have many emotional issues, related to the loss of their parents that they keep to themselves and which go unresolved. For example, one of the children in this study reported that while walking to his adoptive aunt's home after school each day, he was afraid he would arrive only to find her dead. This is the fear expressed by the 12-year-old Simpiwe, who said, "Sometimes I fear when I come home, she will be dead. I do not want her to die, because who is going to look after me?"

Caregivers and teachers need help in understanding the psychological issues of unresolved loss that many orphaned children express in ways that undermine their possibility for success in school. It is about more than just streamlining HIV information into schools – it is about responding to the entire picture of the effects of HIV and AIDS on learners and communities.

Vuyo, the 13-year-old girl in case study 5, complained about the elderly people who do not understand them and who are too old to care for them: “It is hard to live with an elderly person, because they have their temper, and she (my grandmother) must adjust herself to my habits, but I have to adjust myself to hers.”

Forehand et al. (1998) raised the point that “affected and orphaned children are often traumatised and suffer a variety of psychological reaction to parental illness and death. They endure exhaustion and stress from worry as well as insecurity and stigmatisation as it is either assumed that they too are infected with HIV or that their family has been disgraced by the virus.”

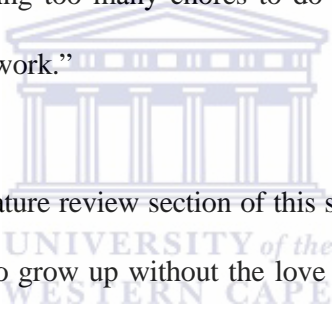


While it is known by many that caregivers are often unable to meet the financial needs of orphaned children they take into their families, caregivers are also often unable to recognise and meet the psychological needs of orphaned children for a number of reasons. Children who have been adopted by one caregiver are often resented by the partner of the adoptive caregiver who is unrelated to the orphan by blood because of the economic strains they put on the family.

Many new conflicts that are not understood emerge in care giving households and no adequate training programmes have been developed to help guide caregiver families to adapt to the new situation that bringing an orphaned child into the home will create. In case study 3,

Andiswa told the story about her uncle, who said, “Looking after orphans is like starting life all over again, because I have to work hard again to feed the children. I thought that I would not do these things again. I am not sure if I have the energy to cope.”

Andiswa, on the other hand, complained about her uncle, who communicates with her only when he is drunk: “I am happy to stay with my uncle and his wife, as they were the only family members who wanted to take me in after my mother’s death, but my one problem is that my uncle’s wife pretends that she loves me, and cares more for her own children. I am getting too many chores to do at home and little time to finish my schoolwork.”



As discussed in the literature review section of this study, Wild (2001) stated that “children who grow up without the love and care of adults devoted to their well-being are at higher risk of developing psychological problems. A lack of positive emotional care is associated with a subsequent lack of empathy with others and such children may develop antisocial behaviours.” It is evident in the case of Andiswa that she is falling short on parental love, especially motherly love. She claimed that her uncle’s wife pretends that she loves and cares for her. It would be sad to see girls of her age being at risk of developing psychological problems, as noted by Wild (2001).

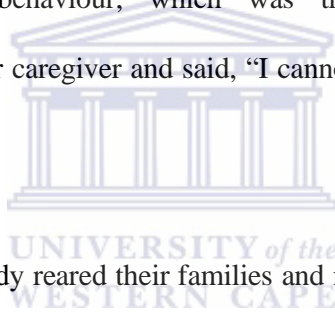
Some orphaned children feel that they are used as servants by their caregivers and perceive these household duties as taking time away from completing homework, assignments and preparing for tests. In many countries with high HIV/AIDS prevalence rates, when a family is hit by the pandemic, girls are often the first to be taken out of school to either care for an ailing parent or family member or to take responsibility for their siblings, sometimes as head of a household (UNICEF, 2003).

Orphaned children can feel the two-generation gap between themselves and the grandparents who care for them. One participant described how her grandmother does not understand her desire to do the things her friends do; the grandmother's own view of the world is caught in a time of the past that has little to do with the world of computers and emerging gender equality the girl lives in. While the learner's peers are allowed by their parents to walk in the evenings with friends, her grandparents refuse to let her out of the house and believe this kind of behaviour is unbecoming for a young girl.

Many threats and conflicts exist in the Mbekweni community. Adoptive grandparents struggle with knowing how to protect their adopted grandchildren from these threats. When the loss of parents is unresolved, orphaned children can be at greater risk for harm as their hurt and anger can lead them to drug and alcohol use, joining gangs to

find a sense of belonging or simply fighting within the home with their grandparents as a way to express the unresolved resentment of the fact that their own parents are gone. One grandmother in the study spoke of the many nights she worries about her granddaughter.

In case study 5, the story of Vuyo is related. Vuyo is the 13-year-old girl who is in a peer group where negative influences, teasing, bullying, alcohol and drug abuse, teenage sex and pregnancies are very common in children of her age group. She has twice shown that she has been influenced by such behaviour, which was traumatic for her grandmother, who is her caregiver and said, “I cannot sleep unless she is inside the house.”



Older people have already reared their families and never thought they would have to do this all over again for their grandchildren. Yet, they are carrying another burden of making sure that these children attend school on a regular basis, hoping that they will at least complete matriculation. They should instead be resting, with support coming from their children.

According to a UNESCO (2003) and (2004) report, 35% of rural African children between the ages of 6 and 17 years do not attend school, but in this study, it is clear that all the learners do not have a problem attending their particular schools. School attendance is priority

for them. Their caregivers are to be praised for the success in this area of school attendance.

There are not enough social workers in the Mbekweni community to help caregivers access the services that exist that can provide them with assistance. It was emphasised by most of the caregivers that they need the assistance of another social worker in the township as one person is not enough to assist and guide them.

Teachers are already overburdened and have little time or energy left at the end of the day to recognise or respond to the needs of orphaned children. One educator passed this remark in a personal discussion at the Mbekweni Township School: “Our work goes beyond the classroom and teaching the children History, Geography, or even Life Orientation, its way more than that.”

Popular wisdom, which holds that most children will not attend school if they do not have to, is incorrect. Attending school is the most ‘normalising’ activity available to an orphaned child and a right for every child, according to section 4(1) of the South African Schools Act, 1996. More than anything else, orphaned children want to be normal children: “We want to be treated the same as all the other children in our class”.

Also, orphaned children are frequently deeply committed to the success of their schooling or that of their siblings, as was the case in case study 2, in which Andile's fears were described. He feared that his older brother might drop out of school because of the hardships they experienced as two brothers caring for each other: "I just want him to at least finish matric," said Andile.

The adoptive family's struggle to cope with their own economic and emotional struggles is compounded by the entrance of a new child to the situation. Most people in the Mbekweni township are poor and struggle to find enough food to eat for their own family. The addition of one or two new mouths to feed and bodies to cloth can become a tremendous burden. This confirms what Foster and Williamson (2000) observed: "Studies in urban households show that where a family member has AIDS, average income falls by as much as 60%, expenditure on health care quadruples, savings are depleted and families often go into debt to care for sick individuals."

While the state theoretically provides financial assistance to families who adopt, in reality, many people are not successful in accessing these grants. As mentioned before, most of the caregivers do not know how the administration of the grants takes place and finds it hard to apply or sometimes wait too long for the outcome of such applications.

The focus group discussion strongly brought out the fact that it is not easy for everyone to understand the procedure and processes of applying for social grants, and people do not get any assistance in completing the necessary application forms: “These forms are not easy to understand, and even harder to fill in as most of us are not schooled. Sometimes we wait too long for the outcome of such applications.”

Orphaned children do have dreams for their lives, like any other children. Those interviewed talked about becoming doctors, lawyers, social workers and nurses, just like any other child. It is up to society to help them make their dreams real. We can do that through our commitment and investment into the best possible education for every child, no matter whether they are orphaned or not. Kelly (2000:63) stated that another important reason why education plays a crucial role in preventing HIV transmission is that its principal beneficiaries are people ranging in age from infancy to young adulthood. It is mostly the youth who are in schools, colleges and universities, developing the values, attitudes, knowledge and skills that will serve them subsequently in adult life.

AIDS makes people aware of how important education is in creating the South Africa everyone wishes to create, a home to all, where all children can go to bed each night unafraid, knowing they are loved, and that no one, be it apartheid forces or gangsters, will enter their homes

while they sleep and disrupt their lives forever. The future of orphaned children is also the future of every person. My strongest recommendation and plea is that the education of orphaned children be taken seriously as it has an effect on everyone.

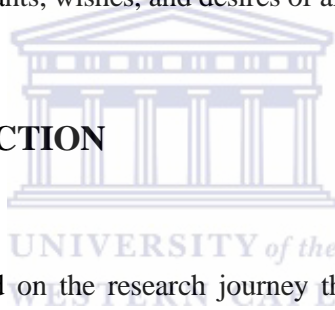
5.3 FURTHER RECOMMENDATIONS

The children interviewed for this study are happy to go to school; they are not lazy and they get support from their educators, but the children, caregivers and teachers all express the need for more money for their day-to-day living. The food parcels do not last long, the government grant is not enough, and financial resources remain strained. Caregivers know they cannot give children what they need and fear that they will resort to stealing, begging and prostitution to get the material items like clothing, shoes and cell phones that will make them feel like normal children. There is tremendous peer pressure at school to show that one has certain material items. No children are immune to this pressure.

Orphaned children, however, in their desire to be seen as normal children, are perhaps more vulnerable to this pressure than others. I therefore recommend a two-pronged strategy to address this issue that threatens to undermine orphaned children's futures and put them at risk of harm, including HIV infection.

1. As a short-term strategy, develop small income-generating projects for young people who have been orphaned.
2. As a long-term strategy, carry out further research on orphaned children's own strategies to show 'normality' to themselves and others so that better responses to this very basic human need can be created for orphaned children, for vulnerable children, and ultimately for all children as, in the end, the orphaned children in this study are in fact reflecting the needs, wants, wishes, and desires of all children.

5.4 FINAL REFLECTION



The researcher reflected on the research journey that allowed her to explore the experiences of important citizens of our country, who unstintingly provide an essential service to the people of the Mbekweni Township

It became clear to the researcher that the caregivers and educators still have major roles to play in the lives of children orphaned by HIV/AIDS:

- To motivate the children orphaned by HIV/AIDS and assure them that the absence of their parents does not

mean failure in life, but rather that a determined future can be achieved through the assistance of their caring community, and

- to teach them that those children who grow up in a caring environment can also become caregivers when they reach maturity.

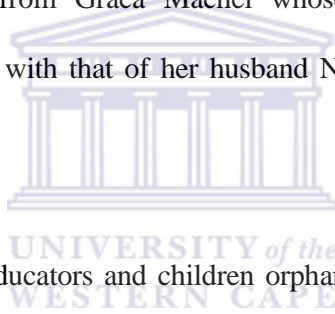
The dangers of HIV/AIDS are so real and extremely frightening. Not only does it sadden one to think that millions of people are dying, but that these people include little children.

Their misery is not caused by war, their death is not caused by sickness, and their underdevelopment is not caused by conflicts. Their misery is caused by the status of being orphans. Their death is brought forth by hopelessness and absence of caring hands, while the underdevelopment they experience cannot be explained apart from the fact that their bodies are not able to carry them to the next day, unless someone provides for their needs.

There should be a consensus amongst all South Africans that time has come to move from discussion to decision and from decision to implementation.

“I come from a culture in which, traditionally, children are seen as both our present and our future, so I have always believed it is our responsibility as adults to give children futures worth having. I have often been shocked and angered to see how shamefully we have failed in this responsibility. Children are precious gifts, which adults everywhere have a duty to protect. Political leaders make promises about the protection of children, but the important thing is that they should fulfill those promises.”

These are the words from Graca Machel whose commitment to children’s issues, along with that of her husband Nelson Mandela, is legendary.



To all the caregivers, educators and children orphaned by HIV/AIDS who are facilitating care against all odds, I salute you!

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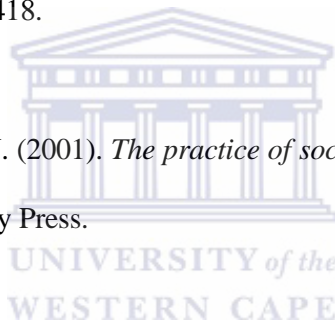
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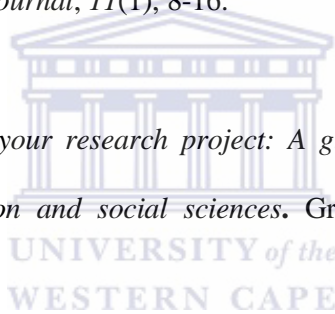
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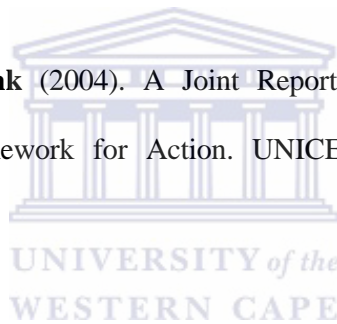
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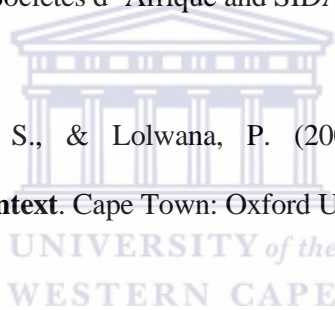
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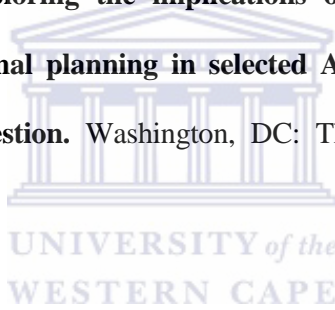
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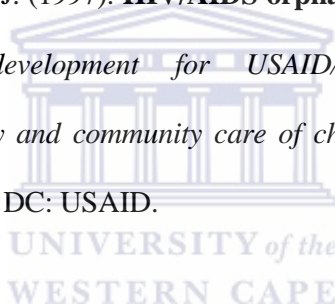
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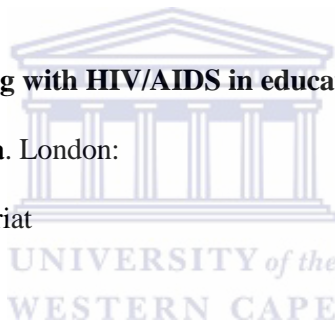
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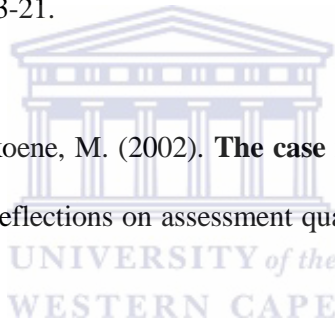
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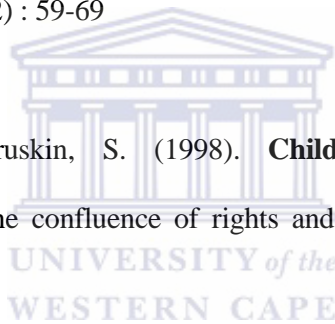
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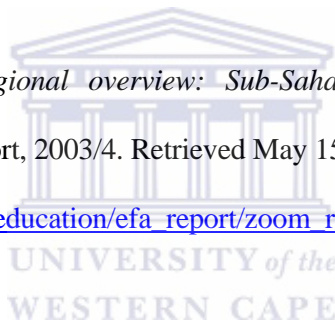
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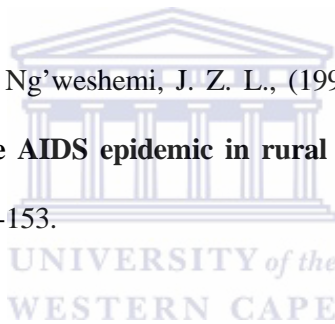
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APPENDICES

APPENDIX A: Letter to WCED

25 August 2006

D'Urbanvale
Durbanville
7550

Dr R S Cornellissen
The Director
WCED
Cape Town

Dear Sir

**RE: RESEARCH AT SELECTED PRIMARY AND
SECONDARY SCHOOLS IN MBEKWENI, PAARL AREA**

I hereby request permission to do research at selected schools in the above-mentioned area. At this juncture I am unable to provide any specifics, as I still need to decide which schools to select. The schools at which educators that form part of the control group of research focus determine such selection.

My research attempts to explore “The Attitudes of HIV/AIDS orphans towards schooling and their caregivers”. A review of the literature indicates that little research has been done to evaluate this specific area.

I believe that this research can help to identify and perhaps address some of the controversies related to the above question.

Thanks in anticipation.
Sincerely

Ms V B Joseph

APPENDIX B: Consent Letter to Principal, Director and
Educator

25 August 2006



University of the Western Cape

Private Bag X17 Bellville 7535 South Africa
Tel. 021-959 2282
Fax: 021-9592647



Dear Principal/Caregiver/Educator/Director

Re: Letter of Consent

I am a postgraduate student, currently studying at the University of the Western Cape. I will be undertaking research to evaluate the complex issues surrounding school attendance for HIV/AIDS orphaned children in Mbekweni Township. This research will be submitted to the Department of Education in fulfillment for a master's degree.

I am requesting your voluntary participation in completing the attached questionnaire.

The purpose of the questionnaire is to capture a wide array of comments and suggestions. This will help the researcher to capture relevant data about HIV/AIDS-orphans' experiences. It is my hope that this investigation will contribute to a body of knowledge that will help young people affected by HIV/AIDS to be successful in their education and in their lives. At the same time, it is my wish that solutions will be sought to address the role of caregivers, principals, HIV/AIDS coordinators support institutions and other relevant stakeholders, in dealing with HIV/AIDS-orphaned children.

The project, based at the University of the Western Cape, has been endorsed and adheres to the ethical guidelines of the University as well as the Western Cape Education Department. The project ensures the strictest confidentiality in terms of any participant's identity. It will be conducted without prejudices and you have the option to terminate participation at any point of the process.

For information or clarification, please do not hesitate to contact me at:
Faculty of Education, A –Block on telephone numbers: (021) 959 2282
or 082 202 3395

Thanking you for your participation.

Vanessa Joseph:.....

(Researcher

Signature of participant:.....

Signature of Witness:.....

APPENDIX C: Consent Letter to Learner

25 August 2006

Dear Learner

Re: Letter of Consent

You have been randomly selected to participate in a research project, based at the University of the Western Cape. The project aims to explore your experiences as an HIV/AIDS-orphaned learner, both at school and at home.

If you agree to participate, you will be asked to participate in two focus groups. The research will be conducted at your school or home or at the Ikhwezi Community Centre. Your participation will not hinder your school activities.

Please note that the project ensures the strictest privacy and no names or any form of identification will be used. You have the option to withdraw from the study at any point. A comprehensive statement of the ethical procedures to be followed can be viewed overleaf.

Should you agree to participate, please indicate in the box provided.
 Please note that you can withdraw at any time without having to give a
 reason.

I agree to participate in the project and acknowledge that I can withdraw at any point without any consequences.	I do not wish to participate in the project.

Mark with an X

Name

Signature of participant:.....



Vanessa Joseph (Researcher):

Contact numbers (021) 959 2282 or 082202 3395

APPENDIX D: Questionnaire to Learner

TO BE ANSWERED BY THE LEARNER:

QUESTIONNAIRE

Q1. Where do you live? E.g. With your Grandparent / Uncle / Aunt /Elder Sister or Brother?

.....

.....

Q2. How do you feel about living with your Grandparent/ Uncle/ Aunt / Elder Sister or Brother?

.....

.....

Q3. Do you attend school and how do you like it?

.....

.....

Q4. Does being an orphan change your relationship with your peers and teachers?

.....

.....

Q5. What role do you want teachers to play in your life as a student and in your personal emotional life?

.....

.....

Q6. What social activities do you do after school? If none, why not?

.....

Q7. How important is it for you to go to school?

.....

.....

Q8. Are you focusing on completing matriculation and beyond?

.....

.....

Q9. Who gives you guidance in your studies? E.g. Educator, Caregiver, Family?

.....

.....

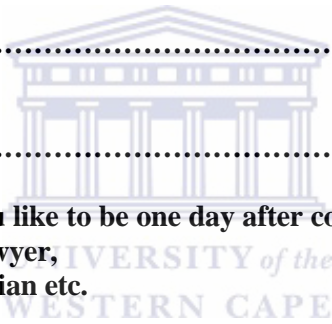
**Q10. What would you like to be one day after completing school?
E.g. Doctor, Lawyer,
Teacher, Musician etc.**

.....

Q11. Are teachers comfortable talking with you about your personal emotional needs?

.....

.....



APPENDIX E: Questionnaire to Caregiver

TO BE ANSWERED BY THE CAREGIVER
QUESTIONNAIRE

Q1. How does it feel to have HIV/AIDS orphan children living with you?

.....

.....

Q2. How many HIV/AIDS orphans do you live with?

.....

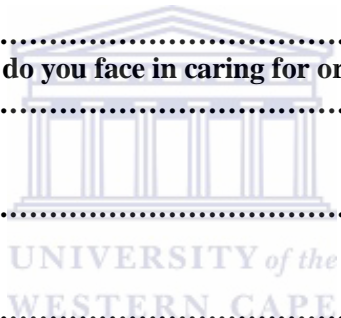
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Q3. What problems do you face in caring for orphans?

.....

.....



.....

Q4. Do you have any financial problems and how do you go about them?

.....

.....

Q5. Do these children like to go to school? If no, what keeps them from not going?

.....

.....

.....

Q6. Who pays their school fees and other school requirements?

.....

.....

Q7. What drives you as a caregiver to encourage them to attend school?

.....
.....

Q8. Do you want the HIV/AIDS orphans currently in your care, to matriculate and beyond?

.....
.....

Q9. What do you want him/her to be one day? E.g. Doctor, Teacher, Lawyer etc.

.....
.....

Q10. What are the HIV/AIDS orphan's experiences being at school?

.....
.....

Q11. Does being an HIV/AIDS orphan changes a child's relationship with his/her:

.....
(a) Peers?
.....

.....
(b) Teachers?
.....

Q12. What role do HIV/AIDS orphans need teachers to play in their lives as students and in their personal emotional lives?

Q13. Are teachers comfortable talking with HIV/AIDS orphans about their personal emotional needs? Do HIV/AIDS orphans need this?

.....

.....

Q14. Any other suggestions?

.....

.....

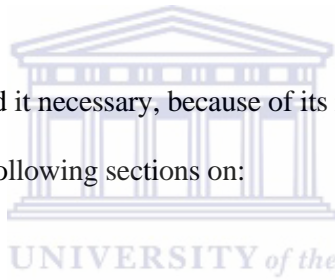


APPENDIX F: A Section of the National Policy on HIV/AIDS

National Policy on HIV/AIDS [Schools and Institutions]

The Minister of Education published the National Policy on HIV/AIDS for learners in public schools and students and educators in further education and training institutions in terms of section 3(4) of the National Education Policy Act 1996 (Act No. 27 of 1996), as set out in the schedule.

The researcher has found it necessary, because of its relevance to her research, to extract the following sections on:



(A) Attendance at schools and institutions by learners or students with HIV/AIDS

(B) Education on HIV/AIDS

(A) Attendance at schools and institutions by learners or students with HIV/AIDS

- Learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV/AIDS with regard to their right to basic education should

as far as is reasonably practicable be accommodated in the school or institution.

- Learners and students with HIV/AIDS are expected to attend classes in accordance with statutory requirements for as long as they are able to do so effectively.
- Learners of compulsory school-going age with HIV/AIDS, who are unable to benefit from attendance at school or home education, may be granted exemption from attendance in terms of section 4(1) of the South African Schools Act, 1996, by the Head of Department, after consultation with the principal, the parent and the medical practitioner, where possible.
- If and when learners and students with HIV/AIDS become incapacitated through illness, the school or institution should make work available to them for study at home and should support continued learning where possible. Parents should, where practically possible, be allowed to educate their children at home in accordance with the policy for home education in terms of section 51 of the South African Schools Act, 1996, or provide older learners with distance education.
- Learners and students who cannot be accommodated in this way or who develop HIV/AIDS-related behavioural problems or neurological damage should be accommodated, as far as is practically possible, within the education system in special schools or specialised residential institutions for learners with

special education needs. Educators in these institutions must be empowered to take care of and support HIV-positive learners. However, placement in special schools should not be used as an excuse to remove HIV-positive learners from mainstream schools.

(B) Education on HIV/AIDS

- A continuing life-skills and HIV/AIDS education programme must be implemented at all schools and institutions for all learners, students, educators and other staff members. Measures must also be implemented at hostels.
- Age-appropriate education on HIV/AIDS must form part of the curriculum for all learners and students, and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. This should include the following:
 - providing information on HIV/AIDS and developing the life skills necessary for the prevention of HIV transmission;
 - inculcating from an early age onwards basic first-aid principles, including how to deal with bleeding, with the necessary safety precautions;

- emphasising the role of drugs, sexual abuse and violence and sexually transmitted diseases (STDs) in the transmission of HIV, and empowering learners to deal with these situations;
- encouraging learners and students to make use of health care, counseling and support services (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases) offered by community service organisations and other disciplines;
- teaching learners and students how to behave towards persons with HIV/AIDS, raising awareness on prejudice and stereotypes around HIV/AIDS;
- cultivating an enabling environment and a culture of non-discrimination towards persons with HIV/AIDS; and
- Providing information on appropriate prevention and avoidance measures, including abstinence from sexual intercourse and immorality, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis, avoiding traumatic contact with blood, and the application of universal precautions.

- Education and information regarding HIV/AIDS must be given in an accurate and scientific manner in a language and terms that are understandable.
- Parents of learners and students must be informed about all life-skills and HIV/AIDS education offered at the school and institution, the learning content and methodology to be used, as well as values that will be imparted. They should be invited to participate in parental guidance sessions and should be made aware of their role as sexuality educators and imparters of values at home.
- Educators may not have sexual relations with learners or students. Should this happen, the matter has to be handled in terms of the Employment of Educators Act, 1998.

If learners, students or educators are infected with HIV, they should be informed that they can still lead normal, healthy lives for many years by taking care of their health.

APPENDIX G: Selected Websites for Information on HIV/AIDS and Related Topics

- * AIDS Action (USA) www.aidsaction.org

A network of 3200 AIDS service organisations sharing information and experiences.

- * AIDS and Africa www.aidsandafrika.com

Provides wide-ranging information on HIV/AIDS in Africa.

Centers for Disease Control and Prevention (CDC) (US Department of

- * Health and Human Science) www.cdc.gov

Focuses on health and treatment-related issues and surveillance.

- * Education International www.ei.ie.org/aids.htm

Dedicated to school health and HIV/AIDS prevention, documenting widespread ideas and experiences of EI and partners.

- * Programme for Appropriate Technology in Health www.path.org

International non-profit organization to improve health, especially the health of women and children.

- * SAfAIDS www.safaids.org.zw

Information service on HIV/AIDS in Southern Africa

- * Teaching-aids at Low Cost www.talcuk.org

- * Youth Against AIDS www.yaids.org

Global network of support for young AIDS activists