

**THE EFFECTS OF HIV/AIDS ON  
TEACHING AND LEARNING IN THE  
CLASSROOM**

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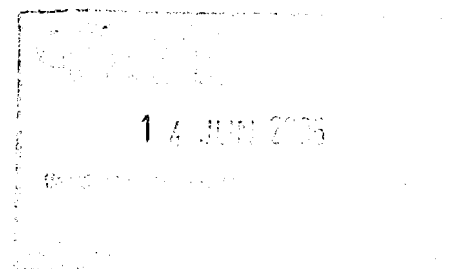
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## **DEDICATION**

This work is dedicated to my mother Mathejana Mahadiyo and my late father Thokolosi Esau Maloka.

It is also dedicated to my brothers, Mahlasenyana, Baki, Mahoete, Sello, Pule and my only sister Hadiyo Tlaleng.

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## **SUMMARY**

This study investigates the effects of HIV/AIDS on educators, learners and the teaching and learning situation.

By means of a literature review the negative and devastating effects of HIV/AIDS on educators, learners and the teaching and learning situation were highlighted.

Furthermore, an empirical research was conducted with educators and learners to determine the extent of the effects of HIV/AIDS on educators, learners and the teaching and learning situation.

The data analysis provides evidence of the detrimental effects that HIV/AIDS has on educators, learners and the teaching and learning situation and clearly indicates an absence of measures in the school situation to cope with the negative effects of HIV/AIDS.

The study is concluded with recommendations on how to curb the negative effects of HIV/AIDS on educators, learners and the teaching and learning situation.



## OPSOMMING

Hierdie studie ondersoek die impak van MIV/VIGS op die onderwyser, leerder en die onderrig en leersituasie.

Deur middel van 'n literatuurstudie is die negatiewe en vernietigende impak van MIV/VIGS op die onderwyser, leerder en die onderrig en leersituasie toegelig.

'n Empiriese ondersoek is gedoen om die mate waarin MIV/VIGS die onderwyser, leerder en die onderrig en leersituasie beïnvloed, te bepaal.

Die data analise lewer bewys van die nadelige en skadelike impak van MIV/VIGS op die onderwyser, leerder en die onderrig en leersituasie. Die studie bring ook aan die lig dat daar 'n afwesigheid van maatreëls in skole is om die negatiewe impak van MIV/VIGS die hoof te bied.

Die studie word afgesluit met aanbevelings rakende maatreëls waarmee die negatiewe impak van MIV/VIGS op die onderwyser, leerder en die onderrig en leersituasie die hoof gebied kan word.

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# CHAPTER ONE

## ORIENTATION AND STATEMENT OF THE PROBLEM

### 1.1 INTRODUCTION

The current and still growing HIV/AIDS pandemic has a destructive influence on all levels of the education system in southern Africa (Govender, 2001:1). The enormity of the HIV/AIDS disaster calls for more serious continuous interaction, especially with regard to the damaging and detrimental effects HIV/AIDS has on educators and learners which in turn culminate in detrimental effects for the teaching and learning situation (Green & Miller, 1986:42; Louw, Edwards & Orr, 2001:1).

The statistical proportions of the reality of HIV/AIDS are well documented. Approximately 22 million deaths from AIDS have been recorded and roughly 42 million people worldwide are HIV positive (Sibanda, 2001:96; World Bank, 2002; United Nations Department of Economic and Social Affairs, 2003). The projected number of daily deaths in South Africa from (Auto Immunde Deficiency Syndrome) AIDS is approximately 1 000. Consequently southern African populations are projected to decrease by 14% by 2025 (United Nations Department of Economic and Social Affairs, 2003).

According to Sunter and Whiteside (2000:77), HIV/AIDS is expected to have a significant impact on the life expectancy rate in South Africa. Life expectancy in South Africa has declined from about 63 years of age in 1996 to about 55 years of age in 1999 and is expected to decline even further to below 45 years of age by 2008.

When the scope of the prevalence of HIV/AIDS was narrowed to the area of research for this study, namely the Free State Province, the first independent and nationally representative study of HIV/AIDS conducted by the Human Sciences Research Council in conjunction with the Medical Research Council, revealed shocking findings with regard to the prevalence rate of HIV/AIDS in South Africa. Among the nine provinces, the Free State occupies the highest

position with 14,9% followed by Gauteng with 14,7% and Mpumalanga with 14,1% (Thom, 2002).

Another disturbing factor is the decline in number of learners per grade in the Free State between 2000 and 2001. The only growth was measured in the Grade R and Grade 1 groups. The Grade 3 and Grade 12 groups indicated the highest decline in numbers of respectively 11,7% and 11,5% (Department of Education, 2002:86). When this is compared to the Free State Department of Education's learner mortality rate for 2000 due to aids-related illnesses, it seems likely that HIV/AIDS related illnesses could have been a contributory factor to the decline in numbers. In total, 328 female learners and 127 male learners passed away due to illness in 2000 (Department of Education, 2002:91).

When attention is focused on the impact of HIV/AIDS on educators, studies in several African countries indicate that educators are often a higher risk concerning HIV infections than other adults in their communities, due to among other things, a relatively high socio-economic status that creates more opportunities for high-risk sexual behaviour. The World Bank (2002: xvi; 1-2) reports that in 2000 more than 12% of educators in South Africa were estimated to be HIV positive. This implies a permanent loss of educators in future due to death or chronic illnesses. The South African Democratic Educators Union's funeral scheme indicated that 1 011 educators (average age of 39) died of HIV/AIDS related diseases in the 12 month period June 2000 to May 2001.

With regard to these disturbing figures, the Department of Education (2002:97) argues, that a decrease in quality and quantity contact time could be expected because of absenteeism, ill health, time lost to funerals and family trauma. Permanent loss of educators due to ill health will also occur.

When the statistical reality of HIV/AIDS among children in South Africa was examined, the following disturbing figures were revealed. So far the pandemic has left behind 14 million orphans, 3,2 million children under the age of 15 years are living with HIV/AIDS and 610 000 passed away during

2002 due to aids-related diseases (UNAIDS, 2002b; Worldwide Aids Statistics, 2002).

In the context of HIV/AIDS, learners fall into two main groups: infected learners and affected learners (Louw *et al.*, 2001:3). According to the United Nations Programme on HIV/AIDS (UNAIDS) (2000a:13), learners could be infected in three ways, namely: mother to child transmission, infection due to sexual activity, and learners infected from unsafe practices. For both groups of learners, infected and affected, there are various barriers which impact negatively on teaching and their ability to learn.

For infected learners, Louw *et al.* (2001:67-70) and Malaney (2002:3) identify several barriers, which impact negatively on teaching and learning. Individual physical barriers occur when children are born with deformities or paralysis, disabling them for participation in school and academic activities. Deficits in brain function and attention due to the illness bring about neurological barriers to learning. Sensory barriers, which include visual deficits, impact negatively on the perception of the learner during teaching and learning. Poor academic performance will result due to chronic illness and not being able to participate fully in the social and academic life of the school.

In addition to the above, when the infected child is part of a family with infected family members, the family of the child also becomes a barrier if it exposes the child to neglect, lack of stimulation and discipline, basic needs, books and school fees. Another disadvantage faces the learners if school curricula are not flexible enough to deal with learners who cannot attend school during normal school hours or whose schooling is interrupted because of illness (Louw *et al.*, 2001:75).

The pandemic does not spare the affected learner any more than it spares the infected learner. Affected learners, who grow up in households with infected family members where a parent or parents are sick or dying of AIDS, often have to care for the sick and/or assume adult responsibilities. According to Malaney (2002:3) and Ebersohn and Eloff (2002:78) the effects of having to assume additional responsibilities imply various negative effects on these

learners. These learners are exposed on a daily basis to peers and/or family members who have been personally affected. Their social development is severely hampered, as they tend to be isolated and develop feelings of insecurity to explore because they perceive the world as unsafe. For them, too, poor academic performance will result, due to caring for sick family members, which disables them to participate fully in the social and academic life of the school. A learner will begin to have needs that the family cannot meet and experience stress reactions that the family cannot alleviate, when the parent falls ill and the household income drops.

An estimated 61% of children live in poverty. Poor nutrition and ill health are indications that children are living in infected communities. This will impact negatively on school and academic success, as both are predicted by good health (Louw *et al.*, 2001:71). The draining of financial resources which HIV/AIDS brings along in the families, forces children out of school and into the role of caretaker of family members. Families are faced with a reduced income due to the fact that family members are often unable to continue working. This takes its toll on the availability of food, housing, medicine, clothing and education while a decline in school attendance, as well as an inability to pay school fees and school uniforms, sets in simultaneously.

Children are often left to assume parenting roles for their siblings, a task they are ill-prepared for. Some children are taken care of by communities, while others are placed in institutions. In some cases they become street children who are exposed to the danger of becoming infected themselves through abuse or prostitution. They are left to face the trauma of losing those who should be caring for them, and have to learn how to cope with grief, shame, stigmatization and fear of rejection. Louw *et al.* (2001:76) argue that because of the stigma and often irrational fear surrounding HIV/AIDS, children may be rejected and denied access to schooling and health care.

Bearing in mind these negative effects that HIV/AIDS has on educators and learners, the question automatically arises as to how effective teaching and learning under these circumstances will be? For Malaney (2002:1), there is a dual linkage between the education system and the AIDS pandemic. The

education system provides a mechanism for the transmission of information about HIV/AIDS and hence can play a central role in the prevention effort. On the other hand, the disease undermines the structure and function of the education system, which is the mechanism for the development of future human resources.

UNAIDS (2002a) highlights decreasing numbers of learners and educators and forced learner dropout from school to start earning money as major factors, which affect the teaching and learning situation. In addition to this, when educators become ill, their teaching capacity decreases, disabling them from complying with the critical prerequisites for professional standards and for effective teaching and learning (Ornstein, 1990:547, 549, 553). Those neglected prerequisites include, *inter alia* the necessary intensive lesson preparation and creative planning of learning activities because of the decrease in teaching capacity. Instructional momentum is often not maintained, as classroom procedures are not well planned and organized. Homework correction does not take place on a regular basis anymore, affecting the communication with and the feedback given to learners. Reinforcement and involvement are negatively affected by a breakdown in the flow of learning.

Due to frequent absenteeism, educators become unreliable with regard to attention they pay to school and duty assignments. Furthermore, educators who are not infected will come into ever-increasing contact with infected and affected learners and colleagues at school, and must be prepared to deal with the disease (Louw *et al.*, 2001:1). Sharing colleagues' workloads or teaching large numbers of learners due to the absence of colleagues will require innovative support programmes to assist these educators to promote their morale and motivation and teach them how to cope with heavier workloads.

Bearing in mind that educators and learners are part of this gloomy picture provided by the above-mentioned statistics, serious attention has to be paid to the impact of HIV/AIDS on both parties, in order to curb the effects that their respective circumstances ultimately have on the effectiveness of the teaching and learning situation.

Literature highlights the increasing seriousness of the effects of HIV/AIDS on educators, learners and the teaching and learning situation in South Africa, for which, according to Louw *et al.* (2001:5), not enough prevention and support strategies, as well as measures to curb the negative effects of HIV/AIDS on the teaching and learning situation, are in place. Care and support within the school environment need to become a priority. This will encompass a much wider scope of activities in which principals, educators, parents and the community should take hands.

The time has come for South Africans to accept the fact that HIV/AIDS is an enormous disaster and that there is an urgent need for comprehensive and sustained research to determine to what extent the effects of HIV/AIDS on educators and learners, impact on the teaching and learning situation. This should be undertaken alongside the effective implementation of strategies to support the affected and infected educators and learners, as well as measures to curb the negative effects on the teaching and learning situation.

With regard to the area of research, the Free State Province, more intensive research is needed, as very little specific information is available with regard to the effects of HIV/AIDS on the teaching and learning situation. This information is necessary in order to deal with the problem.

Against this background this research will attempt to answer the following questions:

- What is the extent of the effects of HIV/AIDS on educators and learners?
- What is the extent of the effects of HIV/AIDS on the teaching and learning situation?
- Are measures in place to deal with the negative effects of HIV/AIDS on teaching and learning, and if not, which measures could be recommended to school principals in order to curb the negative effects of HIV/AIDS on the teaching and learning situation?

## **1.2 AIMS OF THE STUDY**

This research formed part of a research project conducted in 2003 by Prof L.M. Vermeulen and Dr M. M. Grosser of the former Potchefstroom University for Christian Higher Education to determine the effects of HIV/AIDS on teaching and learning in the Gauteng Province. The overall aim of this study is to determine the effects of HIV/AIDS on the teaching and learning situation in the Free State Province and to recommend measures to school principals in order to curb the negative effects of HIV/AIDS on teaching and learning in the classroom.

The overall aim can be operationalised as follows:

- by determining the extent of the effects of HIV/AIDS on educators and learners;
- by determining the extent of the effects of HIV/AIDS on the teaching and learning situation; and
- by determining whether measures are in place to deal with the negative effects of HIV/AIDS on teaching and learning, and if not, to recommend measures to school principals in order to curb the negative effects of HIV/AIDS on the teaching and learning situation.

## **1.3 METHOD OF RESEARCH**

### **1.3.1 Literature Study**

A thorough study was made of all available primary and secondary literature sources to determine the impact of HIV/AIDS on educators, learners and the teaching and learning situation, as well as the availability of existing measures to eliminate the negative effects of HIV/AIDS on the teaching and learning situation. A DIALOG and ERIC-database search was conducted with the following keywords: HIV/AIDS, education, teaching, learning, educators, learners, teaching and learning situation and didactical situation.



## **1.3.2 Empirical research**

### **1.3.2.1 Aim**

The empirical investigation was conducted to gather information regarding the effects of HIV/AIDS on educators, learners and the teaching and learning situation.

### **1.3.2.2 Questionnaire**

The researcher administered the same questionnaire that was utilized for the research conducted in the Gauteng Province (*cf.* 1.2). The researcher however added two new sections to the questionnaire, namely, the prerequisites for effective teaching and learning and measures to curb the negative effects of HIV/AIDS on teaching and learning. Based on the information gathered through the literature review, the questions for these two sections were designed. The questionnaires were distributed to educators and learners to determine the effects of HIV/AIDS on educators, learners and the teaching and learning situation.

### **1.3.2.3 Population and sample**

The target population comprised the following respondents:

- 29 urban and rural primary and secondary schools (N=29) in the Sasolburg District of the Free State Province (Parys, Vredefort and Koppies. All the schools constituted the research sample (n=29).
- 507 educators (N=507). A sample was randomly selected to represent the teacher population (n=189).
- 16 082 learners (N=16 082). A sample was randomly selected to represent the learner population (n=341).

### **1.3.2.4 Pilot survey**

A preliminary questionnaire was presented to a selected number of respondents from the target population regarding its qualities of measurement

and appropriateness and to review it for clarity (Vermeulen, 1998:88). A Cronbach Alpha test was utilized to determine the reliability of the questionnaire before it was administrated. The calculated coefficient of (0,836) indicated that the questionnaire complied with reliability criteria. A reliable coefficient for studies in the Social Sciences is 0,8 (Academic Technology Services, 2005).

#### **1.3.2.5 Statistical techniques**

The Statistical Consultancy Services of the North-West University (Vaal Triangle Campus) was approached for assistance in the analysis and interpretation of data collected. The SAS-programme was employed to process data by computer. Data collected was analysed by means of inferential statistics. Frequencies, means and percentages were calculated to determine the current of the impact of HIV/AIDS on educators, learners and the teaching and learning situation. Graphical representations of data were also included.

### **1.4 FEASIBILITY OF THE STUDY**

The study was feasible in that:

- The study was conducted in the Free State Department of Education, which was accessible to the researcher;
- The researcher was and is still employed as a principal for the Free State Department of Education;
- Literature resources used for gathering information were sufficiently available; and
- The study is relevant to South African education and can elicit useful responses to identify unknown effects and problems related to HIV/AIDS and to improve the teaching and learning situation.

### **1.5 CHAPTER DIVISION**

Chapter 1: Introduction.

Chapter 2: The effects of HIV/AIDS on educators, learners and the teaching and learning situation.

Chapter 3: Empirical Research Design.

Chapter 4: Data analysis and interpretation.

Chapter 5: Findings, recommendations and conclusions.

## **1.6 CONCLUSION**

The first chapter provided an overview of the research. Attention was paid to the statement of the problem, the aim of the study, the research method and the chapter division.

Chapter two will focus on the effects of HIV/AIDS on educators, learners and the teaching and learning situation.

## CHAPTER TWO

### THE EFFECTS OF HIV/AIDS ON EDUCATORS, LEARNERS AND THE TEACHING AND LEARNING SITUATION

#### 2.1 INTRODUCTION

South Africa has one of the highest per capita HIV/AIDS prevalence infection rates in the world, causing a pandemic that is starting to influence everyone in all spheres of life (UNAIDS, 2000a; AIDS Statistics, 2002; Worldwide Aids Statistics, 2002; Frederikson & Berry, 2002).

The Worldwide Aids Statistics (2002) for South Africa indicates the seriousness of the HIV/AIDS pandemic. A new total of 5 million people: 4.2 million adults of 15-49 years of age and 800 000 children younger than 15 years of age were infected in 2002. It is expected that this figure will rise to well in excess of 6 million by the end of 2010. It is estimated that there are between 1500 and 1700 new HIV infections each day (Earl Taylor, 2002; Staff Reporter, 2003a: 12-13).

Children who become infected at birth, do not live to enrol at school; some of the enrolled children have dropped out of school to earn money for their families and to care for sick relatives (Shaeffer, 1994:16-17; Mwase, 2000:24; Juma, 2001:18, 33, 72; Raath, 2001:85).

Educators have fallen ill and have died because of the presence of HIV/AIDS in the classroom and at school, the process of teaching and learning has become more complicated and difficult (Ateka, 1989: 3-6; Shaeffer, 1994:18; Du Plessis, 1999:18; Malaney, 2002; Mwase, 2000:24; Juma, 2001:54; Carr-Hill, Kataboro, Katahoire & Dulai, 2002:29-32,41-47).

HIV/AIDS is a challenge to many of us. It challenges the medical profession to find new methods of treatment and, eventually, a cure. It challenges our view about sexual behaviour, as well as statutory and voluntary agencies to find ways of meeting new demands. Families, friends and professional staff have

been confronted by an overwhelming number of issues. It challenges education in that it might eventually be faced by individual people with HIV/AIDS.

At first, people with HIV/AIDS have to cope with the devastating consequences of an illness about which very little is still known. Widespread misinformation and prejudice cause enormous difficulties. However, in this unpromising terrain strength, courage, humour and grace to fight back, have increased (Kelly, 2000a:8).

Not all the battles have been won. Prejudice persists, and services for people with HIV/AIDS are patchy. However, the number and variety of organizations show how much has been achieved in building systems of practical support and sources of inspiration and encouragement.

Most people want to make their own decisions and direct their own lives. How responsibilities are shared and how matters are to be sorted out will depend on the wishes of the person with HIV/AIDS, individual relationships and many other personal considerations. HIV/AIDS is not something which has to be faced alone. One of the challenges which have been met in a spectacular way, is the call for mutual support (Theron, 2005:59). It seems that self-help groups have been set up, because many people are approachable, friendly, understanding, well informed and generous to those in need. They are likely to be the HIV/AIDS sufferer's greatest asset.

Chapter one highlighted the prevalence of the HIV/AIDS pandemic in the Free State Province. Among the nine provinces, the Free State occupies the highest position with regard to the prevalence rate of HIV/AIDS in South Africa, namely with 14,9%, followed by Gauteng with 14,7% and Mpumalanga with 14,1% (Thom, 2002).

Given the discussion so far, it is clear that HIV/AIDS is not merely a health problem anymore. It has become a problem that is permeating the cultural, economic and social life of much of the community, which is, at the very least, the life support system for the basic education sector (Juma, 2001:18).

When the impact of HIV/AIDS on educators and learners, the cornerstones of the teaching and learning process, is examined, the effects of HIV/AIDS on the demand for education, on its supply and on the nature and quality of teaching and learning become identifiable.

## **2.2 THE EFFECTS OF HIV/AIDS ON EDUCATORS**

### **2.2.1 Introduction**

Educators form a central pillar in any education system. Their survival and well-being is essential to the sustainability of the system (Rugalema & Khanye, 2002:33). Educators are dying at three times the rate of the equivalently aged general population without AIDS (Badcock-Walters, Desmond, Wilson & Heard, 2003:18).

### **2.2.2 Absenteeism**

HIV/AIDS is responsible for around two thirds of all deaths from known causes among teaching staff. Overall, it was estimated that one educator dies of AIDS every school day (Ateka, 1989:3-6). Several studies done in African countries indicate that educators are often a higher risk concerning HIV infections than other adults in their communities, due to, among other things, a relatively higher socio-economic status and greater mobility that create more opportunities for high-risk sexual behaviour (World Bank, 2002: 11; Carr-Hill, Kataboro, Katahoire & Dulai, 2002:42). The World Bank (2002:xvi) reports that, in 2000, more than 12% of educators in South Africa were estimated to be HIV positive. This implies a permanent loss of educators in future, due to death or chronic illnesses. The funeral scheme of the South African Democratic Educators' Union indicated that 1 011 educators (at an average age of 39) died of HIV/AIDS-related diseases in the 12-month period from June 2000 to May 2001.

According to a study done in KwaZulu Natal by Badcock-Walters *et al.* (2003:10,11,15), educators are seriously affected. There is an increase in deaths among educators under the age of 40, and 80% of all deaths are

1

attributed to AIDS-related illnesses. Mortality rates peaked among female educators in the age group 30-34.

With regard to these disturbing figures, the Department of Education (2002:97) argues that a decrease in quality and quantity contact time could be expected because of absenteeism, ill health, time lost to funerals and family trauma. A permanent loss of educators due to ill health will also occur. Monare (2003:221) reports that HIV/AIDS will become the biggest killer of educators. Up to 20% of educators in Kwa-Zulu-Natal and 16% of educators in the country's other eight provinces are estimated to be HIV-positive. Between seven percent and eight percent of principals and heads of departments at schools were estimated to be HIV-positive.

According to Pretorius (2002:6), 30 000 new educators will have to be trained in the next eight years to meet the demand. In South Africa, about 44 000 educators are infected.

### **2.2.3 Educator mortality**

It is evident that the mortality rate among educators is increasing and the number of trained educators is decreasing. Teacher replacement becomes difficult; schools become understaffed or make use of poorly qualified educators. This results in overburdened educators and combined classes, which make it very difficult for meaningful teaching and learning to take place (Juma, 2001:54; World Bank; 2002: xvii).

Infected educators are faced with increasing periods of absence because of the progressive nature of the disease. They are likely to lose six months of professional time before full-blown AIDS develops and a further 12 months after developing the disease. To avoid or postpone a decline in remuneration that results from prolonged absence, infected educators do not take formal sick leave. They are thus absent, but are not replaced, as they remain formally in the post earning a full salary (World Bank, 2002:13).

#### **2.2.4 Quality of teaching**

Educators are often too ill to teach or burdened by the psychological effects of the pandemic (such as trauma, grief and mourning) and the added financial burden of medical and funeral expenses. When they do teach, they sit at the front of the class and ask learners to revise or re-do the work they did previously. Active teaching is no longer taking place (Mwase, 2000:24). Their attitude to work deteriorates, and they appear unconfident and unmotivated, affecting the mood and atmosphere of the classroom (Carr-Hill *et al.*, 2002:47). They become nervous and depressed about their health, their frequent absence and their inability to perform well.

Educators with sick families take time off to attend funerals or take care of sick or dying relatives, thereby sacrificing teaching time (Mwase, 2000:24; World Bank, 2002:13).

With the teacher-shortage expected to worsen, researchers calculate that over 71 000 children aged 6-11 will be deprived of a primary education by the year 2005 (Malaney, 2002).

#### **2.2.5 Rural drain**

The supply of educators in rural areas may be particularly badly affected. According to Badcock-Walters *et al.* (2003) posting educators to rural areas has become increasingly difficult, with a resulting tendency for educators to be concentrated in urban areas, partly because of AIDS-affected educators' desire to be close to hospitals or clinics.

#### **2.2.6 Discrimination, stigma and trauma**

The stigma surrounding HIV/AIDS is primarily caused by inadequate knowledge. The stigma surrounding HIV/AIDS includes, amongst others, the following prejudiced perceptions, (Kelly, 2000b):

- HIV/AIDS is associated with sexual taboos and immoral behaviour;
- HIV/AIDS is considered a punishment from God for sexual sin;



- HIV/AIDS is caused by sorcery, witchcraft or ill-will;
- HIV/AIDS can be casually transmitted which engenders fear of HIV positive individuals; and
- HIV/AIDS results in painful death and therefore HIV positive individuals must be avoided.

Clearly educator adherence to the above stigmatized perceptions could lead to a decline in school and personal wellness (Theron, 2005:57).

### **2.2.7 Summary**

The Department of Education is losing its prime labour force to HIV/AIDS. At first, it was not thought that debilitation and death as a result of AIDS could be more than a local problem and a human loss. The government is starting to measure the cost in terms of loss of quality educators, health and social security. The education department has to bear enormous direct costs and loss of income because of the effects of AIDS.

Many countries lack reliable data on AIDS-related deaths and on HIV prevalence among educators. Valuable evidence, however, points to increased teacher mortality in the presence of HIV/AIDS. The death of one teacher deprives a whole class of children of education. An estimated 860 children in Sub-Saharan Africa lost educators to AIDS in 1999 (Kelly 2000b).

## **2.3 THE EFFECTS OF HIV/AIDS ON LEARNERS**

### **2.3.1 Introduction**

HIV/AIDS constitutes a chronic stressor in the lives of many South African children. They live in the stress of being without the familiar care of a mother. They have to bear hardship and responsibility on account of a parent's unemployment. They face being stigmatized by peers and treated as social outcasts. They are burdened by grief for lost family members. They mourn lost homes and lost opportunities. Traumatized children are prone to feelings

of inadequacy and depression and may suffer Post Traumatic Stress Disorder (Juma, 2001:33; Staff Reporter, 2003b:12).

More than 50% of infected populations under 20 will not reach 35. The loss of these young people will happen at their prime, when they should be at their peak as producers, providers and caregivers in society (World AIDS Statistics, 2002).

### **2.3.2 Affected and infected learners**

In the context of HIV/AIDS, learners fall into two main groups, namely infected and affected learners (Louw, *et al.*, 2001:3). For both groups of learners, affected and infected, there are various barriers which impact negatively on teaching and their ability to learn.

### **2.3.3 Effects on learners**

#### **2.3.3.1 Barriers**

For infected learners, Louw *et al.* (2001:67-70) and Malaney (2002:3) identify several barriers which impact negatively on teaching and learning. Individual physical barriers occur when children are born with deformities or paralysis, disabling them for participation at school and in academic activities. Deficits in brain function and attention due to illness, bring about neurological barriers to learning. Sensory barriers, which include visual deficits, impact negatively on their perception of learning during teaching and learning. Poor academic performance will result, due to chronic illness and the disability to participate fully in the social and academic life of the school.

#### **2.3.3.2 The family**

In addition to the above, when the infected child is part of a family with infected members, the family itself can become a barrier if it exposes the child to neglect, lack of stimulation, discipline, basic needs, books and school fees. Learners, who grow up among infected friends and family members, often have to care for the sick and/or assume adult responsibilities and witness the loss of their friends and family members. According to Malaney

(2002:3) and Ebersohn and Eloff (2002:78), the effects of having to assume additional responsibilities implies various negative effects on these learners.

The traditional structure of households is changing in affected communities and vulnerable children are required to adapt to the demands of non-traditional families and deepening poverty. The loss of a mother as primary family caregiver has a profound effect on childrens' well-being. As young or middle-aged fathers and mothers die, grandparents take over the full-time care of young children and the latter assume unfamiliar adult roles at home for which they are ill prepared. Sometimes they are the primary caretakers of their infected elders, assuming adult responsibilities, washing, cooking for and feeding the infected (World Bank, 2002: xviii).

Households affected by HIV/AIDS experience a fall in the household income due to the loss of labour as members become ill and die. Households also experience an increase in costs, especially for health care. Households affected by AIDS spend twice as much on health care as households not affected by the virus. When the economically active adults in a household die as a result of the virus, the financial burden on surviving household members increases markedly (Keeton, 2002:35). Women and girls, in particular, spend time caring for the sick or increase their own labour time to fill the gap created by losing the labour of one of the adults.

#### **2.3.3.3 Household and community effects**

Staff Reporter (2003b:12) and the World Bank (2002:16-19) indicate that HIV/AIDS affected children are also likely to drop out of school earlier to care for a dying parent or for younger siblings and due to lack of capacity to provide for food and other needs. Their school performance will be negatively affected by the emotional trauma and the anxiety they are experiencing because they have witnessed the slow, miserable death of parents, have experienced the loss of siblings, a home and friends that made up their world, and have to move to an unfamiliar home with little or no choice in the matter. According to Staff Reporter (2003b:12-13) and Juma (2001:33), all these

circumstances leave the child with psychosocial problems, depression and low self-esteem that affect child development and learning.

#### **2.3.3.4 School attendance**

Learner absenteeism due to increased responsibilities occurs. Learners remain at home to take care of the sick. Tardiness and repeated absences due to these responsibilities affect learners' ability to learn and often lead to dropping out of school (Hepburn, 2002:92).

#### **2.3.3.5 Social development**

Because these learners are daily exposed to peers and/or family members who have been affected personally, their social development is severely hampered, as they tend to be isolated and develop feelings of insecurity because they perceive the world as unsafe. Hepburn (2002:93) indicates that poor academic performance will result due to their caring for sick family members, which disables them from participating fully in the social and academic life of school.

#### **2.3.3.6 Needs fulfilment**

A learner growing up in a family affected by HIV/AIDS will have needs that the family cannot meet and experience stress reactions that the family cannot alleviate when the parent falls ill and the household income drops because of expenditure on treatment, care and funeral costs. Basic needs are not met and this results in stunted growth and an overall decline in health contributing to lower school enrolment rates (Hepburn, 2002:91). Mwase (2000:24), Shaeffer (1994:16) and Carr-Hill *et al.* (2002:30) indicate that the decline in financial capacity and completing schooling go hand in hand. Affected learners will be forced out of school into the world of work.

#### **2.3.3.7 Psychosocial effects**

On the other hand, affected and infected learners do not want to attend school because of the stigma and scorn they experience as they come from AIDS-affected households. Their psychological trauma after the death of a family

member leads to difficulty in concentrating in class and in acquiring the skills and knowledge offered at school. They may also, according to Shaeffer (1994:16) and Juma (2001:71), experience isolation, ostracism, discrimination and stigma due to infection or to belonging to a family with HIV-infection and AIDS deaths. They might be pressured to leave school if they have not already dropped or been pushed out (Carr-Hill *et al.*, 2002:45).

The psychosocial challenges which children face include coping with grief, loss of identity (of self, of family and of culture), coping with shame, stigmatization and fear of abandonment, rejection and death.

#### **2.3.3.8 Orphans**

Apart from affecting and infecting learners, the pandemic has, so far, left behind an estimated 61% of children already living in poverty, as well as 14 million orphans (UNICEF, 1999:12; Hepburn, 2001; Worldwide Aids Statistics, 2002). Orphans will not be able to afford school fees, uniforms and books and will probably live in poverty and be malnourished. They will probably not attend school because they will need to work in order to survive. If they do attend school, they will probably perform less well because of the lack of secure home support (Juma, 2001:33, 72). Carr-Hill *et al.* (2002:51-54) and Sibanda (2001:96) are of the opinion that the loss of this important sector will form part of the 6-10 million who are estimated to die of AIDS in the next 10-15 years.

Carr-Hill *et al.*, (2002:85) are of the opinion that orphans are more disadvantaged than other children. They are financially vulnerable and will be the first to be denied schooling when they become a strain on the family who has taken them in. They are left behind in a vacuum deprived of parental guidance, disadvantaged, vulnerable, undereducated, victims of malnutrition and risk, becoming street children without hope and opportunity (Staff Reporter, 2003b:13; World Bank, 2002:16).

The disruption of families and the death of parents and close relatives have created an unprecedented number of destitute and abandoned South African children. According to calculations, current mortality trends point towards

orphans comprising 9-12% of South Africa's total population by 2015. Orphans may live in child-headed households with other siblings looking after younger ones, thus assuming parenting roles they are ill prepared for. Others are taken care of by communities, some are placed in institutions, whilst others lose all contact and become street children. In such circumstances children run a high risk of becoming infected through abuse or prostitution (Hepburn, 2002:94).

Orphans are faced with very few incentives to continue schooling instead of working. Stigma, discrimination and prejudice will further lead to their social isolation (Juma, 2001:68).

#### **2.3.3.9 Fatalism and skepticism**

Another factor, according to Hepburn (2002:91), Shaeffer (1994:17) and Sanders (2001:41) which contributes to the negative effects that HIV/AIDS has on learners is the aids-driven fatalism and skepticism among parents and caregivers regarding the value of basic education. Because of the fact that there is a higher chance of the death of an HIV/AIDS infected child it leads to a lower involvement in education and therefore perhaps less willingness on the part of the family to sacrifice for the sake of such an education.

Apart from this, the quality of education is perceived to be poor, due to the decreasing supply of trained educators and the loss of teacher productivity. In addition to this, the perception exists that the curriculum is irrelevant to employment opportunities and that education has value only for boys, not for girls. Therefore girls are kept at home for domestic work when the household income drops due to AIDS deaths or they have to take care of sick relatives (World Bank, 2002:21). They are also kept from school to avoid their being harassed on their way to and from school, to avoid sexual harassment committed by both male educators and by learners, and to avoid being infected with HIV on the school grounds (UNAIDS, 2000c:51; Carr-Hill *et al.*, 2002:30; Hepburn, 2002:91; Khoza, 2002:75).

### **2.3.3.10 Health effects**

Children in infected communities suffer from poor nutrition and ill health, and show signs of failure to thrive. Where social services, hospital and home-care systems are stretched or vulnerable children have inadequate access to health care, infected children have to fight the symptoms of the illness, including diminishing strength and advancing death. Common illnesses such as measles, diarrhoea and respiratory infections are more severe, frequent and persistent and contribute to learner absenteeism at school (UNAIDS; 2000b:14).

### **2.3.3.11 Effects on households**

In rural areas, women provide the bulk of subsistence labour in agriculture. Most men spend their lives as migrant labourers. The wife is left in charge of the children and of the property belonging to the absent male. The mortality of women has a greater impact on the African household than that of the man, because infected women pass their infections on to their unborn children who never grow up to become adults (UNAIDS, 2001:33).

The consequences of the HIV/AIDS pandemic on rural populations include a decline in educational status due to the fact that the children, particularly girls, are forced to leave school in order to cope with the tasks of caring for siblings and ill parents (UNAIDS, 2001:3). Changes in the social system occur as households adapt to the impact of orphans and the rural poor. If women themselves succumb to AIDS there is no-one to take over these important duties (Chipifakacha, 1997:417).

More women than men are caregivers for people with AIDS, which means that they are saddled with the triple burden of caring for the children, for the elderly and for people living with AIDS. Girls and older women may find themselves at the head of households. As a result of AIDS-related illnesses and deaths, there are fewer adults of normal parenting age, so the burden of caring for grandchildren and AIDS orphans is increasingly falling on older persons, typically maternal grandmothers (Worldwide Aids Statistics, 2002). Households with AIDS orphans headed by grandmothers suffer abject poverty

and usually fall below the poverty line. The needs and problems of orphaned children with which grandmothers must cope are multiple.

Sick elders and younger siblings are taking care of cattle and growing mealies for sustenance. A common consequence of strain and pressure exerted on weaker households is a drastic reduction in the family's ability to care for and protect its children, who become prey to neglect and abuse.

#### **2.3.3.12 Welfare effects**

Economically, children and their families are hard hit. On account of poor health, productive members of the family are often unable to continue work. Families are impoverished and rendered more vulnerable by the cost of illness and care. Their meagre funds are used to buy local medicines and palliative care, leaving less for food, housing, clothing and education. Even when caregivers attempt to protect children by not discussing economic difficulties with them, the children are attuned to their emotional environment and readily adopt the anxiety, fear and frustration that accompany financial strain (Keeton, 2002:35).

#### **2.3.3.13 Educational effects**

A marked decline in school attendance already characterizes the South African education landscape. An inability to pay school fees and for school uniforms and other requirements is also a negative educational effect of HIV/AIDS. Malnutrition due to meagre funds, is clearly linked to physical and mental damage in developing bodies (Cohen, 2002:14). HIV-infected children shy away from disclosure. There are many causes, among them illness, death, fear of discovery and shaming at school, and increased demands for child labour (including caring for sick relatives, both within and outside homes). The harm done to the promotion of literacy and to South Africa's social, economic and political systems is inestimable.

#### **2.3.3.14 Secondary victimization**

Schools are difficult environments for girls in which to report gender-based violence, and girls often suffer victimization if they do. Girls feel educators do



not take complaints of gender-based violence seriously for fear of retaliation from perpetrators (Human Rights Watch, 2001:2). It is also claimed that educators do not keep reports confidential. Learners are often reluctant to report gender violence because educators and schools are inconsistent in their responses, do not provide adequate support to victims or follow up disciplining the perpetrators.

#### **2.3.4 Summary**

According to Brümmer (2003:8), HIV/AIDS is one of ten causes of deaths among children of all ages. Out of each 1000 children in South Africa, 45 will die before their first birthday and approximately 16 out of each 1000 children will die before they reach the age of five. Out of 30 children, simply by being born, four will become infected through breastfeeding. Due to this increase in infant and child mortality, fewer children are in need of education and many will eventually succumb to the disease before they receive the economic benefits of education (Sanders, 2001:39; Shaeffer, 1994; Carr-Hill *et al.*, 2002:35).

### **2.4 THE EFFECTS OF HIV/AIDS ON TEACHING AND LEARNING**

#### **2.4.1 Introduction**

Bearing in mind the negative effects that HIV/AIDS has on educators and learners, the question automatically arises to how effective teaching and learning under these circumstances will be?

#### **2.4.2 Impact on the education sector**

Conceptually there is general agreement on the problem: that the HIV/AIDS pandemic is eroding the capacity of the education sector to fulfil its primary tasks. There is general agreement on the trend also: that the problem will get worse over the coming decade.

However, systemically there are notable gaps in both knowledge and responsiveness. Firm data are lacking from many countries on the loss of human resources throughout the education sector. We do not know the level

of absenteeism across the sector caused directly and indirectly by the pandemic at all levels of education and across skill and experience categories (educators, assistances and administrative support).

Important social investment is being lost due to HIV and AIDS. The erosion of human resource capacity cannot be replaced through formal training alone, assuming unrealistically that resources were sufficient for replacing teaching and other personnel. Loss of experience and organizational capacity cannot simply be replaced in the face of the premature deaths of senior educators, teacher trainers and administrators (World Bank, 2002:13)

There are a few signs that ministries of education recognize the problems caused by the impact of the pandemic. Only in a few Sub-Saharan African countries an attempt is being made to estimate what are likely to be probable losses of educators over the coming decade (Hawes & Coombe, 1986:5). Many ministries of education seem to be concerned primarily with issues related to HIV-prevention through curriculum reform, but do not seem to have realized that, whatever the merits of such activities, they have to be seen as secondary to sustaining sector capacity (Education Development Center, 2000:5). If the capacity to teach is not maintained, then the curriculum cannot be delivered over time.

There is little evidence that ministries of education have the capacity and the resources to grapple with the problems and challenges they now face. Some of these problems and challenges are the following (Kelly, 2000c:23; Kelly, 2000d:4; World Bank, 2002:12):

- What is happening to learners who drop out of school?
- How are the drop-out rates related to the increase in household poverty directly due to HIV/AIDS?
- What is the actual impact of HIV/AIDS on the pattern of school attendance and gender differences? There is some evidence of higher rates of absenteeism among girls.

In many countries the age range of primary school boys and girls is very wide. Classes often contain learners who are much older than the usual age for primary education. Some exceed the normal age for secondary education as well. Forces at work due to the pandemic are exacerbating these conditions, with unknown impact on education performance. HIV prevention may also be more difficult, given the mixing of younger with older students, often young men who are well into their sexually active years. A distressing feature in many schools is the increasing number of children who are living with HIV/AIDS (Carr-Hill *et al.*, 2002:52).

There is some evidence that education is being affected by both the demographic and behavioural impacts of the pandemic (Ebersohn & Eloff, 2002:78). This information must be taken as preliminary, given the uncertainty surrounding demographic projections. Moreover, very little is known about the impact of poverty on school enrolments of boys and girls respectively. Efforts need to be made to try and monitor what is happening to the age and gender cohorts relevant for planning educational intakes and attendance rates. Most ministries of education seem to be doing little to address these matters.

The traditional safety net for orphans, the extended family that is one of the most reliable support systems, has come under huge strain as a result of the loss of many breadwinners and caregivers. Aids is turning back the clock on development. In too many countries, the gains in life expectancy won are being wiped out.

The central message is that the education of children and youth merits the highest priority in a world afflicted by HIV/AIDS. Thus, countries face an urgent need to strengthen their education systems, which offers a window of hope unlike any other for escaping the grip of HIV/AIDS. Vigorous pursuit of education for all (EFA) goals is imperative, along with education aimed at HIV prevention (Coombe, 2002b; World Bank, 2002:62).

Most devastating and far-reaching, perhaps, is the epidemic's impact on education systems. HIV/AIDS is draining the supply of education, eroding its

quality, weakening demand and access, drying countries' pools of skilled workers and increasing the sector's costs. The full scope of the epidemic's impact on education becomes apparent when viewed in the context of the formidable challenges already confronting the sector.

#### **2.4.2.1 Why education matters**

An education population and workforce are fundamental to national health. Combined with sound macroeconomic policies, education is generally an essential factor in promoting social well-being and poverty reduction, because it directly affects national productivity, which in turn determines living standards and a country's ability to compete in the global economy (Kruger & Mikael, 2000:71). To participate in knowledge-driven development, countries need to build their human capital. Moreover, poverty cannot be reduced unless all children in all countries have access to and can complete a primary education of adequate quality.

Much of the macro and microeconomic literature emphasize the role of education in economic growth (Kruger & Mikael 2000:73). Accumulated research since the beginning of the 20th century provides robust evidence of a substantial social and private payoff to investment in education. The evidence points to a positive association between economic growth and change in education: growth increases with more education and declines with less. According to Kruger & Mikael (2000:74) no country has achieved economic growth without first assuring the education of its population. We can predict, with reasonable confidence, that for countries where HIV/AIDS has significantly reduced average years of schooling or enrolment rates, the impact on education alone will dramatically constrain economic growth.

Hepburn (2002:92) and World Bank (2002:xvii-xviii) are of the opinion that investment in education is vital, because it promotes the achievement of six of the eight Millennium Development Goals, namely:

- Reducing poverty;
- Achieving universal primary education;

- Improving gender equality;
- Reducing infant and child mortality;
- Improving maternal health; and
- Lowering the prevalence of HIV/AIDS.

Substantial evidence shows that education profoundly affects young people's reproductive lives (Coombe & Kelly, 2001:437; Kelly, 2002:1-12). Better educated women are more likely, in comparison with their peers, to delay marriage and childbearing, have fewer children and healthier babies, enjoy better earning potential, have stronger decision-making and negotiation skills as well as higher self-esteem, and avoid commercial sex. Studies documenting the benefits of female education include reduced infant and maternal mortality, enhanced family health and welfare, and increased economic productivity (Hepburn, 2002:92). An analysis of data from 100 countries also found that an additional year of female education reduces the total fertility rate by 0.23 births (World Bank, 2000:58).

For boys and girls, education has been proven to provide protection against HIV infection (World Bank, 1999:71). A basic education has a general preventive impact: it can inform children and youth and equip them to make decisions concerning their own lives, bring about long-term behavioural change, and give them the opportunity for economic independence, all fundamental to prevention and therefore to hope. In addition, instruction focused on HIV/AIDS prevention is crucial to closing persistent fundamental gaps in knowledge: the latest report by the United Nations Programme on HIV/AIDS (UNAIDS, 2002b) shows that 20 years into the epidemic, millions of young people, even in badly affected countries, are ignorant or have misconceptions about the disease.

### **2.4.3 Impact of HIV/AIDS on education sector costs**

The specific costs of HIV/AIDS to the education sector, now beginning to be estimated, are large. With many countries providing extensive sick leave

benefits to educators, long-term absenteeism can impose a serious burden on education budgets while constraining funds for replacement educators (Kelly, 1999). In Swaziland, for example, the theoretical costs of hiring and training educators to replace those lost to AIDS is estimated to reach US\$233 million by 2016, an unsupportable cost that exceeds the total 1998-99 government budget for all goods and services (Kelly, 2000a:11; UNAIDS, 2000b:44). Opportunity costs should also be considered in terms of the loss of experienced educators and education sector personnel, as well as the macroeconomic consequences of an increasing proportion of children with reduced or no access to education.

Budgets are having to accommodate higher teacher hiring and training costs (to replace the growing numbers of educators who have died) as well as the payment of full salaries to absent and nonperforming educators, with traditional training and salary costs for substitute educators where absences are official (Coombe, 2000a). Zambia has estimated that the epidemic's financial burden on its education sector will amount to some US\$25 million between 2000 and 2010, largely reflecting the costs of increasing the supply of educators as well as teacher absenteeism. Mozambique's estimate is about twice as much to replace educators who had died. This implies that the cost of providing substitute educators for those who are absent is likely to be a much greater drain on budgets than the cost of training (World Bank, 2000:8).

According to Coombe (2000a) distance education may be an innovative way to help contain costs. The per student cost of distance education amounts to 33 to 66 percent of that for conventional programmes for teacher training, between 5 and 20 percent for some secondary education programmes, and 13 to 73 percent for the tertiary level through open universities.

Efforts to ensure that orphans and other vulnerable children enrol and remain at school represent a rapidly growing new expenditure, especially in the worst-affected countries. The unit of supporting orphans and vulnerable children through bursaries and other incentives for fostering may be 10 times the per capita public budget for education (Coombe, 2000b).

The evidence that education itself protects against HIV is strong. Data for the late 1980s and early 1990s when the HIV/AIDS pandemic was just emerging, mostly showed a positive correlation between the level of education and rates of infection (World Bank, 1999:62). However, once the ways to avoid infection became better known, educated people were more likely to adopt safer behaviour (World Bank 1999), and later studies show a reversal in the trend, with better educated people having lower rates of infection, especially among younger people.

Countries' education sectors have a strong potential to make a difference in the fight against HIV/AIDS. They offer an organized and efficient way to reach and influence large numbers of school-aged youths, the groups either most at risk (secondary) or most receptive (primary). Notwithstanding the ongoing need for considerable progress, many more children are at school today than ever before. The endorsement of the education for all (EFA) initiative by 155 countries promises further expansion of the pool of children who can be reached. Secondary and tertiary education provides a means to reach a portion of the population that is important, not in terms of numbers, but as a crucial resource of productive human capital of a country. As such, it affords a critical opportunity to scale up successful approaches, vital in view of the wide and rapid reach of the epidemic. In addition, the sector's reach extends to two other important groups: educators and communities (including parents), who can play a crucial role in efforts to address the problem at its roots (UNAIDS, 2000b:22).

Education is highly cost-effective as prevention mechanism. Countries where the pandemic is not yet at crisis proportions will, by preventing AIDS through education, avoid the health care and teacher-supply-related costs that the worst affected countries have to bear.

Countries need to invest in the education sector not only for the crucial benefits it yields overall and in an AIDS context, but also because no other sector may be more fundamentally threatened by the epidemic (UNAIDS, 2000b:28). In the worst hit countries, educators are dying faster than they can be replaced. Absenteeism is eroding the quality of education, and the

problem of a rising orphan population as high as 15 percent of all children is demanding urgent national attention. The failure of education systems leads to a vicious cycle of deaths and decline in the sector, and the costs may be borne by welfare and other systems quite separate from education, but are likely to be important investments in ensuring that all children, the growing numbers of orphans and vulnerable children to the achievement of EFA (Education for all).

The impact of HIV/AIDS on education demand is based on the number of school-age children living in the presence of HIV/AIDS and the proportion of these children who are orphans and may require additional support to attend school. The numbers of maternal and double orphans were determined for 1999, using UNAIDS estimates and projected to 2015, using a simulation model. This was done for 10 countries and then generalized to other countries in Africa by extrapolating sub-regional patterns for West Africa, East Africa and Southern Africa. It was assumed that the cost of supporting a maternal (without a mother) or double orphan (without a mother and a father) to remain enrolled at school was US\$50 per year (at US dollar values for 2000), a cost estimate that is consistent with some recent programmes in the region (UNAIDS:2002b).

Based on these assumptions, HIV/AIDS is estimated to add between US\$ 4 million and US\$550 million per year (at US dollar values for 2000) to the cost of achieving EFA in the 33 African countries studied. This implies that HIV/AIDS increases that total EFA financial gap for these countries by about one third. Apart from financial costs, major macroeconomic consequences can be expected if HIV/AIDS causes an increasing proportion of children to have reduced access or no access to education. These issues need to be fully explored for strategic and financial planning purposes.

#### **2.4.4 Impact on teaching and learning in the classroom**

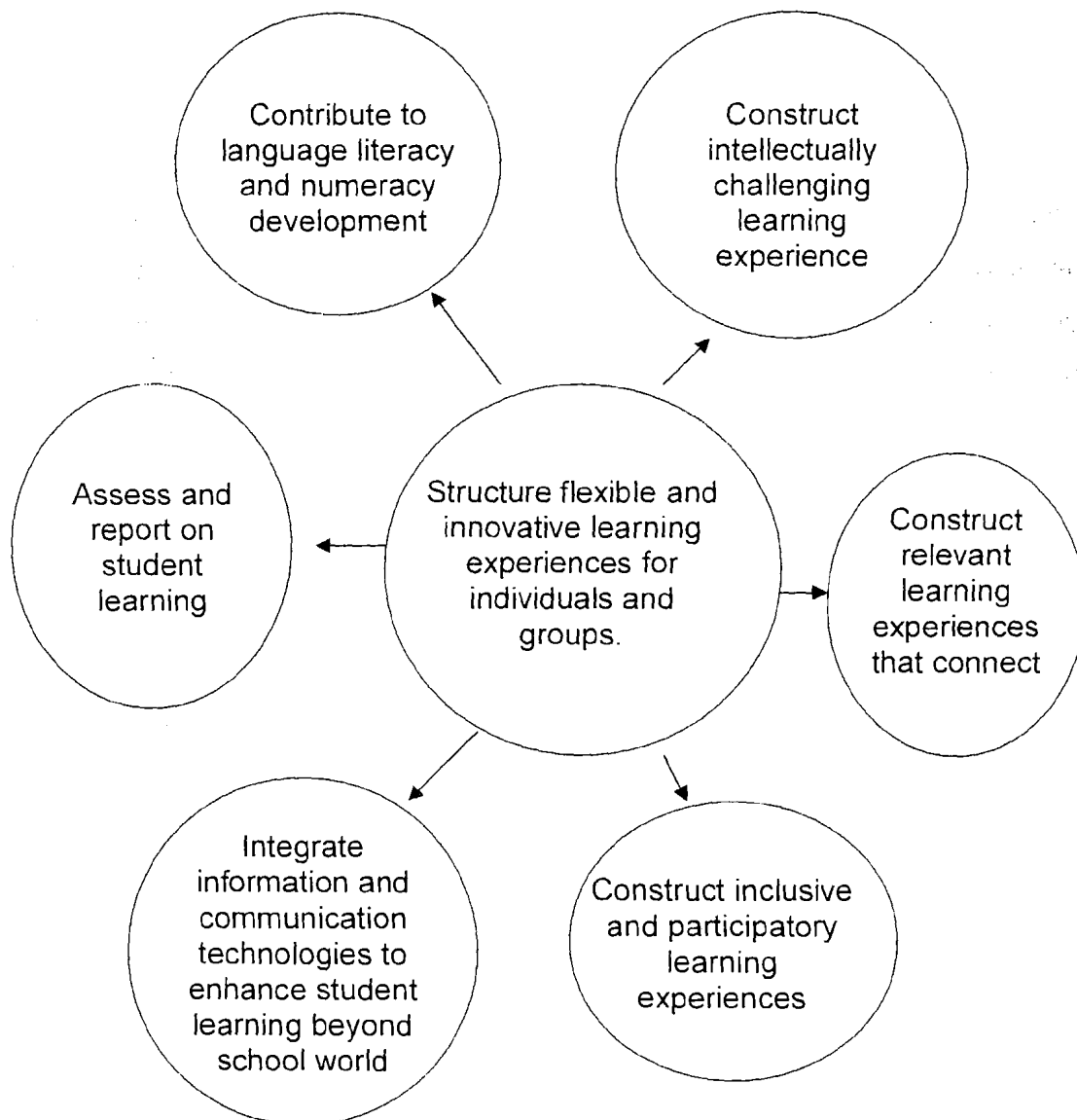
##### **2.4.4.1 Prerequisites for professional standards**

According to Ornstein (1990:550) and Kruger (1997:52) professional standards serve as the foundation for a more thoughtful certification system,



more productive, preservice education and induction programmes, and more effective and relevant professional development. The contemporary job of the teacher is exceedingly complex, requiring a wide array of knowledge and skills

**Figure 2.1: Professional Standards**



Ornstein (1990:547, 549, 553) states that when educators become ill, their teaching capacity decreases, disabling them from complying with the critical prerequisites for professional standards and for effective teaching and learning, as indicated in table 2.1.

#### 2.4.4.2 Prerequisites for effective teaching and learning

Ornstein (1990:547) conducted the most comprehensive study world-wide of teacher characteristics. More than 6000 educators in 1,700 schools were involved in the study over a six year period. The objective was to identify through observations and self ratings the most desirable educator characteristics.

**Table 2.1: Desirable characteristics for effective teaching and learning**

EFFECTIVE BEHAVIOUR	INEFFECTIVE BEHAVIOUR
Alert, appears enthusiastic	Is apathetic, dull, appears bored
Appears interested in learners and classroom activities	Appears uninterested in learners and classroom activities
Cheerful, optimistic	Is depressed, pessimistic: appears unhappy
Self-controlled, not easily upset	Loses temper, is easily upset
Likes fun, has sense of humour	Is overly serious, too occupied for humour
Recognizes and admits own mistakes	Is unaware of or fails to admit own mistakes
Is fair, impartial, and objective in treatment of learners	Is unfair or partial in dealing with learners
Is patient	Is impatient
Shows understanding and sympathy in working with learners	Is abrupt with learners, uses sarcastic remarks or shows lack of sympathy with learners in other ways
Is friendly and courteous in relations with learners	Is aloof and distanced in relations with learners
Helps learners with personal as well as educational problems	Seems unaware of learners' personal needs and problems
Commends effort and gives praise for work well done	Does not commend learners, is disapproving, hypercritical
Accepts learners' efforts as sincere	Is suspicious of learners' motives
Anticipates reactions of others in social situations	Does not anticipate reactions of others in social situations
Encourages learners to try to do their best	Makes no effort to encourage learners to try to do their best.
Classroom procedure is planned and well organized	Classroom procedure is without plan, disorganized
Classroom procedure is flexible within over-all plan	Shows extreme rigidity of procedure, inability to depart from plan
Anticipates individual needs	Fails to provide for individual differences and needs of learners
Stimulates learners through interesting and original materials and techniques	Uses uninteresting materials and teaching techniques

Conducts clear, practical demonstrations and explanations	Demonstration and explanations are not clear and are poorly conducted
Is clear and thorough in giving directions	Directions are incomplete, vague
Encourages learners to work through their own problems and evaluate their accomplishments	Fails to give learners opportunity to work out own problems or evaluate their own work
Disciplines in a quiet, dignified and positive manner	Reprimands at length, ridicules, resorts to cruel or meaningless form of correction
Gives help willingly	Fails to give help or gives it grudgingly
Foresees and attempts to resolve potential difficulties	Is unable to foresee and resolve potential difficulties

According to Shaeffer (1994:18) educators who are infected or affected by HIV/AIDS, could affect the quality of the teaching. The indicated characteristics for effective teaching will be affected and teaching will become increasingly chaotic, ineffective and unproductive where HIV/AIDS is prevalent (Shell & Zeitlin, 2001:94). In addition to this, hostility and distrust towards educators who are viewed as a dangerous source of HIV/AIDS transmission decreases the credibility of education in the eyes of children and adults.

Malaney (2002) indicates the following factors that impact negatively on teaching and learning: combining classes or leaving classes untaught affects the quality of education and undermines the goal of education and of the learner-centred approach. In addition to this, Malaney (2002) states that the loss of experienced educators and the stress such situations place on learners because they have to adapt to new educators, are not conducive to effective learning.

The randomness of the education provided impacts negatively on the quality of education. Education is provided sporadically due to the absenteeism of both educators and learners (Shaeffer, 1994:14). Those neglected prerequisites include, *inter alia*, the necessary intensive lesson preparation and creative planning of learning activities because of the decrease in teaching capacity. Instructional momentum is often not maintained, as classroom procedures are not well planned and organized. Homework correction does not take place on a regular basis anymore, affecting the communication with and the feedback given to learners. Reinforcement and

involvement are negatively affected by a breakdown in the flow of learning (Hepburn, 2002:93).

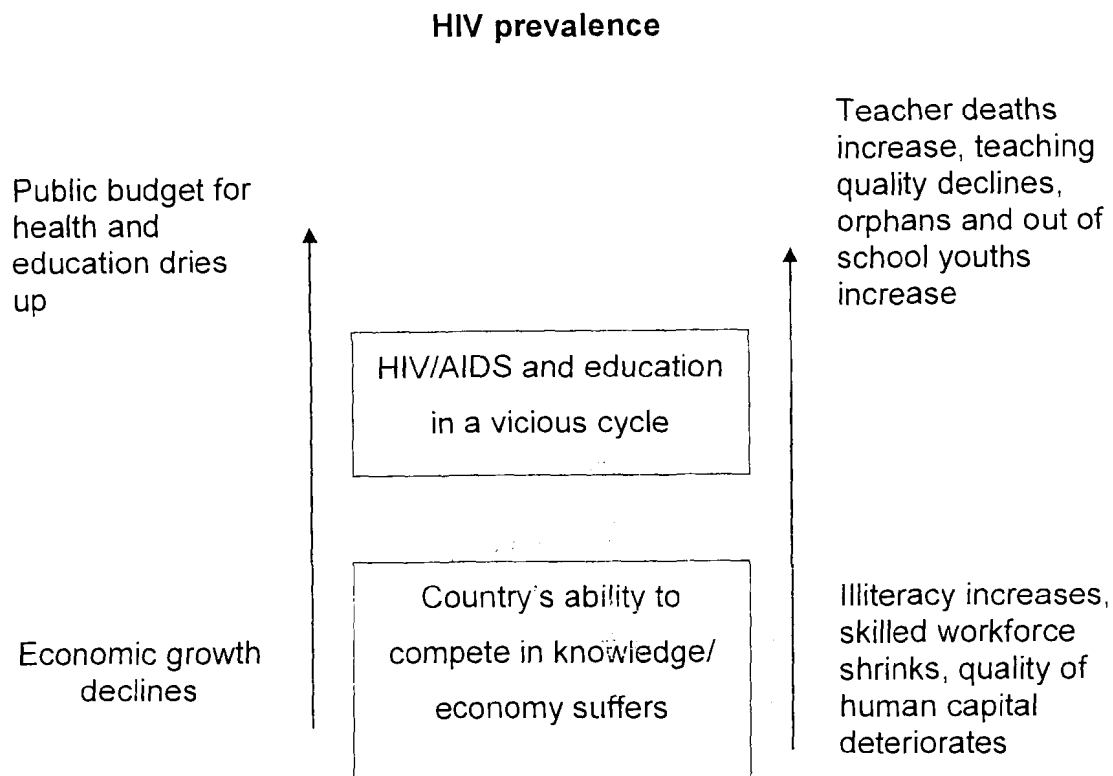
Due to frequent absenteeism, educators become unreliable in attending to school and duty assignments. Furthermore, educators who are not infected will come into ever-increasing contact with infected and affected learners and colleagues at school and must be prepared to deal with the disease (Louw *et al.*, 2001:1). Sharing colleagues' workloads or teaching large numbers of learners overburden educators. Beyond the loss of trained and expensive human resources, teaching and learning will not take place as usual, but will become an increasingly stressed process, located in a more and more traumatized social environment (Badock-Walters *et al.*, 2003:16, 18).

## **2.5 SUMMARY**

In summary, the statistics are as staggering as they are frightening, because of the impact on the quality of education. The effects of HIV/AIDS on educators, learners and the teaching and learning process impact on the demand, supply and process of education. The net results may be a loss of both financial and human resources (quantity) and of efficiency and effectiveness (quality) (Bennel, Hyde & Sawinson, 2002:64). Relatively fewer learners may seek an education; those who do, may be faced with fewer educators. The school itself may be affected by the psychological effects of having infection, illness and death in its midst. In general, individual schools, especially in heavily affected areas, and the system as a whole may have fewer resources from families, communities and government to maintain, improve and expand their services.

An educated population and workforce are fundamental to national health and the social well-being of a population. Consequences of inaction to address the impact of HIV/AIDS on the teaching and learning situation will lead to the following situation:

**Figure 2.2: The consequences of the inaction to address the impact of HIV/AIDS (World Bank, 2002:10)**



The time has come for South Africans to accept the fact that HIV/AIDS is an enormous disaster and that there is an urgent need for comprehensive and sustained research to determine to what extent the effects of HIV/AIDS on educators and learners, impact on the teaching and learning situation. This should be undertaken alongside the effective implementation of strategies to support the affected educators and learners, as well as measures to curb the negative effects on the teaching and learning situation.

## **2.6 CONCLUSION**

In this chapter, the impact of HIV/AIDS on educators, learners and the teaching and learning situation was examined. Learners as well as educators are infected and affected. They are traumatized by this HIV/AIDS pandemic, and as a result, they are not performing to their fullest potentials.

The next chapter will focus on the empirical research to determine the extent of the effects of HIV/AIDS on educators, learners and the teaching and learning situation.

# CHAPTER THREE

## EMPIRICAL RESEARCH

### 3.1 INTRODUCTION

The preceding chapter formed an important background to the investigation contained in this research. It provided a theoretical background to the effects of HIV / AIDS on the educators, learners and the teaching and learning in the classroom.

In this chapter, the focus will be on the empirical research to determine the extent of the impact of HIV/AIDS on educators, learners and the teaching and learning situation.

### 3.2 AIMS OF THE RESEARCH

#### 3.2.1 Introduction

The overall aim of the empirical research is to determine the extent of the effects of HIV/AIDS on teaching and learning in the classroom and to recommend measures to curb the negative effects of HIV/AIDS on teaching and learning.

#### 3.2.2 Aims

The overall aim was operationalized as follows:

- by determining the extent of the effects of HIV/AIDS on educators and learners;
- by determining the effects of HIV/AIDS on the teaching and learning situation; and
- by determining whether measures are in place to curb the negative effects of HIV/AIDS on teaching and learning, and if not, to recommend measures

to curb the negative effects of HIV/AIDS on the teaching and learning situation.

### **3.3 RESEARCH DESIGN**

#### **3.3.1 The quantitative research**

The dominant methodology for this type of research is to describe and explain features of reality by collecting numerical data on observable behaviour of samples and by subjecting these data to statistical analysis (Gall, Borg & Gall, 1996:167).

For the purpose of this research a quantitative research design was chosen because it has carefully structured guidelines that exist for conducting the research. This type of research cannot be clouded by own interpretations and impressions, because the researcher can take an objective stance towards the research. Data are presented by means of exact figures gained from precise measurement (Vermeulen, 1998:15). Underlying this research design is the belief that there is a relatively stable reality out there that can be measured.

### **3.4 DATA COLLECTION INSTRUMENTS**

#### **3.4.1 The structured questionnaire**

The choice of data collection methods for the researcher working from a quantitative approach can be categorised into questionnaires, checklists, indexes and scales (De Vos, 2002:171). For the purpose of this research a questionnaire was utilized.

##### **3.4.1.1 Construction of the questionnaire items**

Two questionnaires were constructed to determine the impact of HIV/AIDS on educators, learners and the teaching and learning situation. Based on the information gathered through the literature review, the items in the questionnaires were constructed to correspond with the indicated negative effects of HIV/AIDS on educators, learners and the teaching and learning

situation. One questionnaire was constructed for educators and the other one for learners. Each questionnaire comprised five sections, namely:

- Section A: Biographic information
- Section B: The effects of HIV / AIDS on educators
- Section C: The effects of HIV / AIDS on learners
- Section D: The effects of HIV / AIDS on teaching and learning
- Section E: Measures to curb the effects of HIV/ AIDS on the teaching and learning situation

According to De Vos (2002:172) questionnaires could contain open and closed questions. The questionnaire for this research consisted of both open and closed questions. Open questions give the respondent the opportunity of writing down any answer. The open question has advantages when a variable is relatively unexplored or unknown. It provides the opportunity for information to be added which might be missed because of closed questions. The open question enables the researcher to explore the variable better and to obtain some idea of the spectrum of possible responses (De Vos, 2002:179). It is interesting to note that in this particular research no responses were noted for the open questions. Closed questions offer the respondent the opportunity of selecting one or more response choices from a number provided. The closed question is advantageous when a substantial amount of information about a subject exists and the response options are relatively well known. The comprehensiveness of a phenomenon can be ascertained quite meaningfully by means of closed questions. Furthermore, questions can be answered in the same framework and responses can be compared better with one another (De Vos, 2002:180).

#### **3.4.1.2 Advantages of the questionnaire.**

According to De Vos (2002:172-176) utilizing a questionnaire for research purposes has a number of advantages:



- The major advantage of the questionnaire survey is economy. It yields the maximum number of facts or bits of data. However, the economy is gained via built-in limitations on the depth of the data obtained.
- A second advantage of survey by questionnaire is that the respondent may consult with others, review records, think about a question before answering and interrupt the process of completing the instrument, if necessary.
- A questionnaire survey is a useful way to obtain information about sensitive issues.
- It provides a basis for comparing one result with another.
- Numbers can be subjected to mathematical procedures and worked with on a computer, so it provides a way to deal with large bodies of data.
- Statistical techniques permit hypotheses to be vigorously tested.

#### **3.4.1.3 Reliability of the data collection instrument**

A Cronbach Alpha coefficient of reliability indicated a coefficient of 0,836. A reliability coefficient of 0,80 or higher is considered as acceptable in most Social Science applications (Academic Technology Services, 2005). The data collection instrument thus complies with reliability criteria.

#### **3.4.1.4 Validity of the data collection instrument**

Validity was arrived at by considering both content validity and construct validity.

**Content validity:** Content validity is the extent to which a data collection instrument is a representative sample of the content area being measured. The items or questions should reflect the various parts of the content domain in appropriate portions (De Vos, 2002:167; Leedy & Ormrod, 2005:92). The content validity for the data collection instrument utilized in the research is supported by the fact that the specific test items were constructed strictly and

in equal proportions according to the essential components indicated in the literature as negative effects of HIV/AIDS on teaching and learning.

**Construct validity:** Construct validity is the extent to which an instrument measures a characteristic that cannot be directly observed, but must be inferred (De Vos, 2002:167; Leedy & Ormrod, 2005:92). The data collection instrument used in this research definitely measures the construct in question, namely the negative effects of HIV/AIDS on teaching and learning. All the sections of the questionnaire focus on different negative effects of HIV/AIDS in relation to educators, learners and the teaching and learning situation.

### **3.5 POPULATION AND SAMPLE**

#### **3.5.1 Introduction**

The population of a research is characterized as all possible elements that could be included in the research. The population is that group about which the researcher is interested in gaining information and drawing conclusions (Vermeulen, 1998:51). The population for this research comprised the learners and educators of primary and secondary urban and rural schools in the Sasolburg district of the Free State Department of Education. This district includes the areas of Parys, Vredefort and Koppies.

The target population comprised the following respondents:

- 29 urban and rural primary and secondary schools (N=29)
- 507 educators (N=507)
- 16 082 learners (N=16 082)

#### **3.5.2 The selection of the sample.**

A sample is a portion of the elements in a population who are chosen to participate in a study (Vermeulen, 1998:51). The sample is studied in an effort to understand the population from which it was drawn. The primary goal of any sampling procedure is to obtain a representative sample, because we

want to generalize from the sample to the larger population (De Vos, 2002:201).

A representative sample is any randomly selected sample that resembles the population in its important characteristics. Random sampling is that method of drawing a portion of a population so that each member of the population has an equal chance of being selected (de Vos, 2002:202).

For the purpose of this research a systematic sample was randomly selected and comprised the following respondents:

- urban and rural primary and secondary schools (n = 29)
- 189 educators (n = 189)
- 341 learners (n = 341)

The first school was selected randomly from a random table. All subsequent schools were selected according to a particular interval, namely each tenth school on an alphabetical list of all the schools in the particular district. For the selection of the learners and the teachers proportional stratified random sampling was used. The researcher chose a sample in accordance with the proportions of each Grade (4-12) i.e. learners in the particular grades and teachers teaching the particular grades.

In most cases a 10% sample is indicated as being sufficient for controlling for sampling errors (Grinnell & Williams, 1990:127). In the case of a population between 10 000 and 100 000 a 4,5 to 2 sampling percentage is suggested for representativeness. The chosen sample for the research thus complies with the above indications for representativeness.

### **3.6 PILOT STUDY**

A pilot study is defined as the process whereby the research design for a prospective survey is tested (De Vos, 2002:211). The researcher conducted an introductory literature study, followed by discussions with experts in the field of research. Then followed the preliminary exploratory study, during the

course of which the researcher investigated the practical framework of the proposed research. This included the resources, research population, procedures of data collection, transport, finance and time factors. In addition to this, a few respondents were taken through the research process to test whether its elements, particularly the measuring instrument (the questionnaire), comply with the criteria regarding quality of measurement, appropriateness and clarity (Vermeulen, 1998:88).

### **3.7 DATA ANALYSIS**

#### **3.7.1 Introduction**

By the expressiveness of numbers, one can express what is inexpressible, describe what is indescribable and predict what is reasonable to expect, or infer a logical conclusion to a series of events (Leedy, 1997:243).

#### **3.7.2 Statistical techniques**

Inferential statistics were utilized to interpret the data obtained from the questionnaires.

Frequencies, means and percentages were calculated to determine the extent of the effects of HIV/AIDS on educators, learners and the teaching and learning situation. Tables and graphs were utilized to present the data visually.

### **3.8 ETHICAL CONSIDERATIONS**

#### **3.8.1 Approval from the Free State Department of Education**

A request was written to the Free State Department of Education to obtain permission to conduct the research. Permission was granted.

This research is a social one which used human beings as subjects. In order to maintain the respect, dignity and privacy of the subjects involved in the research, informed consent was requested from each respondent. Each respondent was assured that information would be kept private and confidential.

### **3.9 CONCLUSION**

This chapter focussed on the research design, data collection instruments, the target population, method of sampling, data analysis and ethical considerations. The next chapter will focus on the data analysis and the interpretation of the data.

## CHAPTER FOUR

### DATA ANALYSIS AND INTERPRETATION

#### 4.1 INTRODUCTION

The empirical data has been organized according to the sections of the questionnaires and will consequently be discussed. Questionnaires were issued and collected from 341 learners and 189 educators. The information gathered through a literature review was utilized to design the questionnaires. Questionnaires were distributed to and collected from the educators and learners of various urban and rural schools in Parys, Vrededorf, Koppies. The focus of the questionnaires was to determine the impact of HIV/AIDS on educators, learners and the teaching and learning situation.

Frequencies and percentages for the various responses were calculated, and deductions were made. The chapter concludes with a summary in which the researcher aims to indicate the similarities and differences between the responses of the educators and learners.

The return rate for the questionnaires was as follows:

**Table 4.1: Return rate for questionnaires**

	Questionnaires issued	Questionnaires returned	Response rate %
Learners	352	341	96.8
Educators	201	189	94.0

## 4.2 DATA ANALYSIS AND INTERPRETATION OF THE EFFECTS OF HIV/AIDS ON LEARNERS

The various responses of learners to the different sections of the questionnaire will be analyzed and interpreted.

### 4.2.1 Section A: Biographic information

Although there were missing responses tallied for several of the questions, the table below indicates that responses were received from learners in various grades.

#### 4.2.1.1 Grades

**Table 4.2: Grades of learners**

Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6 25
Grade 7 33	Grade 8 25	Grade 9 45	Grade 10 70	Grade 11 73	Grade 12 70

#### 4.2.1.2 Age

**Table 4.3: Age group of learners**

The age groups of the learners revealed the following information:

<b>Age</b>	6-8	9-11	12-14	15-17	18-20	20+
<b>Frequency</b>	0	20	68	152	101	0

#### 4.2.1.3 Home situation

The learners who took part in the research indicated more than one response to this question, therefore no percentages were calculated.

**Table 4.4: The home situation of the learners who took part in the research.**

3.1	Both parents alive	45
3.2	Paternal orphan (no father)	74
3.3	Maternal orphan (no mother)	70
3.4	Double orphan (no parents)	16
3.5	Living with guardian	53
3.6	HIV positive	0
3.7	Family members are HIV positive or have AIDS	102
3.8	Parents passed away due to AIDS-related diseases	115
3.9	Other	39

The problematic home situation of learners becomes evident. The majority of learners indicated that they are living with family members who are HIV positive or who have AIDS. This situation becomes disturbing to learners as they are constantly aware of the fact that somebody in the family will die sooner or later. Living in such a situation often deprives the learner of the necessary school and food requirements, because the available money has to be spent on medical care. They are also affected by being absent from school due to the funeral of a family member who died of AIDS.

Although the responses to Questions 22 to 25 (*cf.* 4.2.4.7) indicate a high degree of personal illness among learners due to aids-related diseases, it is remarkable that no responses were received acknowledging the fact of being HIV positive. This might be ascribed to fear of being stigmatized.

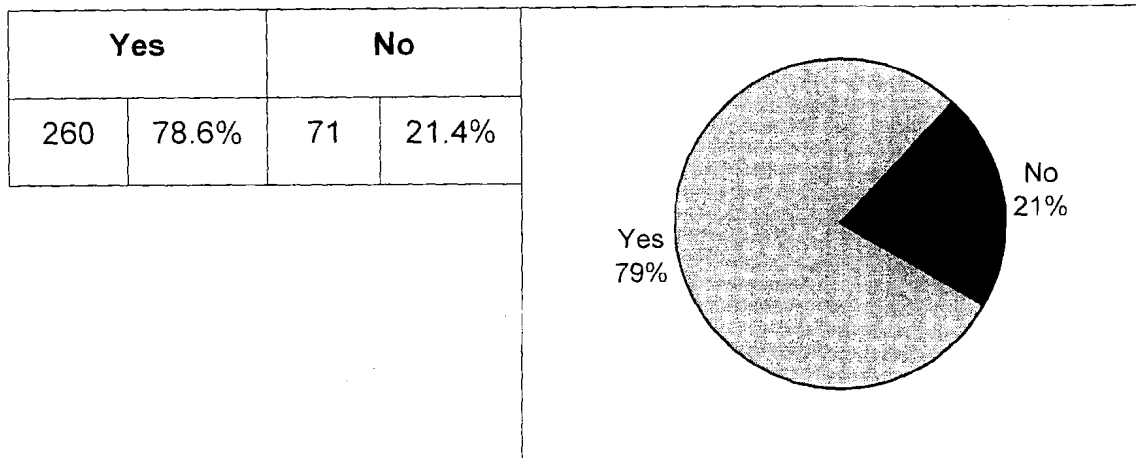


## 4.2.2 Section B: The effects of HIV/AIDS on educators

### 4.2.2.1 Educators for all learning areas

Question 4: Do you have educators to teach all learning areas?

**Table 4.5: Educators for all learning areas**

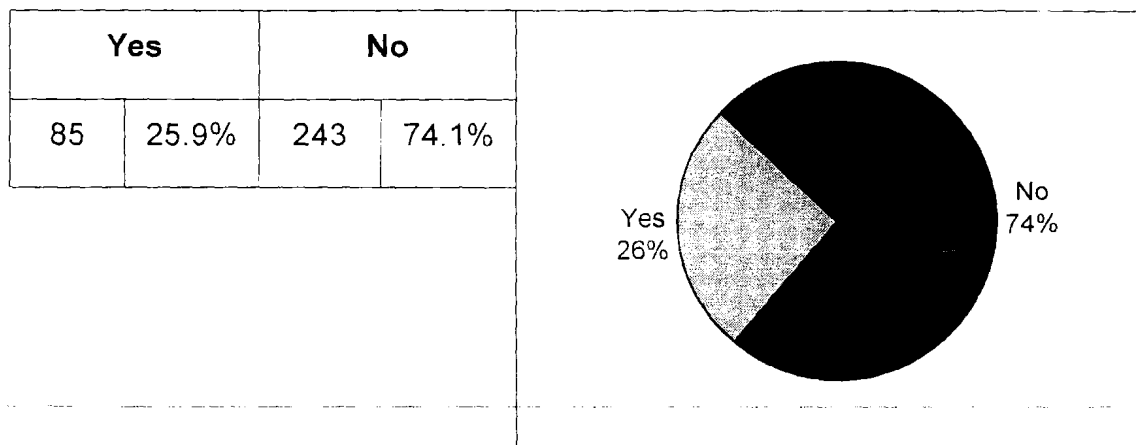


The ideal is that learners should have educators for all learning areas. It is disturbing that 21,4% indicate that they do not have this benefit. The result of this is a lack of continuity in that particular learning area.

### 4.2.2.2 Replacement of educators

Question 5: Have some of your educators been replaced by other educators?

**Table 4.6: Replacement of educators**



This response clearly indicates that schools are not doing enough to replace educators who are absent due to personal or other reasons. This impacts negatively on the quality of teaching and learning.

#### 4.2.2.3 The impact of new educators

Question 6: How do the new educator/s make you feel?

In this respect learners indicated more than one aspect, therefore no percentage is indicated.

**Table 4.7: Impact of new educators on feelings**

6.1	Uncomfortable	261
6.2	Insecure	237
6.3	Anxious	4
6.4	Happy	53
6.5	Nervous	222
6.6	Comfortable	15
6.7	Motivated	43
6.8	Stressed	246
6.9	Depressed	239
6.10	Other	5

The learners definitely do not feel comfortable and secure if new educators replace their old educators. It takes time to adjust to the ways of the substitute. It is clear that this type of situation makes them uncomfortable and stressed. It is definitely not a situation conducive to effective learning.

#### 4.2.2.4 Educators who are HIV positive

Question 7: Are you currently aware of any educators at your school who are HIV positive or who have AIDS?

**Table 4.8: Educators who are HIV positive**

Yes		Not sure		Do not know		No	
181	54.1%	58	17.3%	57	17.0%	38	11.6%

The greatest percentage of the respondents admit that they are aware of educators who are affected by HIV/AIDS at their respective schools. This will definitely impact on the smooth running of the school timetable.

#### 4.2.2.5 Substitute educators

Question 8: Are substitute educators appointed at your schools for days on which permanent educators are absent?

**Table 4.9: Substitute educators**

Always		Often		Sometimes		Never	
5	1.6%	6	1.9%	26	8.0%	285	88.5%

The response of 88,5% is a very clear indication that substitutes are rarely appointed. This implies increasing the workload of the remaining educators at school or leaving the learners unattended during certain periods.

### 4.2.3 Section C: The effects of HIV/AIDS on learners

#### 4.2.3.1 Learners who are HIV positive

Questions 9 - 10: Are you currently aware of learners at your school who are HIV positive or who have AIDS? Indicate a number of how many learners are possibly infected.

**Table 4.10: Learners who are HIV positive**

Yes		Not sure		Do not know		No	
177	54.3%	56	17.2%	49	15.0%	44	13.5%

<b>Male learners</b>	8
<b>Female learners</b>	14

The majority of learners indicate that they are aware of this pandemic among learners at their respective schools. It is thus not surprising that personal illness is indicated as the main reason for learners' absence at school (cf. 4.2.3.5).

#### **4.2.3.2 Sexually harassed learners and learners involved in love relationships**

Questions 11 – 12: Are you aware of learners at your school who were sexually harassed by educators in the past three years? Are you aware of love relationships between learners and educators at your school?

**Table 4.11: Sexually harassed learners and learners involved in love relationships**

<b>Sexually harassed learners</b>			
Yes		No	
261	82.3%	56	17.7%
<b>Learners involved in love relationships</b>			
Yes		No	
309	92,5	25	7,5

It is disturbing to become aware of the fact that learners are definitely exposed to sexual harassment by educators. These relationships often cause the spread of HIV/AIDS by both parties. The teacher as well as the learner may have more than one partner and it might be unlikely that they use protection.

Teaching and learning can be negatively affected by this type of situation, because the learners might take advantage of this and tend to think that the relationship with the teacher is the passport to the next grade. The teacher on the other hand, can blackmail students by demanding sexual favours in return for good grades.

#### 4.2.3.3 School fees and school necessities

Question 13: Are you aware of learners who are unable to pay for school fees and school requirements?

**Table 4.12: School fees and school necessities**

Yes		No	
325	97%	9	3%

This response clearly indicates the financial circumstances of the majority of learners, namely an inability to pay school fees and to buy other school necessities. This could be attributed to the indication given by learners that they are orphans due to the fact that their parents passed away because of HIV/AIDS-related diseases and not having a caring guardian (*cf.* 4.2.1.3).

#### 4.2.3.4 Poor nutrition

Question 14: Are you aware of learners in your school who are suffering from poor nutrition?

**Table 4.13: Poor nutrition**

Yes		No	
323	97%	10	3%

Suffering from poor nutrition is another result of the poor financial situation of the families in which the learners live. Family members with HIV/AIDS need a lot of medical care, which drains the financial resources. It goes without saying that learners are unable to concentrate fully on empty stomachs. This leads to a low level of concentration which sabotages learning.

#### 4.2.3.5 Reasons for learner absenteeism

Question 15: Indicate the main reason for learners' absence at your school.

The learners indicate more than one response, therefore percentages are not calculated.

**Table 4.14: Reasons for learner absenteeism**

Personal illness	271
Funerals	251
Sickness of family	114
Lack of clothes	4
Lack of transport money	4
Taking care of responsibilities at home	58
Lack of school fees and other school requirements	11

Personal illness, together with the attendance of funerals, dominates this section. Absence from school will definitely retard academic progress. This is reflected in the dissatisfaction of learners with their academic progress (*cf.* 4.2.4.2)

#### 4.2.4 Section D: The effects of HIV/AIDS on teaching and learning

##### 4.2.4.1 Effects of AIDS on teaching and learning

Question 16: Do you think that HIV/AIDS has a detrimental effect on teaching and learning at your school?

**Table 4.15: Effects of AIDS on teaching and learning**

Yes		No	
286	86.1%	46	13.9%

Most of the respondents feel that HIV/AIDS is doing irreparable damage to teaching and learning. This response is accounted for by the indication given of absent educators not being replaced, and the learner him/herself being absent due to aids-related diseases (*cf.* 4.2.4.7).

#### **4.2.4.2 Academic progress of learners**

Question 17: Are you satisfied with your academic progress?

**Table 4.16: Academic progress of learners**

Yes		No	
41	12.4%	289	87.6%

Seen against the background of the previous response which indicates that HIV/AIDS has a detrimental effect on teaching and learning at the school, academic progress can definitely not be satisfactory.

#### **4.2.4.3 Reasons for dissatisfaction with academic progress**

Question 18: If your answer to Question 17 was "NO", indicate the importance of the following reasons for your not being satisfied (*cf.* 4.2.3.5).

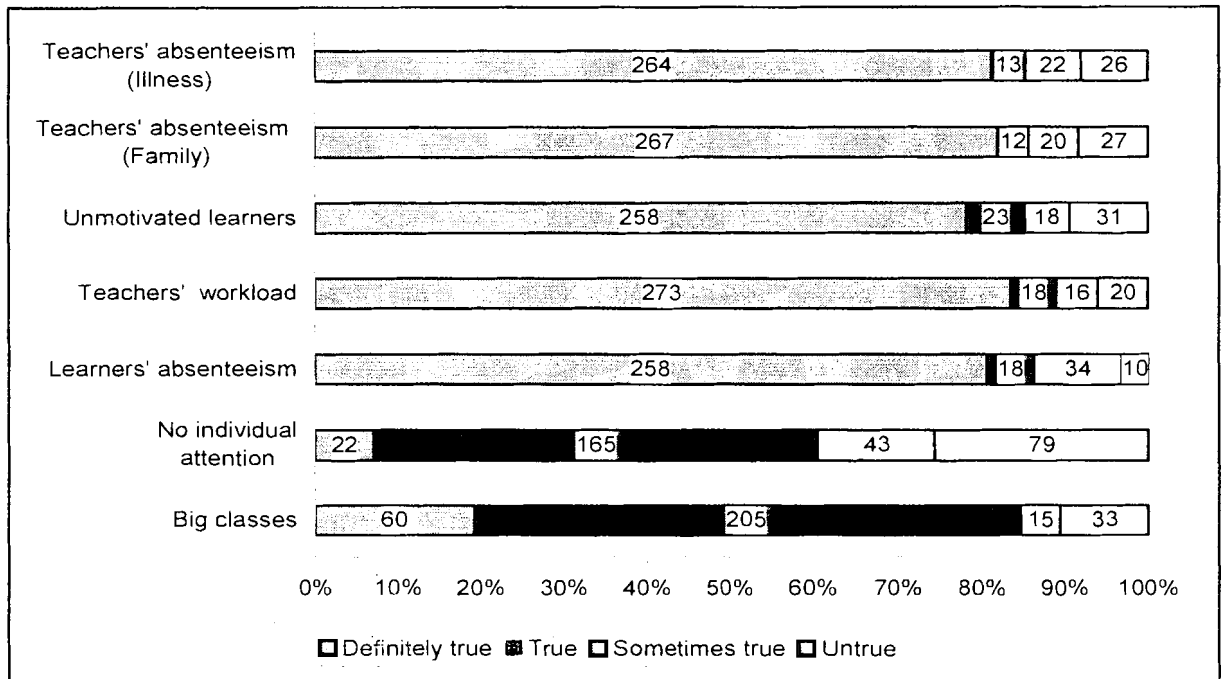
**Table 4.17: Reasons for dissatisfaction with academic progress**

	Definitely true	True	Sometimes true	Untrue
18.1 Classes are too big	60 19.2%	205 65.5%	15 4.8%	33 10.5%
18.2 Individual attention not possible	22 7.1%	165 53.4%	43 13.9%	79 25.6%
18.3 Learners frequently absent	258 80.6%	18 5.6%	34 10.6%	10 3.2%
18.4 Educators' workload too heavy	273 83.5%	18 5.5%	16 4.9%	20 6.1%
18.5 Learners not motivated	258 78.2%	23 7.0%	18 5.5%	31 9.3%
18.6 Frequent absence of educators due to family responsibility	267 81.9%	12 3.7%	20 6.1%	27 8.3%
18.7 Frequent absence of educators due to personal illness	264 81.2%	13 4.0%	22 6.8%	26 8.0%

The responses are graphically represented in figure 4.1



**Figure 4.1: Reasons for dissatisfaction with academic progress**



Although 289 learners had to respond to this question, more of them did. This could be an indication that there are more of them not satisfied with their progress than initially indicated in the previous question. In order of importance the following factors are affecting the learners and their studies :

1. Educators' workload too heavy
2. Frequent absence of educators due to family responsibility
3. Frequent absence of educators due to personal illness
4. Learners frequently absent
5. Big classes

These factors could be an indication of the teaching and learning situation that is affected by the effects of HIV/AIDS. The dissatisfaction of learners with their academic progress can be placed into perspective on examining the responses to questions 27-45 (cf. 4.2.4.8). It is obvious that learners will not excel academically if the majority of prerequisites for effective teaching and learning are not in place. Apart from this the seriousness of educator

absenteeism is highlighted as contributing to the dissatisfaction with academic progress.

#### 4.2.4.4 Extent of stress reactions

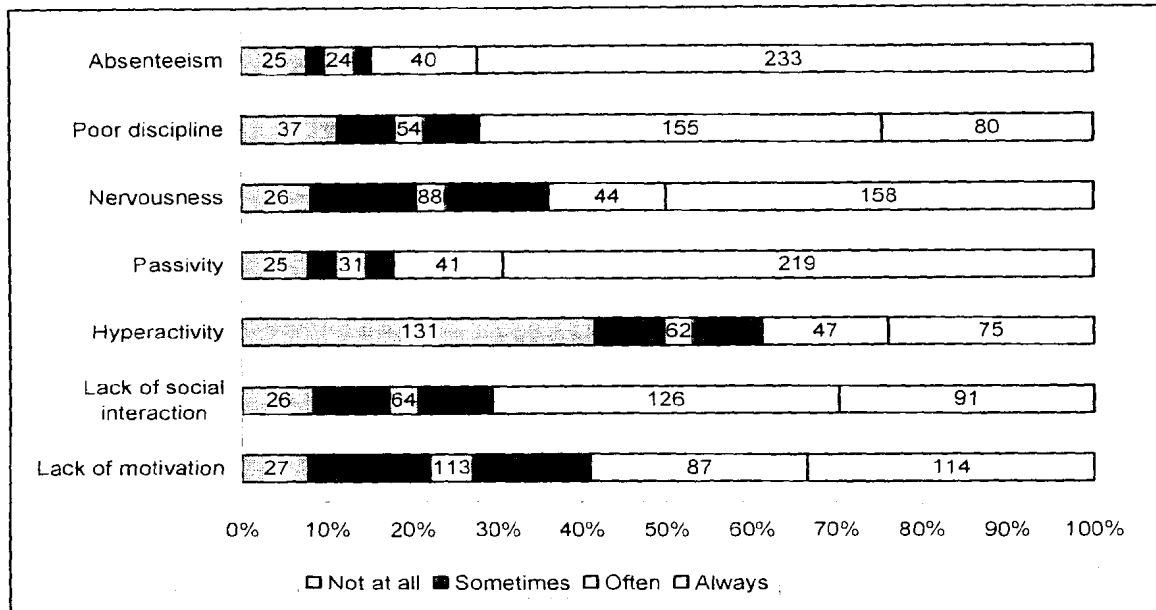
Question 19: To what extent are you experiencing the following stress reactions?

**Table 4.18: Extent of stress reactions**

	Not at all	Sometimes	Often	Always
19.1 Lack of motivation	27 8%	113 33.1%	87 25.5%	113 33.4%
19.2 Lack of social interaction	26 8.5%	64 20.9%	126 41.0%	91 29.6%
19.3 Hyperactivity	131 41.6%	62 19.7%	47 14.9%	75 23.8%
19.4 Passivity	25 7.9%	31 9.8%	41 13%	219 69.3%
19.5 Nervousness	26 8.2%	88 27.8%	44 14%	158 50.0%
19.6 Poor discipline	37 11.3%	54 16.6%	155 47.6%	80 24.5%
19.7 Absenteeism	25 7%	24 7.5%	40 12.4%	233 72.4%

The responses are graphically represented in figure 4.2

**Figure 4.2: Extent of stress reactions**



The fact that learners experience a high degree of stress reactions can be related to the indicated unfavourable home circumstances (*cf.* 4.2.1.3) due to HIV/AIDS- related illnesses, as well as to the unfavourable teaching and learning environments (*cf.* 4.2.4.8). Both ultimately contribute to poor academic performance due to worries about financial means to stay at school and about finding time to study, because of the additional responsibilities to take care of the sick and of other siblings. Unfavourable teaching circumstances refer to the fact that learners' academic performance is negatively affected by the absence of educators.

**4.2.4.5 Extent of the manifestations of depression**

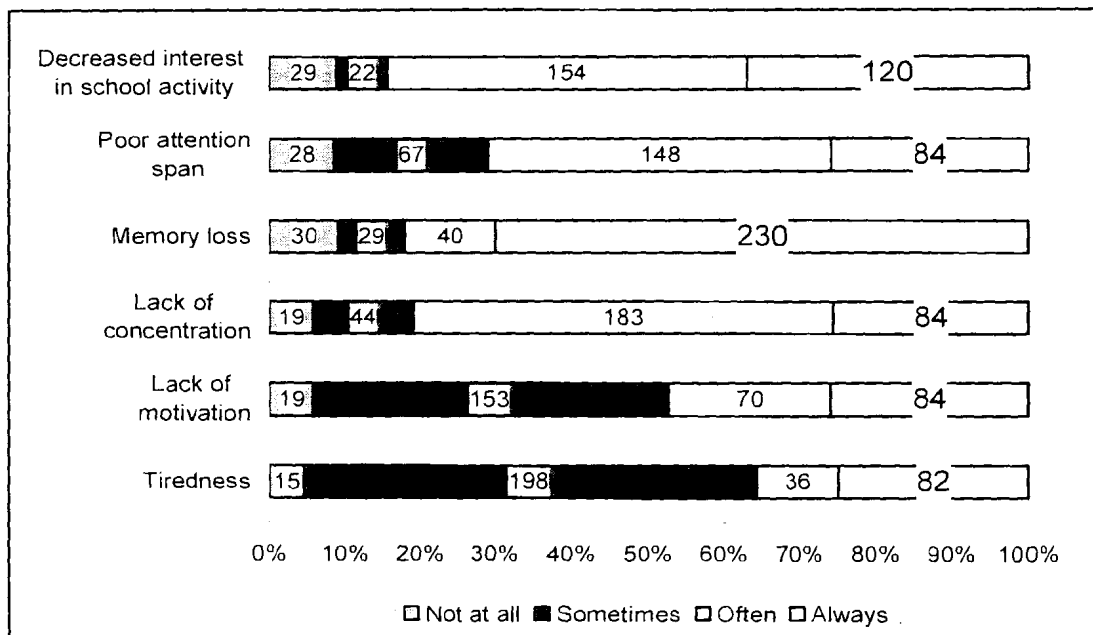
Question 20: To what extent are you experiencing the following manifestations of depression?

**Table 4.19: Extent of the manifestations of depression**

	Not at all	Sometimes	Often	Always
20.1 Tiredness	15 4.5%	198 59.8%	36 10.9%	82 24.8%
20.2 Lack of motivation	19 5.8%	153 46.9%	70 21.5%	84 25.8%
20.3 Lack of concentration	19 5.7%	44 13.3%	183 55.5%	84 25.5%
20.4 Memory loss	30 9.1%	29 8.8%	40 12.2%	230 69.9%
20.5 Poor attention span	28 8.5%	67 20.5%	148 45.3%	84 25.7%
20.6 Decreased interest in school activity	29 8.9%	22 6.8%	154 47.4%	120 36.9%

The responses are graphically represented in figure 4.3.

**Figure 4.3: Extent of the manifestations of depression**



In order of importance, learners experience the following manifestations of depression due to the unfavourable home situation and poor academic performance:

1. Memory loss
2. Lack of concentration
3. Decreased interest in school activity
4. Poor attention span

All the above factors are important prerequisites for effective learning.

#### 4.2.4.6 Reasons for manifestation of stress and depression

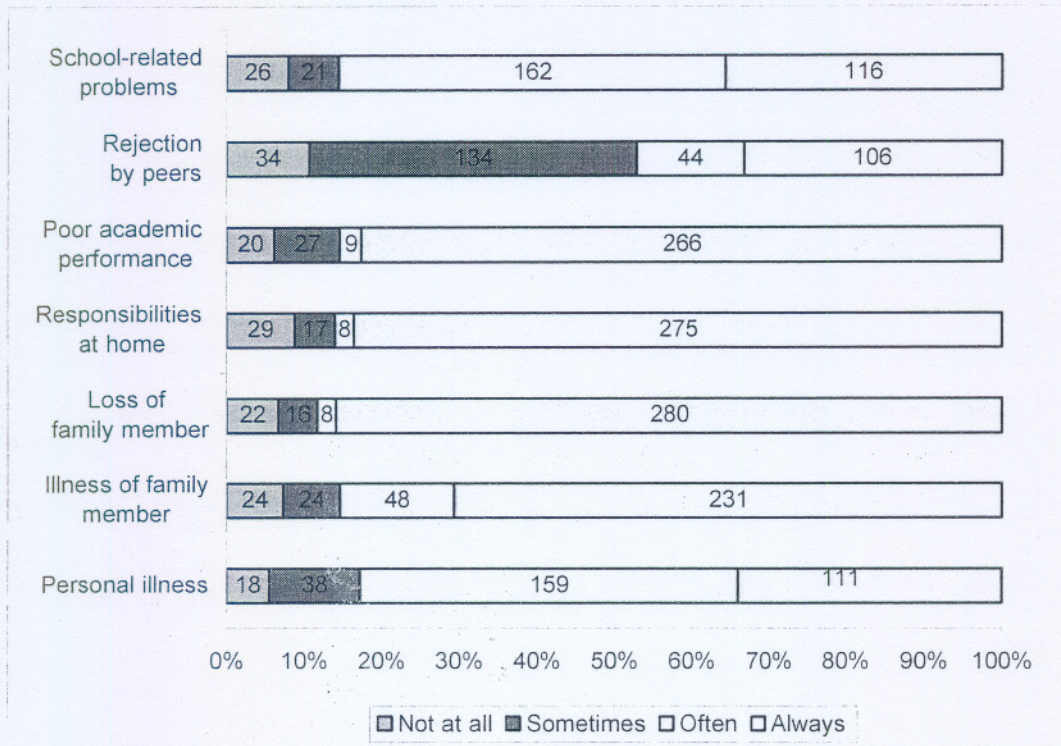
Question 21: How often would you rate the following as reasons for the manifestation of stress and depression?

**Table 4.20: Reasons for manifestation of stress and depression**

	Not at all	Sometimes	Often	Always
21.1 Personal illness	18 5.5%	38 11.7%	159 48.8%	111 34%
21.2 Illness of family member	24 7.3%	24 7.3%	48 14.7%	231 70.7%
21.3 Loss of family member	22 6.8%	16 4.9%	8 2.5%	280 85.8%
21.4 Too many responsibilities at home	29 8.8%	17 5.2%	8 2.4%	275 83.6%
21.5 Poor academic performance	20 6.2%	27 8.4%	9 2.8%	266 82.6%
21.6 Rejection by peers	34 10.7%	134 42.1%	44 13.8%	106 33.4%
21.7 School-related problems	26 8.0%	21 6.4%	162 49.9%	116 35.7%

The responses are graphically represented in figure 4.4.

**Figure 4.4: Reasons for manifestation of stress and depression**



According to the respondents, the majority of learners are experiencing the death of family members, increased responsibilities at home and poor academic performance as the main reasons for stress and depression. Study time is often utilized to take care of the sick and home responsibilities. This will impact negatively on their academic performance. The additional responsibilities might affect their school attendance and retard their progress at school.

**4.2.4.7 Learners suffering from HIV-related illnesses**

Questions 22-25: Are there learners at your school or in your class who suffer from HIV-related illnesses such as the following?



**Table 4.21: Learners suffering from HIV-related illnesses**

	Yes	Probably	Unsure	No
22. Diarrhoea	144 44.6%	57 17.6%	69 21.4%	53 16.4%
23. Pneumonia	16 5.0%	155 48.1%	72 22.4%	79 24.5%
24. Tuberculosis	165 51.4%	98 30.5%	18 5.6%	40 12.5%
25. Severe weight loss	265 81.8%	7 2.2%	12 3.7%	40 12.3%

The majority of the learners are definitely aware of some of their schoolmates being affected by HIV/AIDS-related illnesses. It goes without saying that learner absence due to these illnesses will definitely affect school attendance and ultimately academic progress.

#### 4.2.4.8 Prerequisites for effective teaching and learning

Questions 27-45: With regard to the categories of critical prerequisites educators have to comply with for effective teaching and learning, the following is revealed:

**Table 4.22: Prerequisites for effective teaching and learning**

Prerequisites for effective teaching and learning	None	A few	Most of them	All of them
27. Educators are well prepared	1 0.3%	271 80.9%	27 8.0%	36 10.8%
28. Educators present interesting lessons	3 0.8%	282 84.7%	24 7.3%	29 7.2%
29. Educators have well organized classrooms	117 35.3%	159 48.0%	24 7.3%	31 9.4%
30. In the classroom there is a constant flow of learning	13 3.9%	172 51.7%	132 39.6%	16 4.8%

31.	There is on-going interaction between learners and educators	17 5.1%	276 82.9%	29 8.7%	11 3.3%
32.	Educators correct tests and assignments	1 0.3%	269 80.3%	14 4.2%	51 15.2%
33.	Tests and assignments are handed back in good time	9 2.7%	278 83.8%	20 6.0%	25 7.5%
34.	Educators check learners' home work	2 0.6%	280 84.1%	15 4.5%	36 10.8%
35.	Educators provide assistance with personal problems	12 3.6%	285 84.6%	22 6.5%	18 5.3%
36.	Educators provide assistance with educational problems	1 0.3%	289 86%	20 6.0%	26 7.7%
37.	Educators involve learners actively in learning	3 0.9%	277 82.9%	26 7.8%	28 8.4%
38.	Educators reinforce learning (motivate learners)	3 0.9%	270 80.1%	33 9.8%	31 9.2%
39.	Educators pay individual attention to learners	9 2.6%	285 84.6%	30 8.9%	13 3.9%
40.	Educators control disciplinary problems in class effectively	4 1.2%	277 82.6%	27 8.1%	27 8.1%
41.	Educators make sure that learners pay attention during lesson presentations	1 0.2%	269 80.1%	21 6.3%	45 13.4%
42.	Educators are dependable	6 1.8%	280 83.8%	21 6.3%	27 8.1%
43.	Educators are role models in terms of good ethics, attitudes and values	5 1.5%	286 84.9%	29 8.6%	17 5.0%



44. Educators are punctual and regular in attendance	5 1.5%	277 82.6%	29 8.7%	24 7.2%
45. Educators are sexually involved with learners	30 9.0%	284 85.3%	15 4.5%	4 1.2%

The ideal situation is that all educators should always comply with the prerequisites of effective teaching. This is, however, not reflected by the responses to these questions. Educators themselves indicated that effective teaching does not take place (*cf.* 4.3.4.8). This ineffective teaching and learning situation definitely contributes to the fact that learners are not happy with their academic performance (*cf.* 4.2.4.2).

#### 4.2.5 Section E: Measures to curb the effects of HIV/AIDS on teaching and learning

**Table 4.23: Measures to curb effects of HIV/AIDS on teaching and learning**

	Yes	No
46. Are learners of different grades combined into one classroom?	8 2.4%	327 97.6%
47. Is the curriculum of the school flexible enough to deal with learners who cannot attend school during normal school hours or whose schooling is interrupted?	93 28.6%	232 71.4%
48. Are classes at your school left untaught/unsupervised?	208 63.8%	118 36.2%
49. Does your school have an adequate number of educators?	46 14%	283 86%
50. Are posts at your school filled in good time?	38 11.6%	290 88.4%
51. Are staff development programmes in place for educators who have to cope with heavy workloads and/or low morale?	33 10.2%	290 89.8%
52. Does the curriculum teach learners how to handle the emotional changes that occur during puberty and adolescence?	41 12.5%	286 87.5%
53. Does the curriculum focus on promoting abstinence from sexual activities?	35 10.6%	294 89.4%

54.	Does the curriculum focus on promoting a delay in taking part in sexual activities?	30 9.2%	297 90.8%
55.	Are topics on HIV/AIDS introduced into carrier subjects: Biology, Life Orientation and Health Education?	57 17.2%	274 82.8%
56.	Are topics of HIV/AIDS well taught?	54 16.3%	278 83.7%
57.	Is there an in-depth coverage of HIV/AIDS topics?	34 10.4%	293 89.6%
58.	Are extra-curricular activities planned to address HIV/AIDS?	37 11.4%	287 88.6%
59.	Are school-based activities e.g. school health programmes, guidance and counselling arranged to address HIV/AIDS?	51 15.6%	275 84.4%
60.	Are intensive pre-service and/or in-service training programmes for HIV/AIDS implemented?	22 6.9%	299 93.1%
61.	Do educators feel confident to teach HIV/AIDS-related topics?	45 13.8%	282 86.2%
62.	Are strict measures in place to deal with staff members who are involved in sexual harassment of learners?	41 12.5%	280 87.5%
63.	Are strict measures in place to deal with love relationships between learners and educators?	38 11.6%	289 88.4%
64.	Are strict measures in place to deal with educators who are frequently absent?	46 14.1%	281 85.9%
65.	Does your school offer a feeding scheme?	25 7.6%	302 92.4%
66.	Are you of the opinion that it is the task of the school to deal with the causes and effects of HIV/AIDS?	78 23.9%	249 76.1%
67.	Are you of the opinion that we give too much attention to HIV/AIDS at schools?	69 21%	259 79%

It is disturbing that very high negative percentages in almost all the categories indicate that there are no measures in place to curb the negative effects of HIV/AIDS on teaching and learning. This distressing fact is also highlighted in the educator responses (*cf.* 4.3.5).

### 4.3 DATA ANALYSIS AND INTERPRETATION OF THE EFFECTS OF HIV/AIDS ON EDUCATORS

Questionnaires were supplied to 189 educators. These were educators from different schools, primary and secondary as well as educators from urban and rural schools. The various responses of the educators to the different sections of the questionnaire will be analyzed and interpreted.

#### 4.3.1 Section A: Biographic information

##### 4.3.1.1 Age

Question 1.1–1.9: Indicate your age:

**Table 4.24: Age groups of educators**

20-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	60+
1	12	34	46	41	28	11	4	0
0.5%	6.8%	19.2%	26.0%	23.2%	15.8%	6.2%	2.3%	0%

The majority of educators who took part in the research are representative of the group 36-40 years of age. Twelve educators did not respond to this question.

##### 4.3.1.2 Teaching phase

Question 2: Indicate the phase in which you are presently teaching.

**Table 4.25: Teaching phase**

Intermediate	Senior	FET
68	80	41
36%	42.3%	21.7%

### 4.3.1.3 Type of school

Question 3: Indicate the school at which you are currently teaching:

**Table 4.26: Type of school**

Urban	Rural
19	10

The educators who took part in the research are representative of urban and rural schools.

### 4.3.2 Section B: The effects of HIV/AIDS on educators

#### 4.3.2.1 HIV positive educators

Question 4: Are you currently aware of any educators at your school who are HIV positive or who have AIDS?

**Table 4.27: HIV positive educators**

Yes	Not sure	Do not know	No
2	44	27	112
1.1%	23.8%	14.6%	60.5%

An examination of the responses to this question, creates the impression that the HIV/AIDS pandemic does not pose a serious threat to educators. This contrasts with the responses of the learners (*cf.* 4.2.2.4) where it is indicated that they are aware of educators who are HIV positive.

#### 4.3.2.2 Number of educators who have medically retired or died

Question 5: How many educators at your school have for medical reasons retired or died over the last three years due to a suspected AIDS-related disease?

**Table 4.28: Number of educators who have medically retired or died**

	Male	Female
2001	2	32
2002	8	14
2003	32	18

The numbers indicated are averages per school. It seems to be contradictory that the responses to the previous question indicate no awareness, but then suddenly awareness is indicated of a number of educators who have retired medically or died due to a suspected AIDS-related illness.

#### **4.3.2.3 Frequency of reasons for mortality rate of educators**

Question 6: How often are the following reasons indicated for the mortality rate among educators at your school?

**Table 4.29: Reasons for mortality rate of educators**

Reason	Always	Often	Sometimes	Never
6.1 Illness	8 4.7%	53 31.4%	72 42.6%	36 21.3%
6.2 Accident	2 1.3%	4 2.5%	58 36.0%	97 60.2%
6.3 Suicide	0 0%	1 0.6%	8 5.1%	149 94.3%
6.4 Violence/Homicide	4 2.5%	2 1.3%	46 28.9%	107 67.3%
6.5 Aids-related illnesses	27 17.6%	1 0.6%	6 3.9%	120 77.9%

Of all the reasons given, the majority of respondents indicate that AIDS-related illnesses are always one of the reasons indicated for the mortality rate. This appears to relate to the answers given to the previous question where awareness is indicated of educators having retired due to aids-related

illnesses, as well as to the responses to Question 14 (*cf.* 4.3.2.11) where it is indicated that 60% of all absenteeism can be attributed to personal illness.

#### 4.3.2.4 Number of educators possibly affected by HIV/AIDS

Question 7: If your answer to Question 4 was YES or NOT SURE, please provide an indication of the number of educators who are possibly affected by HIV/AIDS by completing the table.

**Table 4.30: Number of educators possibly affected by HIV/AIDS**

Male	9
Female	15

The numbers indicated are averages per school of the various respondents.

#### 4.3.2.5 Estimated number of absent educators

Question 8: Indicate the number of educators who are absent on a weekly basis, by completing the diagram.

**Table 4.31: Estimated number of absent educators**

Male	$\pm 4$
Female	$\pm 5$

The estimates are averages per school for the various respondents. The learner responses indicate absenteeism due to personal illness as a serious problem (*cf.* 4.2.3.5). This is not supported by the responses of the educators themselves.

#### 4.3.2.6 Problems with additional workload

Question 9: Do you experience problems in having to take over the responsibilities of an absent colleague?

**Table 4.32: Problems with additional workload**

<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>
46 26.3%	12 6.9%	87 49.7%	30 17.1%

The indication of 49,7% shows that some educators are absent from school for various reasons and the remaining educators have to take over their responsibilities. This corresponds with the learner responses to Question 5 where they indicate that in 74, 1% of the cases, no replacements are made for absent or sick educators (*cf.* 4.2.2.2).

#### **4.3.2.7 Appointment of substitute educators**

Question 10: Are substitute educators appointed at your school for days on which permanent educators are absent?

**Table 4.33: Appointment of substitute educators**

<b>Always</b>	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>
20 11.6%	4 2.3%	37 21.4%	112 64.7%

Although some schools appoint substitutes, the responses indicate that in 64.7% of the cases, schools do not appoint substitutes. The resulting overloading of the educators impacts negatively on the morale of the educators and the quality of teaching and learning (*cf.* 4.3.2.10). This response furthermore indicates that most of the time learners are left unattended when educators are absent.

#### **4.3.2.8 Coping with more than one educator's workload**

Question 11: Are you coping with more than one teacher's workload?

**Table 4.34: Coping with more than one teacher's workload**

Yes	No
68 38%	111 62.0%

This "No" response indicates that the majority of educators do not have to cope with an extra workload. This does not correspond with the response to Question 10 (*cf.* 4.3.2.7). If substitutes are never appointed for 64.7% of the time, it is obvious that educators will have an overload of work.

#### 4.3.2.9 Importance of reason to carry a heavy workload

Question 12: If your answer to Question 11 was YES, indicate the importance of the following reason/s for your having to carry this workload.

**Table 4.35: Importance of reason to carry a heavy workload**

	Definitely true	True	Sometimes true	Untrue
12.1 Shortage of staff members	51 40.5%	32 25.4%	22 17.5%	21 16.7%
12.2 Frequent absence of staff members to attend to family responsibilities	42 31.6%	29 21.8%	42 31.9%	20 15.1%
12.3 Staff members are not replaced	9 8.8%	31 30.3%	26 25.5%	36 32.3%
12.4 Absence of staff members due to personal illness	13 12.8%	37 36.3%	42 41.2%	10 9.8%

Although only 68 respondents should have responded to this question, more of them did. This implies that the responses to Question 11 were not accurate and that carrying a heavy workload is indeed a problem. The responses to this question definitely indicate that schools do experience problems regarding absence of staff members, whether it is due to personal illness or to attend to family responsibilities. Both of these problems could possibly be HIV/AIDS-related bearing, in mind the response to Question 5 which indicated that quite



a large number of educators have retired medically due to a suspected AIDS-related illness (cf. 4.3.2.2).

#### 4.3.2.10 Feelings/attitudes for carrying a heavy workload

Question 13: Indicate to what extent you experience the following as feelings/attitudes for having to carry such a heavy workload.

**Table 4.36: Feelings/attitudes for carrying a heavy workload**

	Not at all	Sometimes	Often	Always
13.1 Frustrated	24 18.6%	62 48.0%	21 16.3%	22 17.1%
13.2 Stressed	23 17.4%	57 43.2%	23 17.4%	29 22.0%
13.3 Motivated	35 27.7%	45 35.7%	23 18.3%	23 18.3%
13.4 Decreased interest in school and school activities	37 28.5%	46 35.3%	27 20.8%	20 15.4%
13.5 Coping with the situation	36 27.2%	43 32.6%	29 22.0%	24 18.2%
13.6 Not coping with the situation	35 28.6%	50 41.0%	18 14.8%	19 15.6%
13.7 Comfortable	37 28.5%	43 33.0%	22 17.0%	28 21.5%
13.8 Negative	45 35.1%	56 43.7%	13 10.2%	14 11.0%
13.9 Low morale	31 23.8%	64 49.2%	21 16.2%	14 10.8%
13.10 Depressed	31 24.2%	62 48.5%	16 12.5%	19 14.8%
13.11 Feel like resigning	53 42.0%	37 29.4%	12 9.5%	24 19.1%

It is evident from the responses that low morale, depression, frustration and stress are feelings and attitudes educators end up with due to the fact that they have to carry an extra workload.

#### 4.3.2.11 Reasons for teacher absenteeism

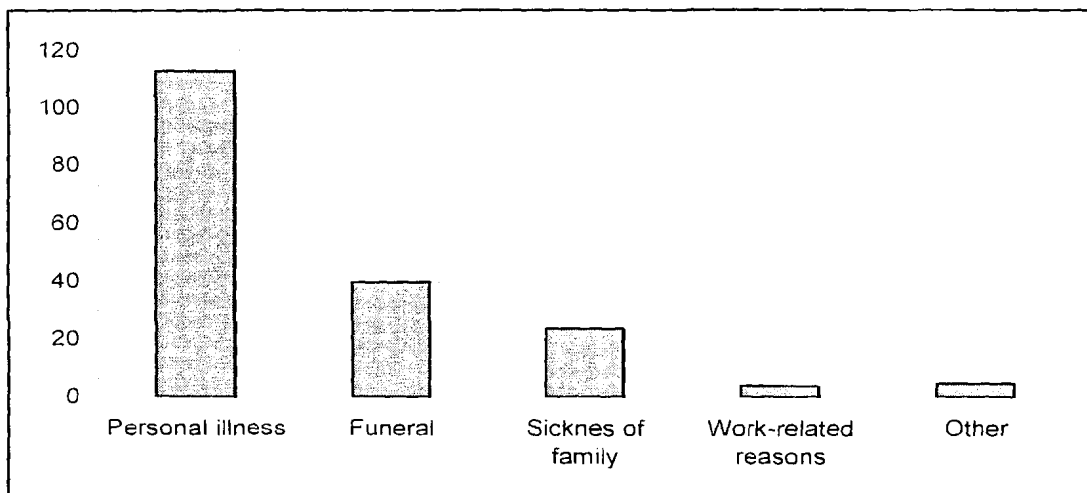
Question 14: Reasons for teacher absence at your school

**Table 4.37: Reasons for teacher absenteeism**

Reason	Frequency	Percentage
Personal illness	113	60%
Funeral	40	21%
Sickness of family member	24	13%
Work-related reasons	4	2%
Other	5	4%

The responses are graphically represented in figure 4.5.

**Figure 4.5: Reasons for teacher absenteeism**



The majority of respondents (60%) indicate that absenteeism can be attributed to personal illnesses. It is obvious that this will contribute to the discontinuation of teaching and learning.

### 4.3.3 Section C: The effects of HIV/AIDS on learners

#### 4.3.3.1 HIV positive learners

Question 15: Are you currently aware of any learners at your school who are HIV positive or who have AIDS?

**Table 4.38: HIV positive learners**

Yes	Not sure	Do not know	No
5 3.5%	12 8.3%	30 21.0%	97 67.2%

The majority of the respondents (67,2%) indicate that they are not aware of learners who are HIV positive or have AIDS. This response contradicts the information gathered from Questions 9-10 (*cf.* 4.2.3.1) where the learners indicate that a number of their peers are HIV positive.

#### 4.3.3.2 Estimated number of learners affected by HIV/AIDS

Question 16: If your answer to Question 15 was YES or NOT SURE, please provide an indication of the number of learners who are possibly affected, by completing the table.

**Table 4.39: Estimated number of learners affected by HIV/AIDS**

Male	±15
Female	±18

The numbers provided are estimates per school and corresponds with the awareness indicated by the learners in the responses to Questions 9 and 10 (*cf.* 4.2.3.1).

#### 4.3.3.3 Estimated percentage of orphaned learners repeating grades

Question 17: Based on your experience in the last 3 years, what percentage of orphaned children repeated grades? Indicate your choice by marking an X in the appropriate block.

**Table 4.40: Estimated percentage of orphaned learners repeating grades**

10-0 %	20-30 %	30-40 %	40-50 %	50-60 %	60-70 %	70+%
55	18	25	17	8	2	3
43.0%	14.0%	19.5%	13.3%	6.3%	1.6%	2.3%

Quite an number of orpahans are repeating grades. This hampers their progress at school.

#### **4.3.3.4 Estimated percentage of learners affected by interrupted schooling**

Question 18: Indicate the estimated % of learners affected by interrupted schooling in the past three years, by completing the table below.

**Table 4.41: Estimated percentage of learners affected by interrupted schooling**

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
59	14	40	14	5	5	2
42.4%	10.1%	28.8%	10.1%	3.6%	3.6%	1.4%

The majority of the respondents indicate that learners are affected by the interrupted schooling only 10-20% of the time.

#### **4.3.3.5 Estimated percentage of learners who dropped out**

Question 19: Indicate the estimated % of learners that dropped out of school in the past three years due to incomplete families by completing the table below.

**Table 4.42: Estimated percentage of learners who dropped out**

10–20%	20-30%	30–40%	40-50%	50–60%	60–70%	70-80%
57	47	24	6	8	1	0
39.9%	32.9%	16.7%	4.2%	5.6%	0.7%	0%

Dropping out of school does occur, but the majority of the respondents (39.9%) indicate that dropping-out of school due to incomplete families is not a serious problem.

#### **4.3.3.6 Sexual harassment**

Question 20: Are you aware of learners at your school who have been involved in sexual harassment cases against educators in the past three years?

**Table 4.43: Sexual harassment**

Yes	No
47 27.6%	123 72.4%

Only 27.6% of the respondents are aware of the involvement of educators in sexual harassment cases. However, the learners indicate that 82.3% of learners are involved in sexual harassment cases (*cf.* 4.2.3.2).

#### **4.3.3.7 Love relationships between educators and learners**

Question 21: Are you aware of any love relationship between learners and educators at your school?

**Table 4.44: Love relationships between educators and learners**

Yes	No
42 24.9%	127 75.1%

Although the majority of the educators claim that they do not know of love relationships between learners and educators, 24.9% indicate that they are aware of this occurring. Once more, it appears that the learners are more aware of this, as they indicate that 92.5% of the learners are involved in love relationships with educators (*cf.* 4.2.3.2).

#### **4.3.3.8 Estimated percentage of learners suffering from poor nutrition**

Question 22: Indicate the estimated % of learners at your school who are suffering from poor nutrition, by completing the table below.

**Table 4.45: Estimated percentage of learners suffering from poor nutrition**

10–20%	20-30%	30–40%	40-50%	50–60%	60–70%	70%-
27	21	24	16	57	11	10
16.3%	12.7%	14.5%	9.6%	34.3%	6.6%	6.0%

It is evident that the majority of the respondents indicate that 50-60% of learners are suffering from poor nutrition. This may lead to lack of concentration at school. The corresponding learner question, Question 14 (*cf.* 4.2.3.5), also indicated that the majority of learners are suffering from poor nutrition.

#### **4.3.3.9 Estimated percentage of learners who are unable to pay school fees**

Question 23: Indicate the estimated % of learners who are unable to pay school fees and for school necessities, by completing the table below.

**Table 4.46: Estimated percentage of learners who are unable to pay school fees**

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70% -
20	22	48	34	25	12	7
11.9%	13,0%	28.6%	20,2%	14.9%	7,2%	4,2%

There is an indication that 30-40% of learners are unable to pay school fees. However, the majority of respondents indicate that the inability to pay school fees is not a serious problem. The learners however indicate that the inability to pay school fees and for school necessities is problematic (*cf.* 4.2.3.3).

#### **4.3.3.10 Reasons for learner absenteeism**

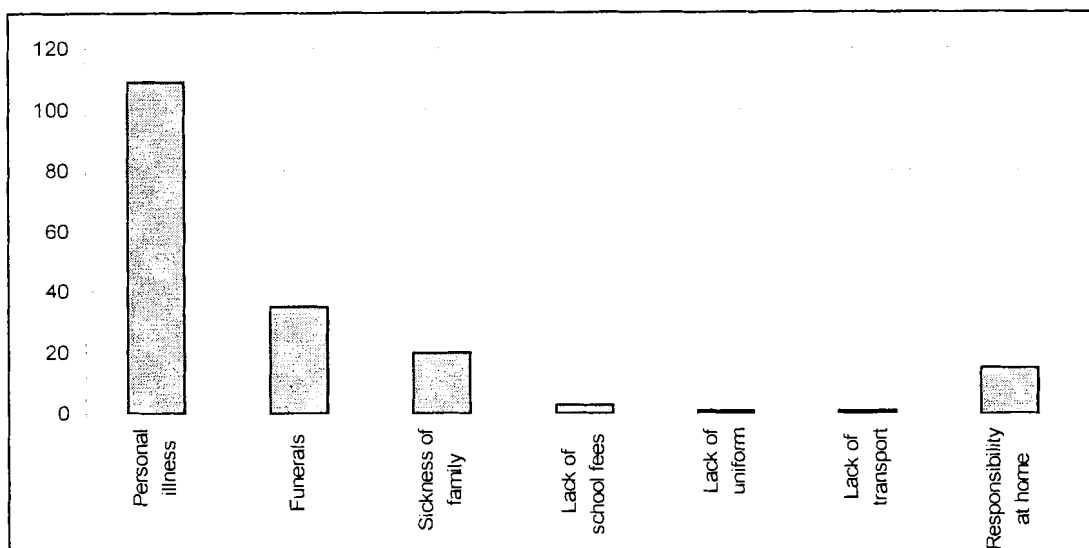
Question 24: Indicate the main reason for learner absence at your school by marking an X in the appropriate block.

**Table 4.47: Reasons for learner absenteeism**

Reason	Frequency	Percentage
Personal illness	109	58%
Funerals	35	19%
Sickness of family	20	11%
Lack of school fees /necessities	3	2%
Lack of uniform	1	1%
Lack of money for transport	1	1%
Responsibilities at home	15	8%

The responses are graphically represented in figure 4.6.

**Figure 4.6: Reasons for learner absenteeism**



Although all the given responses are acknowledged as reasons for learner absence, the majority of respondents (58%) indicate that personal illness is the main reason for learner absence. This corresponds well with the learners' responses which also indicate that personal illness is the main reason for learner absence (cf. 4.2.3.5).

#### 4.3.3.11 Weekly absenteeism rate of learners

Question 25: This question focused on the absenteeism rates of learners on a weekly basis.

**Table 4.48: Weekly absenteeism rate of learners**

Male	±10
Female	±12

These are average estimates by the respondents about the absence of learners per school. It is a very serious problem because these learners are losing out on the work done on the days on which they are absent. The continuity of their learning is thus interrupted.



### 4.3.3.12 Home situation of learners

**Table 4.49: Home situation of learners**

Home situation	Percentage of learners							
	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
27. Both parents alive	20 13.2%	38 25.2%	13 8.6%	24 15.8%	21 14.0%	14 9.3%	12 7.9%	9 6.0%
28. Paternal orphan	35 24.3%	23 15.8%	56 39.0%	15 10.4%	8 5.6%	2 1.4%	3 2.1%	2 1.4%
29. Maternal orphan	36 46.8%	22 28.6%	4 5.2%	2 2.6%	8 10.4%	3 3.8%	2 2.6%	0 0%
30. Double orphan	45 36.6%	52 42.3%	4 3.3%	4 3.3%	8 6.5%	7 5.6%	2 1.6%	1 0.8%
31. Learners who live with guardians	18 12.0%	20 13.0%	22 14.0%	58 38.0%	13 8.5%	14 9.2%	5 3.3%	3 2.0%
32. Learners who are HIV positive	81 88.0%	4 4.3%	2 2.2%	4 4.3%	0 0%	0 0%	1 1.2%	0 0%
33. Learners who live in households with HIV positive family members	41 39.0%	42 40.0%	10 9.5%	8 7.6%	3 2.9%	1 1.0%	0 0%	0 0%
34. Learners whose parents/guardian have died of HIV/AIDS	39 38.0%	36 35.0%	16 16.0%	7 6.9%	2 2.0%	1 1.0%	0 0%	1 1.1%

With regard to the status of the learners at home, it is evident that a number of them are HIV positive and stay with guardians or parents who have HIV/AIDS or have died of HIV/AIDS. The learners support this in their responses, as they also indicated that the majority of them are faced with a situation where family members are HIV positive or have AIDS (*cf.* 4.2.1.3).

#### 4.3.4 Section D: The effects of HIV/AIDS on teaching and learning

##### 4.3.4.1 Detrimental effects of HIV/AIDS on teaching and learning

Question 35: Do you think that the HIV/AIDS pandemic has a detrimental effect on teaching and learning at your school?

**Table 4.50: Detrimental effects of HIV/AIDS on teaching and learning**

Yes	No
123 65.0%	66 35.0%

The positive response of 65% on the impact of HIV/AIDS on teaching and learning indicates that the HIV/AIDS pandemic is affecting the teaching and learning situation negatively. This corresponds well with the response of the learners to the same question (*cf.* 4.2.4.1). The majority of the learners are of the opinion that HIV/AIDS is detrimental to teaching and learning.

##### 4.3.4.2 Satisfaction with academic progress

Question 36: Are you satisfied with the academic progress of the learners at your school?

**Table 4.51: Satisfaction with academic progress**

Yes	No
63 33.0%	126 67.0%

It is clear that educators are not satisfied with the academic progress at their different schools. This can be attributed to many factors already indicated in the responses, such as the absenteeism of educators and learners and the problematic home situation of learners that impede on their study time. The learners have the same opinion as the majority (87.6%) of them also indicated that they are not satisfied with their academic progress (*cf.* 4.2.4.2).

#### 4.3.4.3 Reasons for dissatisfaction with academic progress

Question 37: If your answer to Question 36 was NO, indicate the importance of the following reason/s for your not being satisfied.

**Table 4.52: Reasons for dissatisfaction with academic progress**

	Definitely true	True	Sometimes true	Untrue
37.1 Classes too big	26 19.1%	74 54.4%	19 14.0%	17 12.5%
37.2 It is not possible to pay attention to individual learners	26 18.8%	81 58.7%	22 16%	9 6.5%
37.3 Learners are frequently absent	6 4.3%	72 52.2%	48 34.8%	12 8.7%
37.4 Educators' workload is too heavy	27 19.6%	76 55.1%	26 18.8%	9 6.5%
37.5 Learners are not motivated	16 11.4%	42 30.0%	63 45.0%	19 13.6%
37.6 Frequent absence of educators due to family responsibilities	35 26.1%	21 15.7%	48 35.8%	30 22.4%
37.7 Frequent absence of educators due to personal illness.	38 28.0%	31 22.7%	44 32.4%	23 16.9%

There are four reasons for dissatisfaction with academic progress that stand out very strongly, namely:

- The inability of educators to pay individual attention to learners
- Heavy workload
- Big classes
- The frequent absence of learners

This compares well with the learners' responses to Question 18 where they indicated almost the same reasons as the educators for their dissatisfaction with their academic progress, except for the inability to pay attention to individual learners, which is indicated by the educators as a factor that also impacts on academic performance (*cf.* 4.2.4.3).

#### 4.3.4.4 Noticeable stress reactions among learners

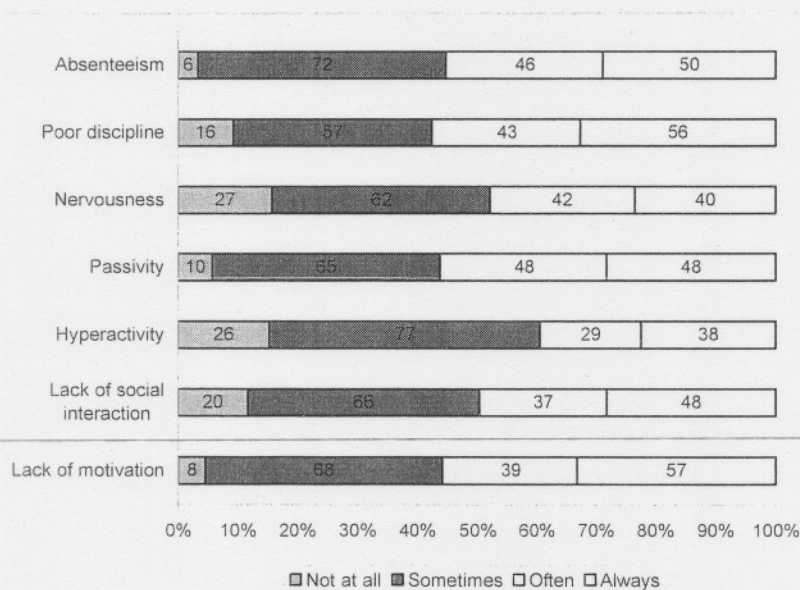
Question 38: To what extent are the following stress reactions noticeable among your learners?

**Table 4.53: Noticeable stress reactions among learners**

	Not at all	Sometimes	Often	Always
38.1 Lack of motivation	8 4.7%	68 39.5%	39 22.7%	57 33.1%
38.2 Lack of social interaction	20 11.7%	66 38.6%	37 21.6%	48 28.1%
38.3 Hyperactivity	26 15.2%	77 45.3%	29 17.1%	38 22.4%
38.4 Passivity	10 5.8%	65 38.0%	48 28.1%	48 28.1%
38.5 Nervousness	27 15.7%	62 36.3%	42 24.6%	40 23.4%
38.6 Poor discipline	16 9.3%	57 33.1%	43 25.0%	56 32.6%
38.7 Absenteeism	6 3.5%	72 41.4%	46 26.4%	50 28.7%

The responses are graphically represented in figure 4.7.

**Figure 4.7: Noticeable stress reactions among learners**



According to the educators, stress reactions among learners manifest themselves mainly in hyperactivity, absenteeism, a lack of motivation and a lack of social interactions.

#### 4.3.4.5 Extent of the manifestations of depression

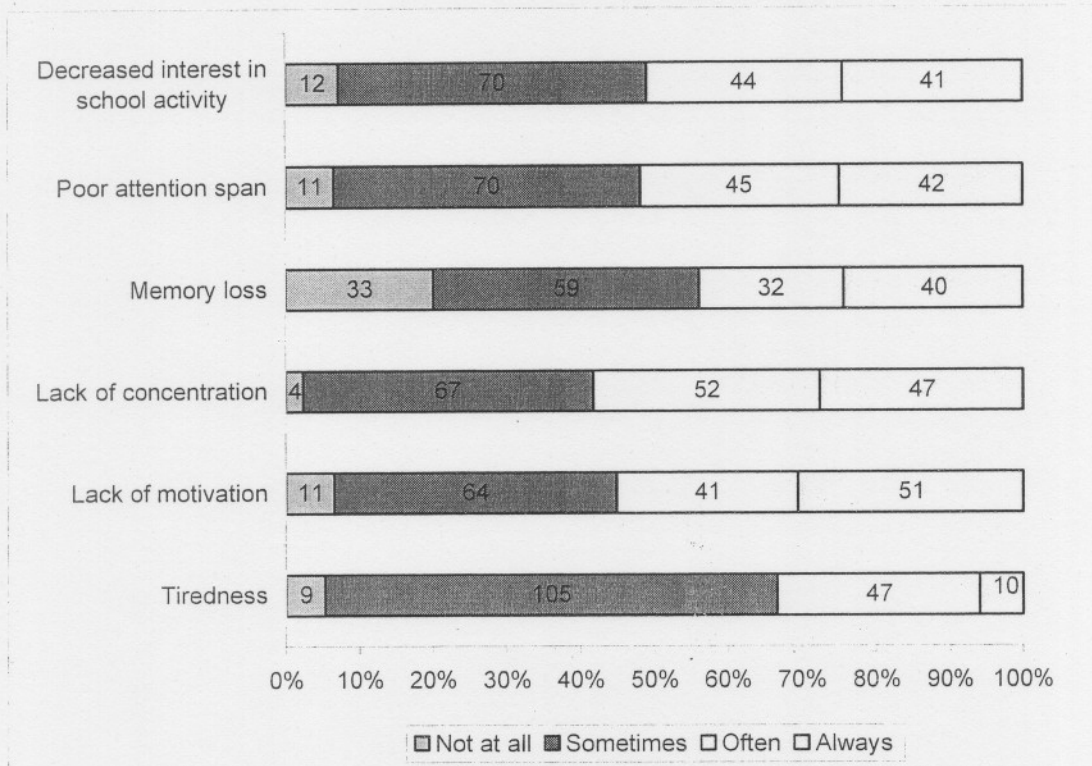
Question 39: To what extent are the following manifestations of depression noticeable among your learners?

**Table 4.54: Extent of the manifestation of depression**

	Not at all	Sometimes	Often	Always
39.1 Tiredness	9 5.3%	105 61.4%	47 27.5%	10 5.8%
39.2 Lack of motivation	11 6.6%	64 38.3%	41 24.6%	51 30.5%
39.3 Lack of concentration	4 2.4%	67 39.4%	52 30.6%	47 27.6%
39.4 Memory loss	33 20.1%	59 36%	32 19.5%	40 24.4%
39.5 Poor attention span	11 6.5%	70 41.7%	45 26.8%	42 25%
39.6 Decreased interest in school activity	12 7.2%	70 41.9%	44 26.3%	41 24.6%

The responses are graphically represented in figure 4.8.

**Figure 4.8: Extent of the manifestation of depression**



A lack of motivation and concentration, together with a decreased interest in school and school activities, makes the educators' work very difficult and impacts on the effectiveness of teaching and learning. The responses of the educators and the learners correlate well. Both parties indicated that a lack of concentration and a decreased interest in schooling are manifestations of depression (*cf.* 4.2.4.5).

**4.3.4.6 Reasons for the manifestation of stress and depression**

Question 40: How important would you rate the following reasons for the manifestation of stress and depression among your learners?

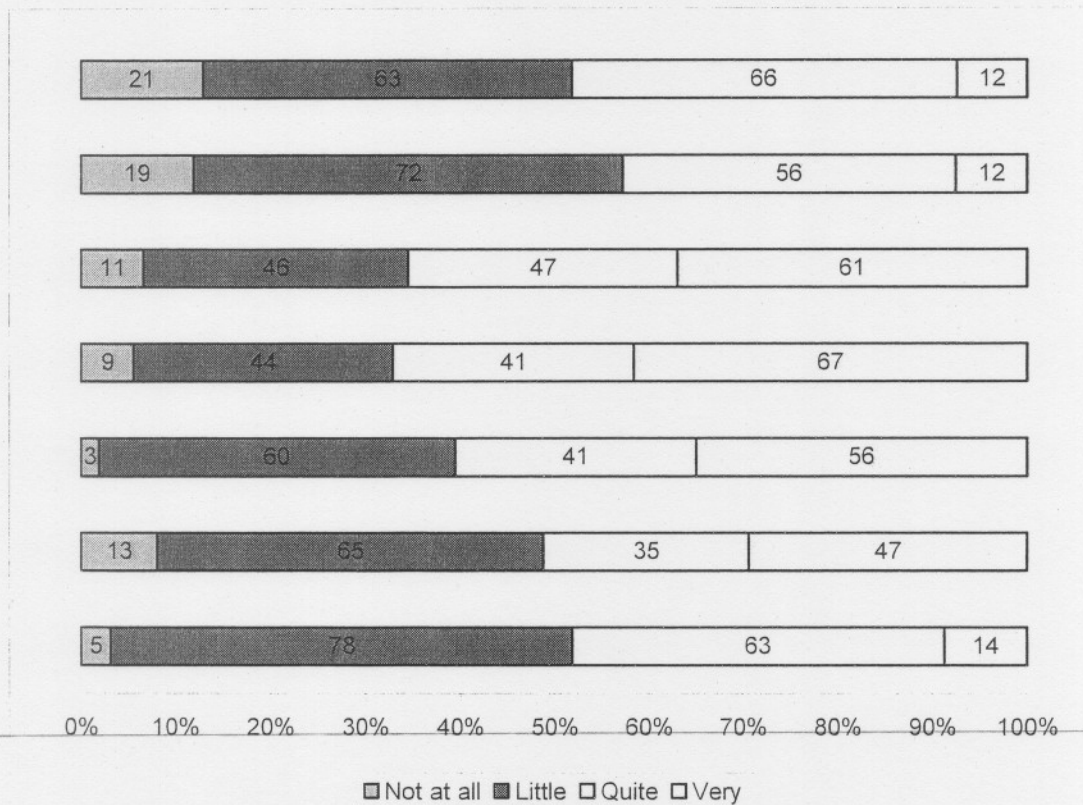


**Table 4.55: Reasons for the manifestation of stress and depression**

	Not at all	Little	Quite	Very
40.1 Personal illness	5 3.1%	78 48.7%	63 39.4%	14 8.8%
40.2 Illness of family member	13 8.1%	65 40.6%	35 21.9%	47 29.4%
40.3 Loss of family member	3 1.9%	60 37.5%	41 25.6%	56 35.0%
40.4 Too many responsibilities at home	9 5.6%	44 27.3%	41 25.5%	67 41.6%
40.5 Poor academic performance	11 6.7%	46 27.9%	47 28.5%	61 36.9%
40.6 Rejection by peers	19 11.9%	72 45.3%	56 35.2%	12 7.6%
40.7 School related problems	21 13%	63 38.9%	66 40.7%	12 7.4%

The responses are graphically represented in figure 4.9.

**Figure 4.9: Reasons for the manifestation of stress and depression**



Although all the indicated reasons impact on the manifestation of stress and depression to a certain extent, the respondents indicate that poor academic performance, too many responsibilities at home, loss of family members and personal illness are the most important reasons for the manifestation of stress and depression among learners. This corresponds well with the responses given by the learners (*cf.* 4.2.4.6).

#### 4.3.4.7 HIV-related illnesses

Questions 41– 45: Answer the following questions with an X in the appropriate block. Are there learners at your school/in your class who suffer from HIV-related illnesses such as the following?

**Table 4.56: HIV-related illnesses**

		Yes	Probably	Unsure	No
41.	Diarrhoea	7 4.5%	2 1.3%	70 44.9%	77 49.3%
42.	Pneumonia	4 2.6%	6 3.9%	71 45.8%	74 47.7%
43.	Tuberculosis	14 8.9%	8 5.1%	68 44%	66 42%
44.	Severe weight loss	43 28%	5 3.2%	36 23%	70 45.5%

HIV/AIDS-related illnesses are evident among learners. According to the responses of the teachers it is not as serious as the learners perceive it to be (*cf.* 4.2.4.7). HIV/AIDS potentially remains an enormous threat, placing pressure on the learners in terms of attending school in spite of the illness and keeping up with the demands made by school work.

#### 4.3.4.8 Critical prerequisites for effective teaching and learning

Questions 46–64: This section focuses on categories of critical prerequisites educators have to comply with for effective teaching and learning. Indicate how many of your educators provide effective teaching. Indicate your choice by marking an X in the appropriate block:



**Table 4.57: Critical prerequisites for effective teaching and learning**

	None	A few	Most of them	All of them
46. Educators are well prepared	1 0.6%	45 25.6%	91 51.7%	39 22.1%
47. Educators present interesting learning activities	2 1.1%	57 32.6%	86 49.1%	30 17.2%
48. Educators have well organized classrooms	5 2.9%	76 44%	58 33.5%	34 19.6%
49. In the classroom, there is a constant flow of learning	3 0.6%	60 29.6%	79 47.4%	30 17.4%
50. There is on-going interaction between learners and educators	1 0.6%	50 30%	80 47%	38 22.4%
51. Educators correct tests and assignments	1 0.6%	44 25.7%	68 39.7%	58 34%
52. Tests and assignments are handed back in good time	0 0%	67 38.7%	75 43.3%	31 18%
53. Educators check learners' homework	0 0%	52 30%	68 39%	53 31%
54. Educators provide assistance with personal problems.	3 1.8%	71 41.5%	65 38%	32 18.7%
55. Educators provide assistance with educational problems.	2 1.2%	59 34.3%	67 38.9%	44 25.6%
56. Educators involve learners actively in learning.	0 0%	50 29%	73 42%	50 29%
57. Educators reinforce learning (motivate learners).	0 0%	58 33%	61 35%	55 32%
58. Educators pay individual attention to learners.	2 1.2%	82 47.3%	56 32.4%	33 19.1%
59. Educators control disciplinary problems in class effectively.	0 0%	65 38%	71 42%	34 20%
60. Educators make sure that learners pay attention during lesson presentations.	0 0%	48 28%	80 47%	43 25%
61. Educators are dependable.	9 5.4%	61 36.8%	56 33.7%	40 24.1%
62. Educators are role models in terms of good ethics, attitudes and values.	0 0%	57 33%	64 37%	51 30%

63. Educators are punctual and regular in attendance.	2 1.2%	56 32.4%	87 50.4%	28 16%
64. Educators are sexually involved with learners.	112 65.9%	47 27.6%	10 5.9%	1 0.6%

The data reveals that there are a number of educators who are not complying with the prerequisites for effective teaching and learning. This can be attributed to the absenteeism of educators due to personal illness, their heavy workload which leaves them drained and exhausted, and their frequent absence due to family responsibilities. The ideal is that all educators should provide effective teaching. The data, however, indicates that only a small percentage of educators comply with the prerequisites for effective teaching. The responses of the learners (*cf.* 4.2.4.8) correspond with the responses of the educators as the learners also indicated that not all educators comply with the prerequisites for effective teaching.

#### 4.3.5 Section E: Measures to curb the effects of HIV/AIDS on teaching and learning

**Table 4.58: Measures to curb the effects of HIV/AIDS on teaching and learning**

	Yes	No
65 Are learners of different grades combined into one classroom?	4 2.3%	169 97.7%
66 Is the curriculum of the school flexible enough to deal with learners who cannot attend school during normal school hours or whose schooling is interrupted?	47 28%	118 72%
67 Are classes at your school left untaught/unsupervised?	51 30%	121 70%
68 Does your school have an adequate number of educators?	75 46%	88 54%
69 Are posts at your school filled in good time?	60 35.5%	109 64.5%
70 Are staff development programmes in place for educators who have to cope with heavy workloads and/or low morale?	61 35.9%	109 64.1%
71 Does the curriculum teach learners how to handle the emotional changes that occur during puberty and adolescence?	83 49%	88 51%
72 Does the curriculum focus on promoting abstinence from sexual activities?	89 54%	77 46%

73	Does the curriculum focus on promoting a delay in taking part in sexual activities?	82 50%	81 50%
74	Are topics on HIV/AIDS introduced into carrier subjects: Biology, Life Orientation and Health Education?	124 74%	44 26%
75	Are topics of HIV/AIDS well taught?	77 43%	94 57%
76	Is there an in-depth coverage of HIV/AIDS topics?	78 48%	86 52%
77	Are extra-curricular activities planned to address HIV/AIDS?	73 45%	90 55%
78	Are school-based activities e.g. school health programmes, guidance and counselling arranged to address HIV/AIDS?	85 52%	80 48%
79	Are intensive pre-service and/or in-service training programmes for HIV/AIDS implemented?	89 55%	74 45%
80	Do educators feel confident to teach HIV/AIDS related topics?	74 43%	97 57%
81	Are strict measures in place to deal with staff members who are involved in sexual harassment of learners?	58 35%	106 65%
82	Are strict measures in place to deal with love relationships between learners and educators?	50 31%	112 69%
83	Are strict measures in place to deal with educators who are frequently absent?	109 65%	59 35%
84	Does your school offer a feeding scheme?	37 21%	136 79%
85	Are you of the opinion that it is the task of the school to deal with the causes and effects of HIV/AIDS?	33 20%	135 80%
86	Are you of the opinion that we give too much attention to HIV/AIDS at our schools?	102 60%	69 40%

The responses to these questions support the responses of the learners who also indicate that there are no measures in place to curb the negative effects of HIV/AIDS in teaching and learning (*cf.* 4.2.5)

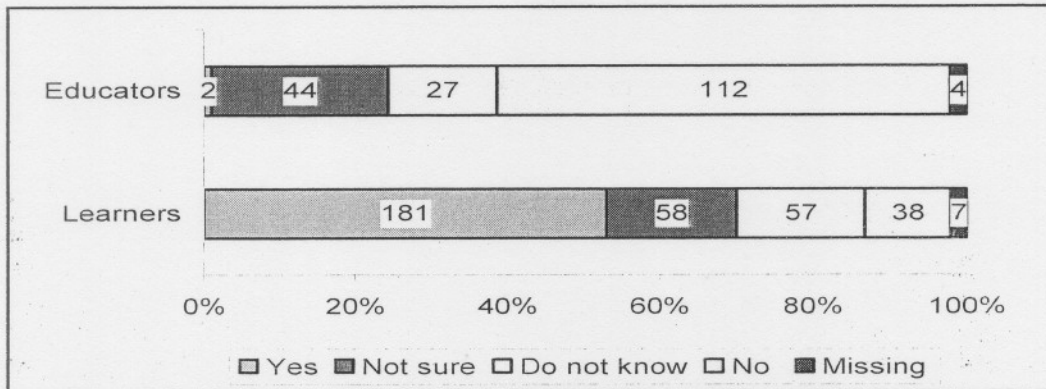
#### **4.4 COMPARISON: LEARNER AND TEACHER RESPONSES.**

Before coming to final conclusions regarding the conducted research, it was decided to highlight similarities and differences between the responses of the learners and the educators.

#### 4.4.1 Awareness of educators who are HIV positive or have AIDS

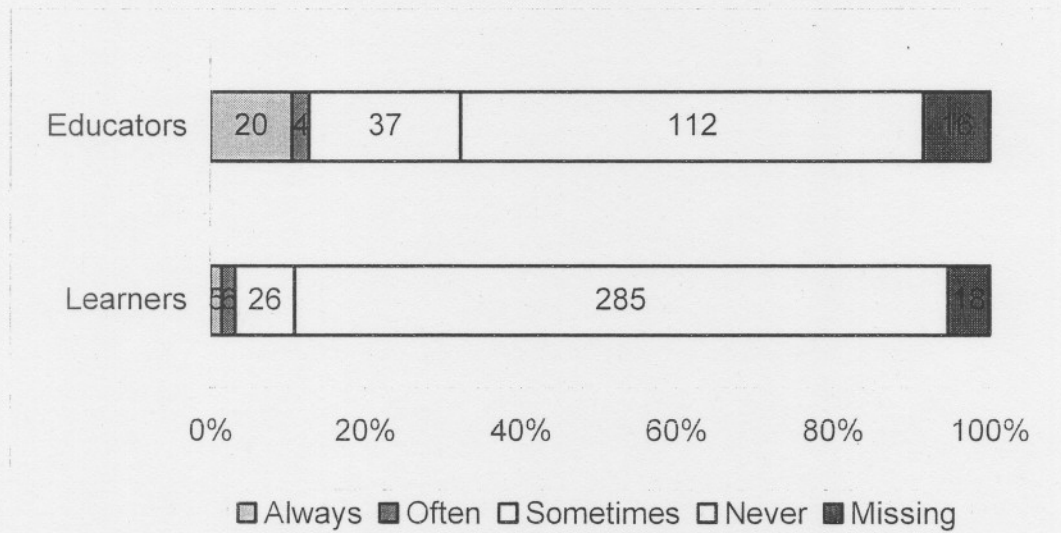
Learners and educators differ in their responses regarding the awareness of educators who are HIV positive or who have AIDS. It could be that teachers fear victimization or stigmatization when disclosing information.

Figure 4.10: Awareness of educators who are HIV positive or have AIDS



#### 4.4.2 Appointment of substitutes for absent educators

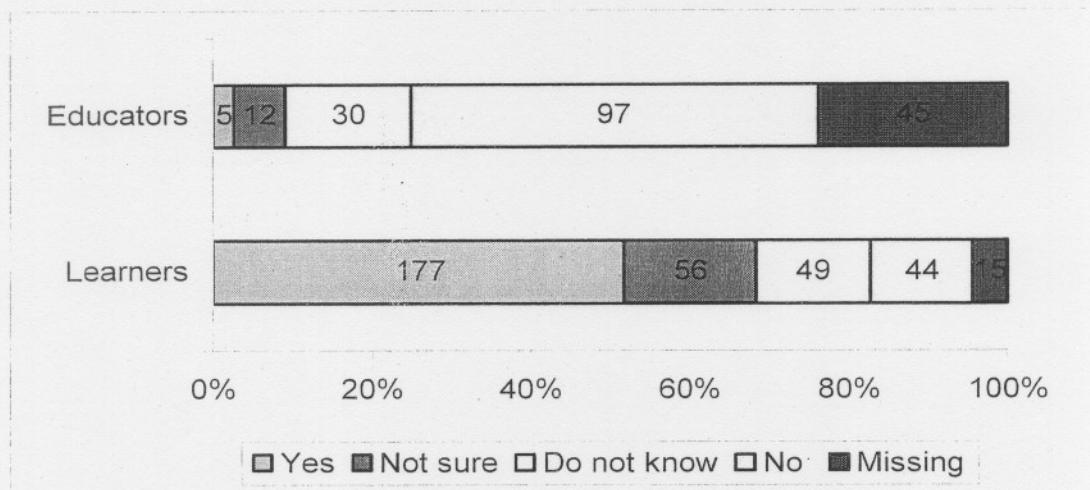
Figure 4.11: Appointment of substitutes for absent educators



Learners and educators agree to the fact that substitute teachers are not appointed for most of the time. This explains the overload that some colleagues have to carry, the discontinuation of teaching and learning, and the dissatisfaction with academic progress.

#### 4.4.3 Awareness of learners who are HIV positive or who have AIDS

Figure 4.12: Awareness of learners who are HIV positive or who have AIDS

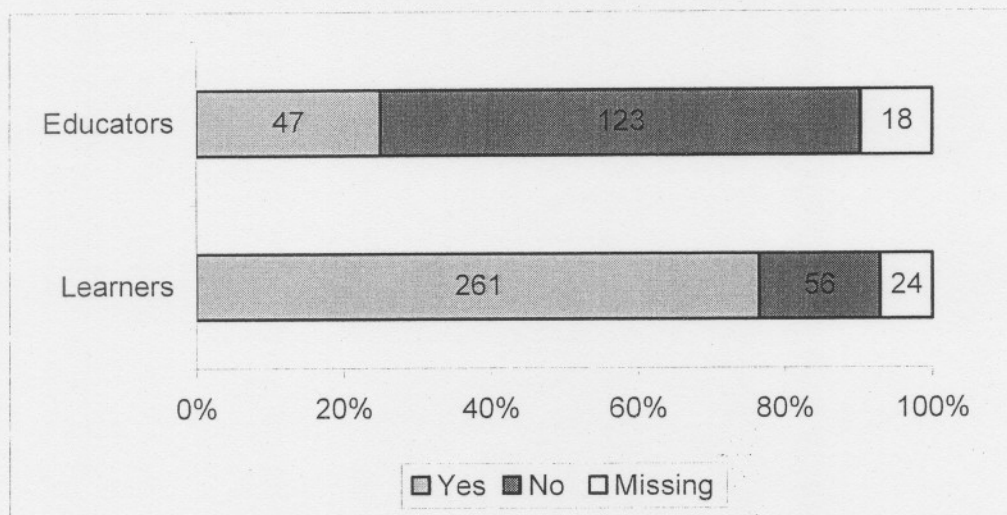


The responses to this question indicate that teachers and educators have different perceptions regarding the learners who are HIV positive or who have AIDS. It appears as if the educators want to avoid or disguise the seriousness of the HIV/AIDS reality.



#### 4.4.4 Learners who are sexually harassed

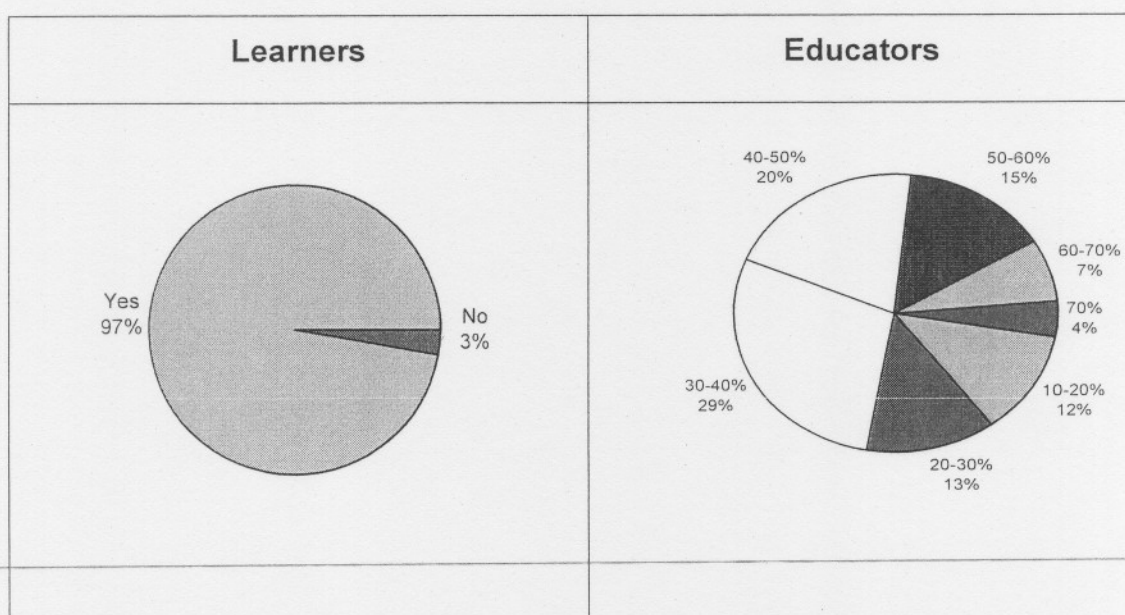
Figure 4.13: Learners who are sexually harassed



Evidence of sexual harassment is clearly evident, according to the learners. However, the educators only acknowledge the reality of sexual harassment to a limited extent.

#### 4.4.5 Inability of learners to pay school fees

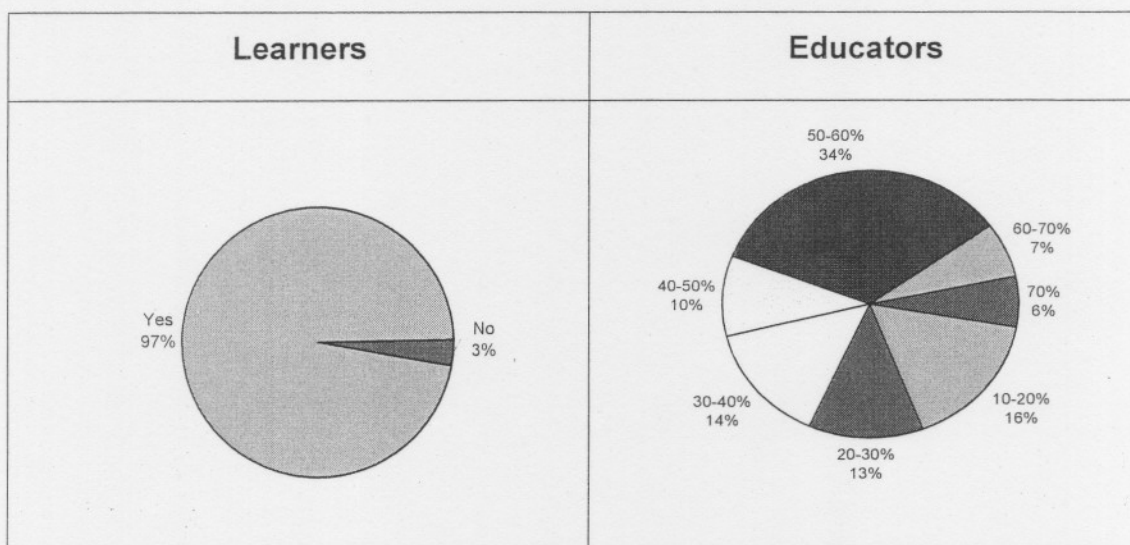
Figure 4.14: Inability of learners to pay school fees



Once more it appears as if the learners are more aware of their difficult financial circumstances than the educators are.

#### 4.4.6 Learners suffering from poor nutrition

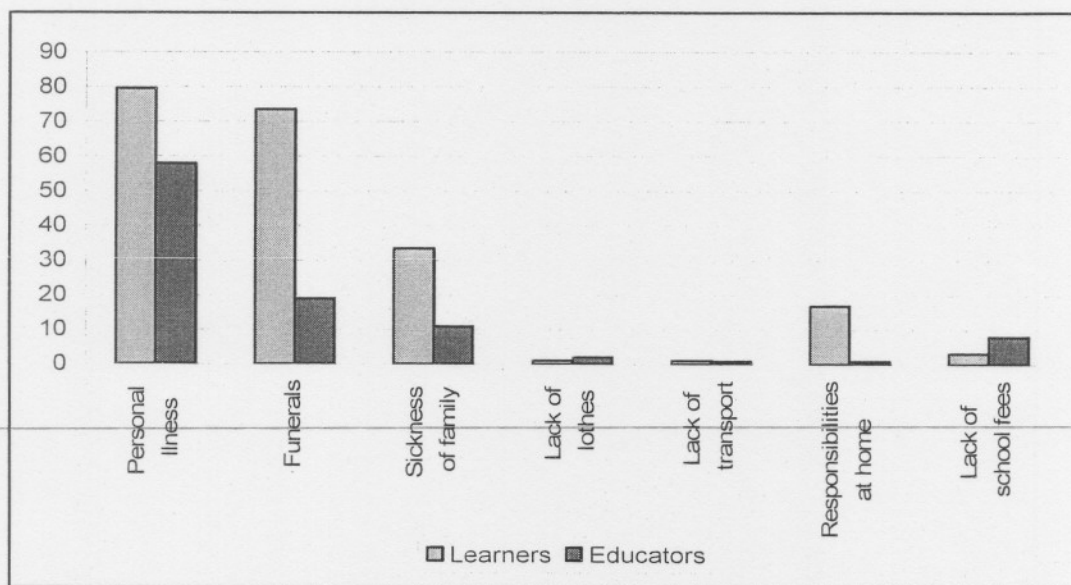
Figure 4.15: Learners suffering from poor nutrition



Poor nutrition that could be ascribed to a lack of financial means is also indicated as very problematic by the learners. Although the educators acknowledge poor nutrition as a problem, only 34% indicate it as problematic for 50-60% of the learners.

#### 4.4.7 Main reasons for learner absence

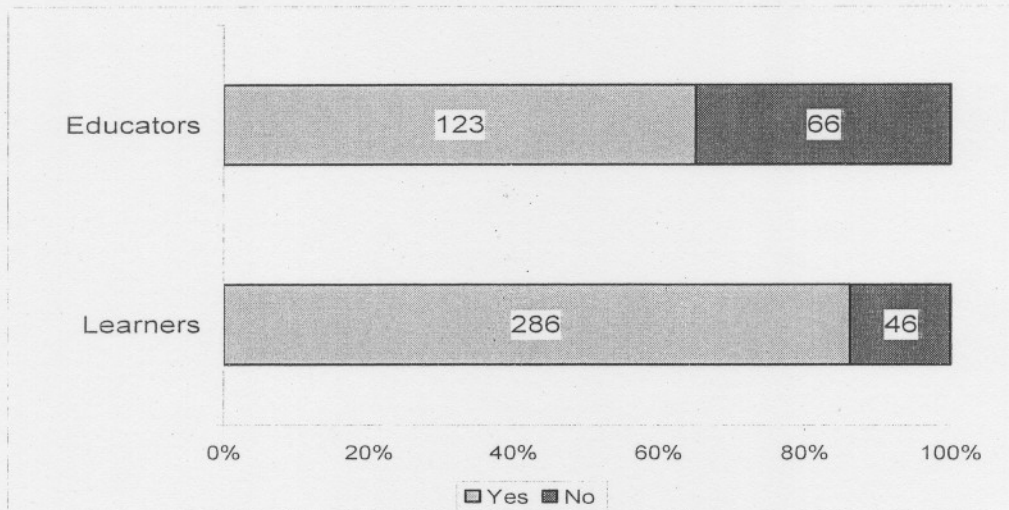
Figure 4.16: Main reasons for learner absence



Learners and educators agree on the main reasons for learner absence. Personal illness and funerals which could be related to the HIV/AIDS pandemic are the two major reasons for absence. Sickness of family members, that could imply more responsibilities at home, are also indicated as important reasons for learner absence.

#### 4.4.8 Effects of HIV/AIDS on teaching and learning

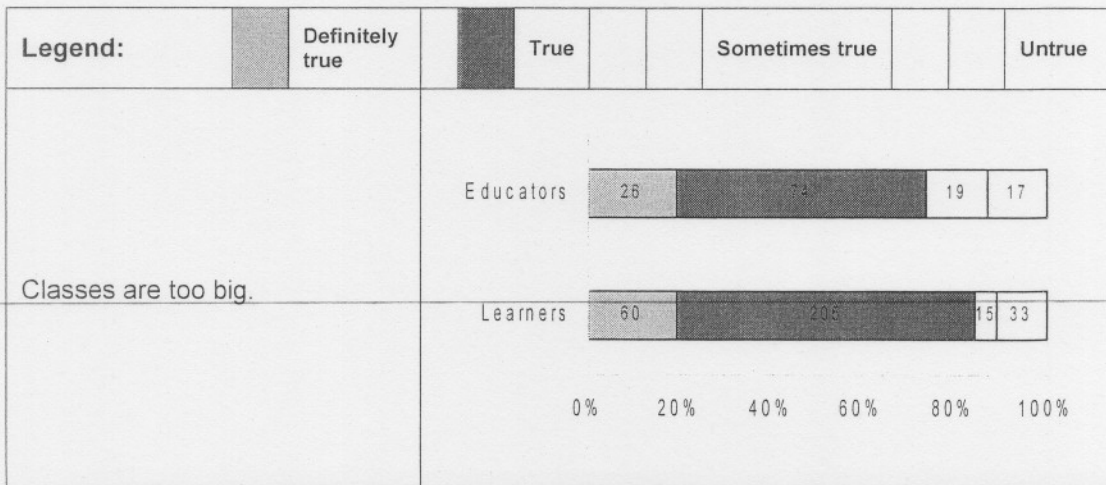
Figure 4.17: Effects of HIV/AIDS on teaching and learning



It is acknowledged by educators and learners that HIV/AIDS has a detrimental effect on teaching and learning.

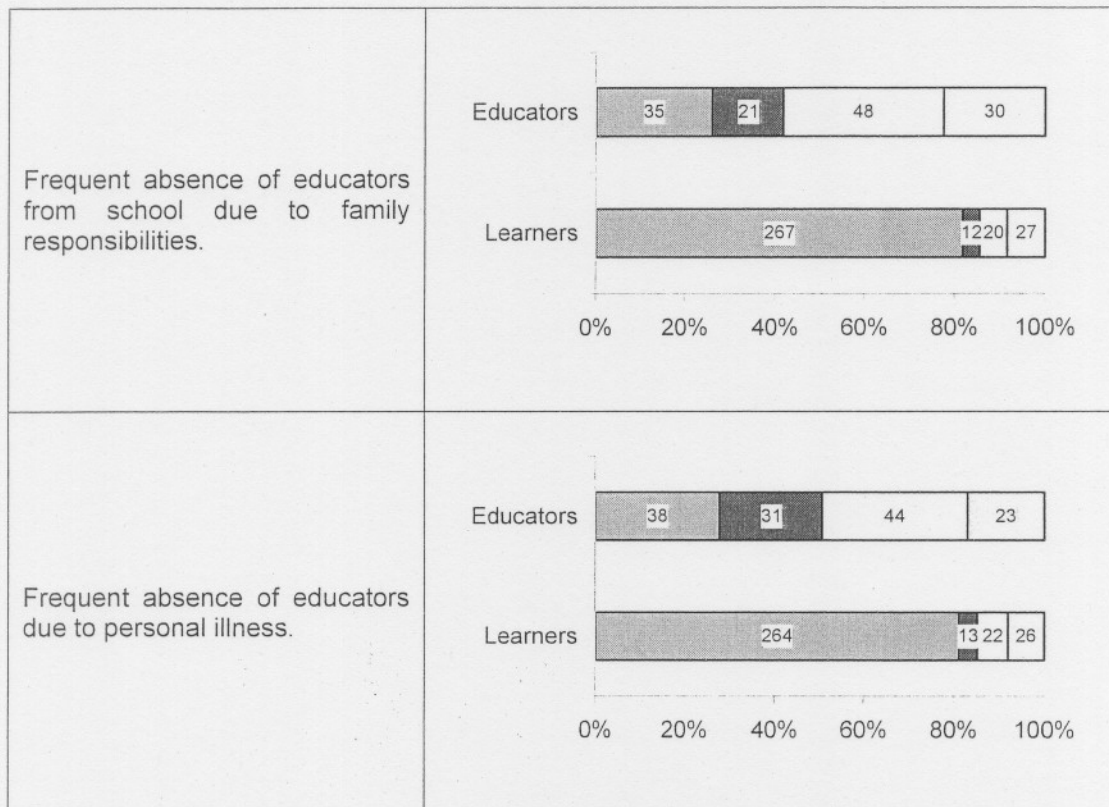
#### 4.4.9 Academic progress of learners

Figure 4.18: Reasons for the poor academic progress of learners





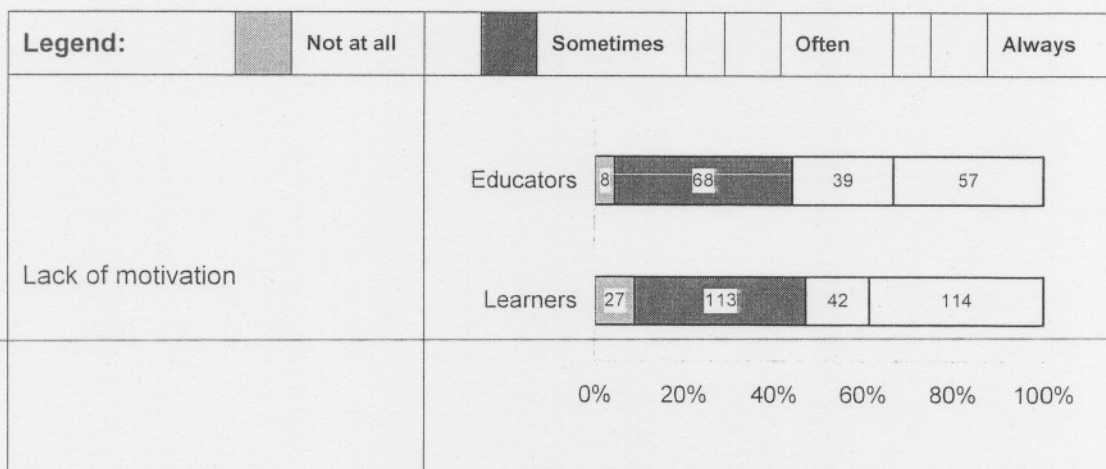
<p>It is not possible to pay attention to individual learners.</p>	<p>This stacked bar chart displays the distribution of responses for the statement 'It is not possible to pay attention to individual learners.' The x-axis represents percentages from 0% to 100%. For Educators, the segments are 26% (lightest), 81% (darkest), 22% (lightest), and 9% (darkest). For Learners, the segments are 22% (lightest), 165% (darkest), 43% (lightest), and 79% (darkest).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>26</td> <td>81</td> <td>22</td> <td>9</td> </tr> <tr> <td>Learners</td> <td>22</td> <td>165</td> <td>43</td> <td>79</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	26	81	22	9	Learners	22	165	43	79
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	26	81	22	9												
Learners	22	165	43	79												
<p>Learners are frequently absent.</p>	<p>This stacked bar chart displays the distribution of responses for the statement 'Learners are frequently absent.' For Educators, the segments are 6% (lightest), 72% (darkest), 48% (lightest), and 12% (darkest). For Learners, the segments are 258% (lightest), 18% (darkest), 34% (lightest), and 10% (darkest).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>6</td> <td>72</td> <td>48</td> <td>12</td> </tr> <tr> <td>Learners</td> <td>258</td> <td>18</td> <td>34</td> <td>10</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	6	72	48	12	Learners	258	18	34	10
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	6	72	48	12												
Learners	258	18	34	10												
<p>Teacher workload is too heavy.</p>	<p>This stacked bar chart displays the distribution of responses for the statement 'Teacher workload is too heavy.' For Educators, the segments are 27% (lightest), 76% (darkest), 26% (lightest), and 9% (darkest). For Learners, the segments are 273% (lightest), 18% (darkest), 16% (lightest), and 20% (darkest).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>27</td> <td>76</td> <td>26</td> <td>9</td> </tr> <tr> <td>Learners</td> <td>273</td> <td>18</td> <td>16</td> <td>20</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	27	76	26	9	Learners	273	18	16	20
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	27	76	26	9												
Learners	273	18	16	20												
<p>Learners are not motivated.</p>	<p>This stacked bar chart displays the distribution of responses for the statement 'Learners are not motivated.' For Educators, the segments are 16% (lightest), 42% (darkest), 63% (lightest), and 19% (darkest). For Learners, the segments are 258% (lightest), 23% (darkest), 18% (lightest), and 31% (darkest).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>16</td> <td>42</td> <td>63</td> <td>19</td> </tr> <tr> <td>Learners</td> <td>258</td> <td>23</td> <td>18</td> <td>31</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	16	42	63	19	Learners	258	23	18	31
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	16	42	63	19												
Learners	258	23	18	31												

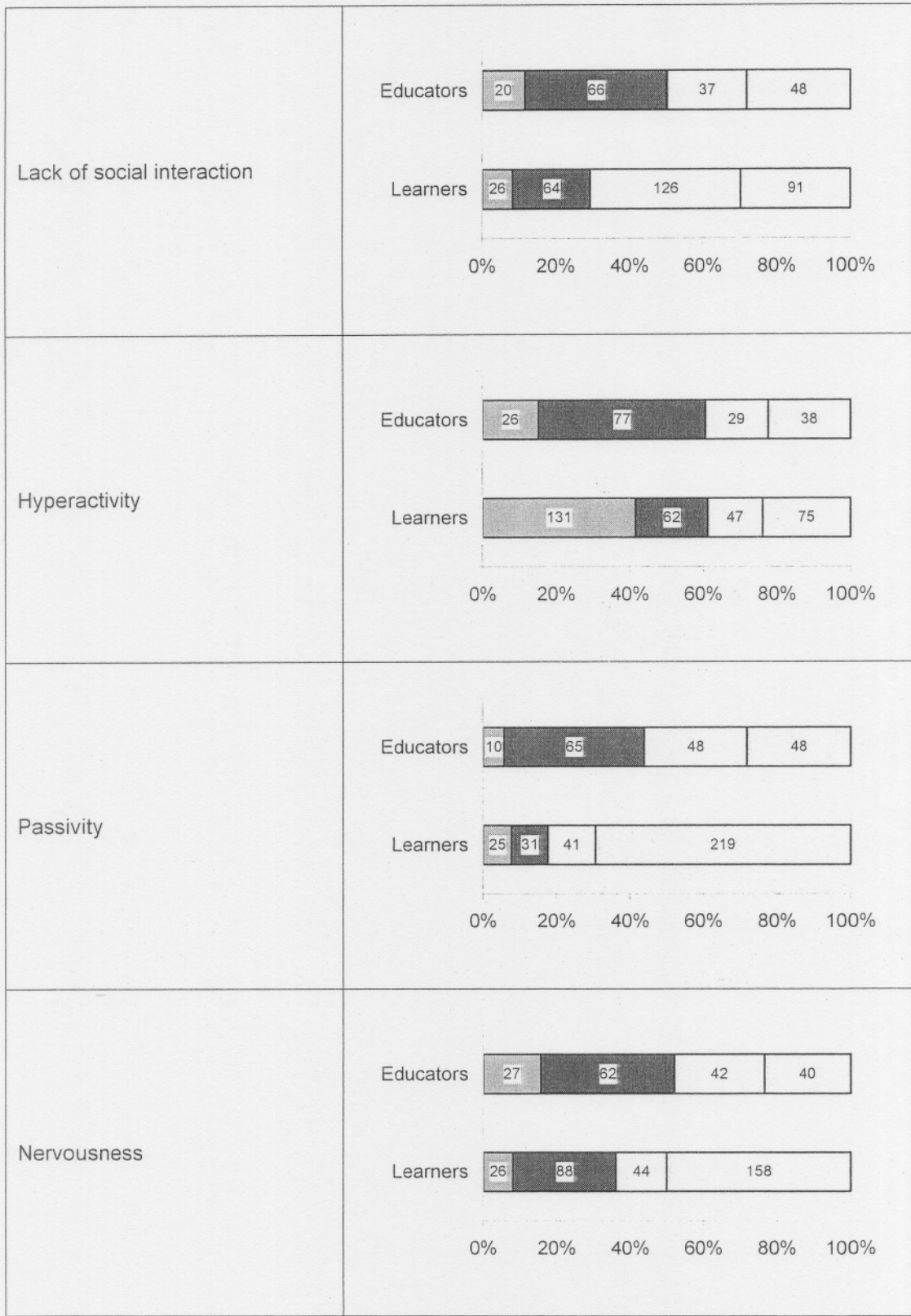


From the data it is clear that educators and learners are aware of the fact that there are factors impacting negatively on teaching and learning. For both parties, a heavy workload resulting from absent educators due to personal illness or family responsibilities is a prominent factor. Furthermore, learner absence also contributes to the unfavourable condition.

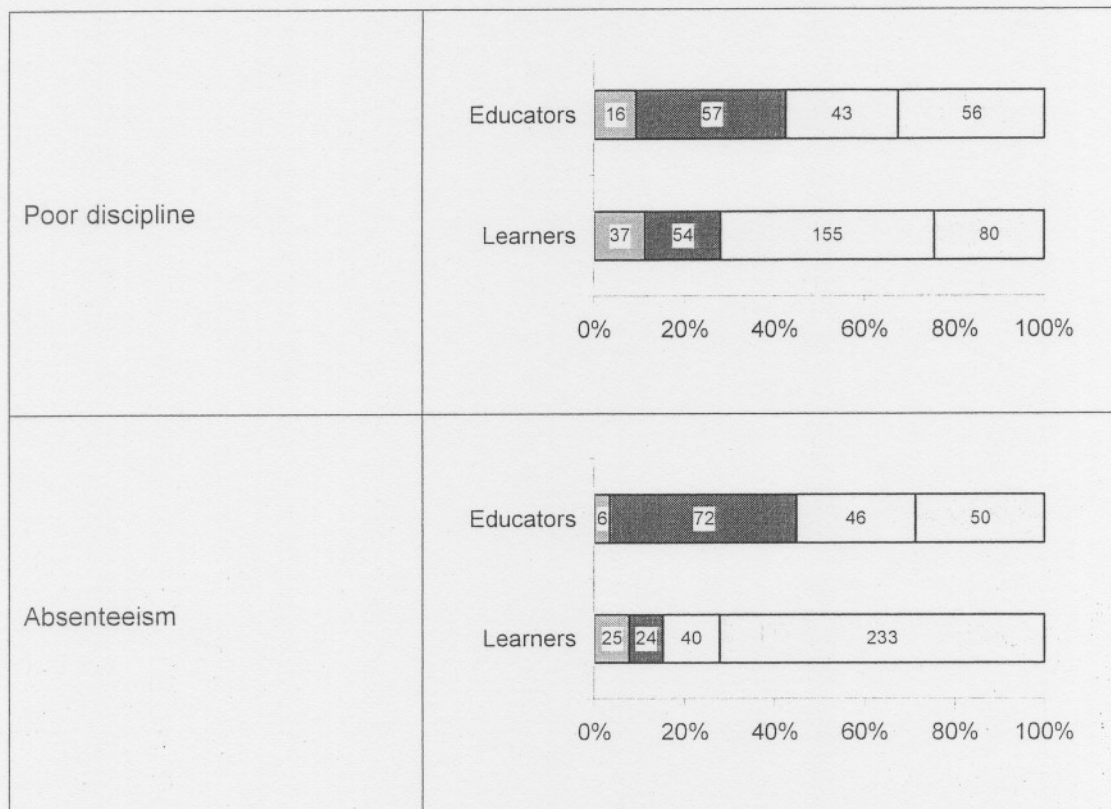
#### 4.4.10 Stress reactions among learners

Figure 4.19: Stress reactions among learners









Educators and learners indicate their awareness of stress reactions that are evident in the lives of learners, but differ with regard to the extent of the occurrence of these reactions. The strongest stress reactions identified by both parties are the following:

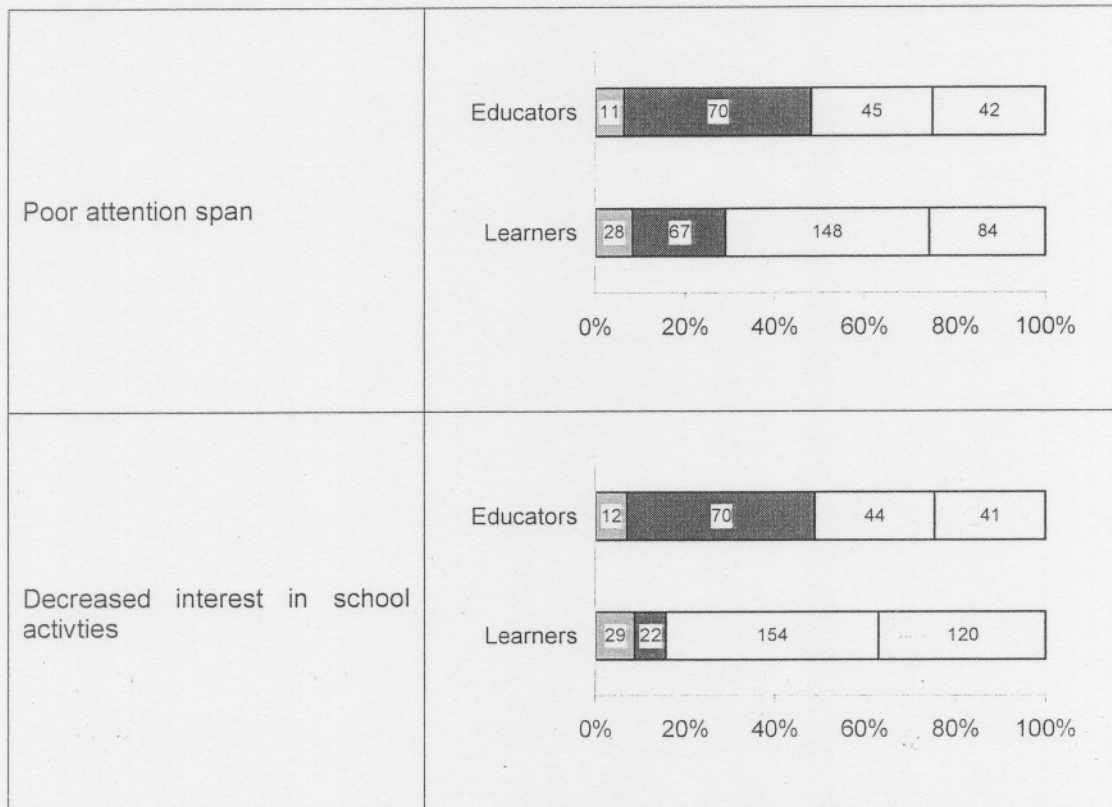
- Absenteeism
- Passivity
- Lack of social interaction
- Poor discipline

The unfavourable home circumstances of learners, ill health and unfavourable teaching and learning conditions due to HIV/AIDS could be forces that contribute to the stress reactions that the learners are experiencing.

#### 4.4.11 Manifestations of depression among learners

Figure 4.20: Manifestations of depression among learners

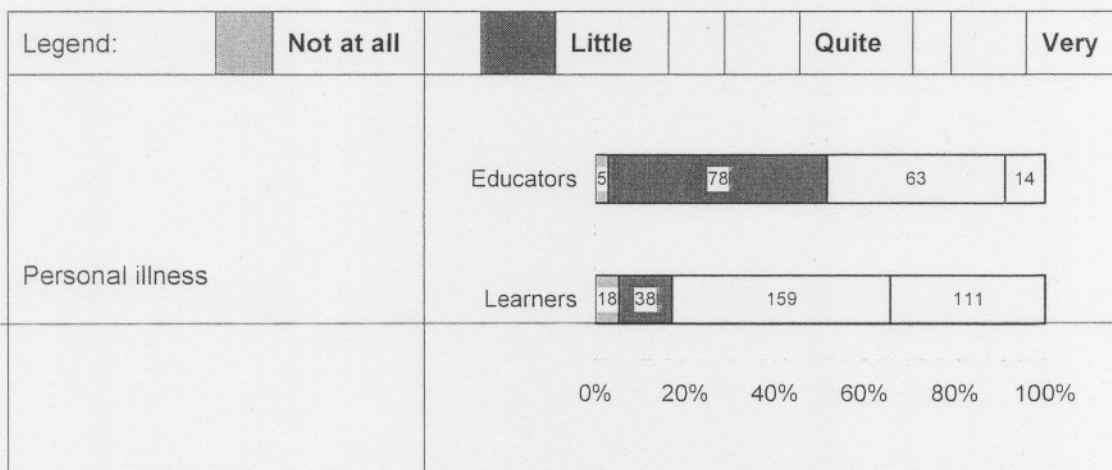




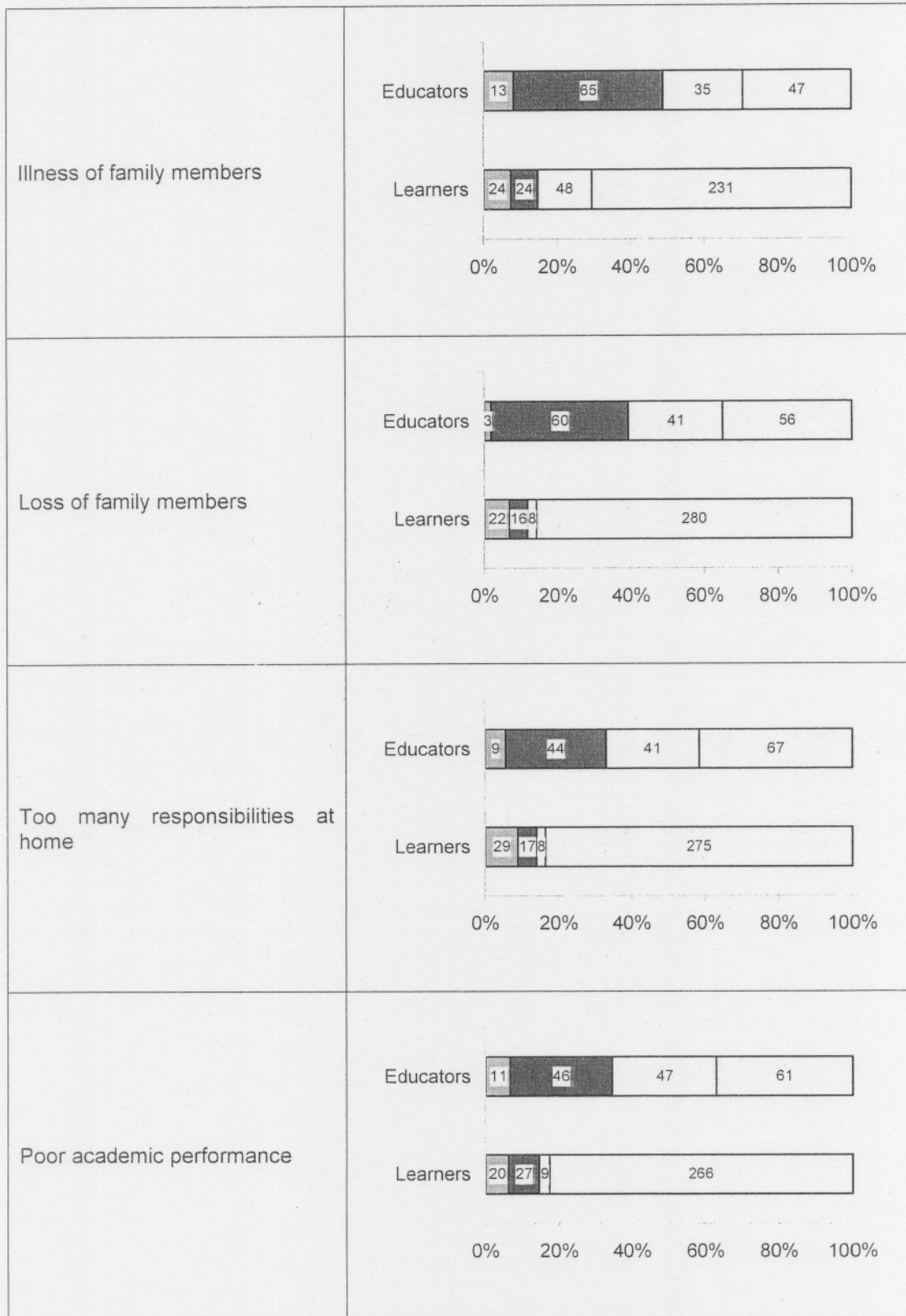
Different manifestations of depression are indicated by both the educators and the learners. It appears as if the learners experience some of the manifestations of depression more seriously than the educators perceive it to be. Lack of concentration, memory loss, poor attention span and a decreased interest in school activities are indicated by the learners as the more serious forms of depression that they experience.

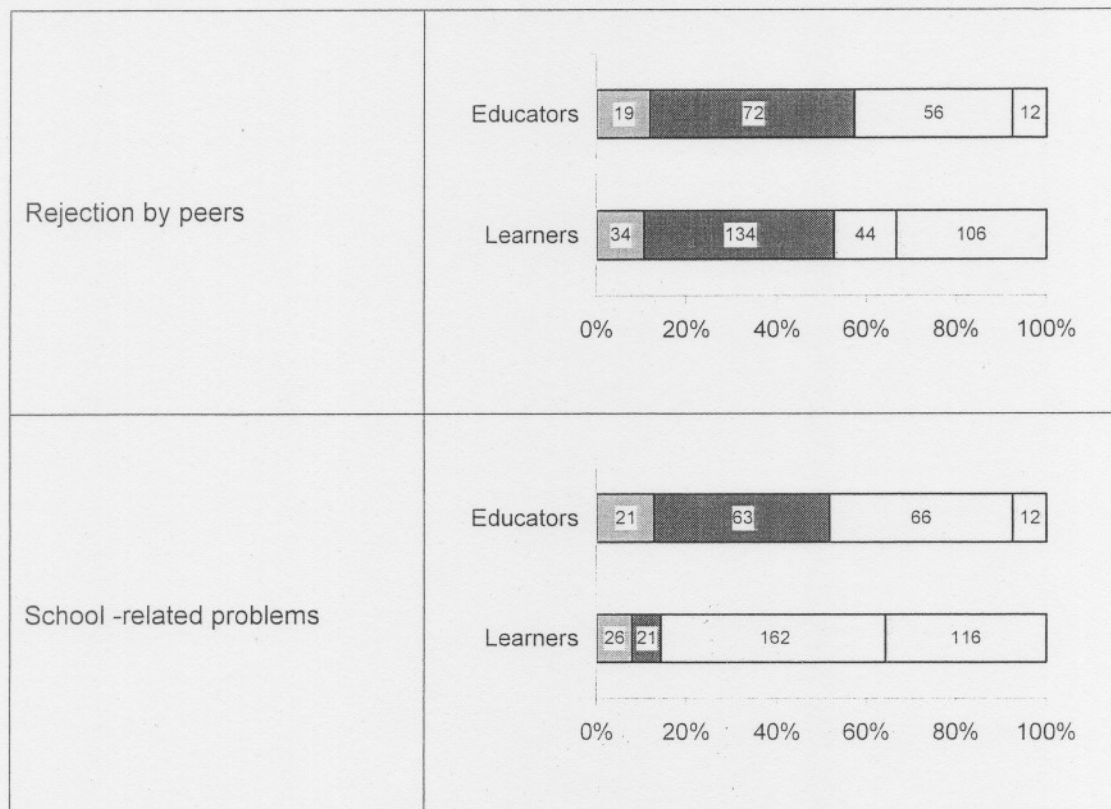
#### 4.4.12 Reasons for stress and depression among learners

Figure 4.21: Reasons for stress and depression among learners





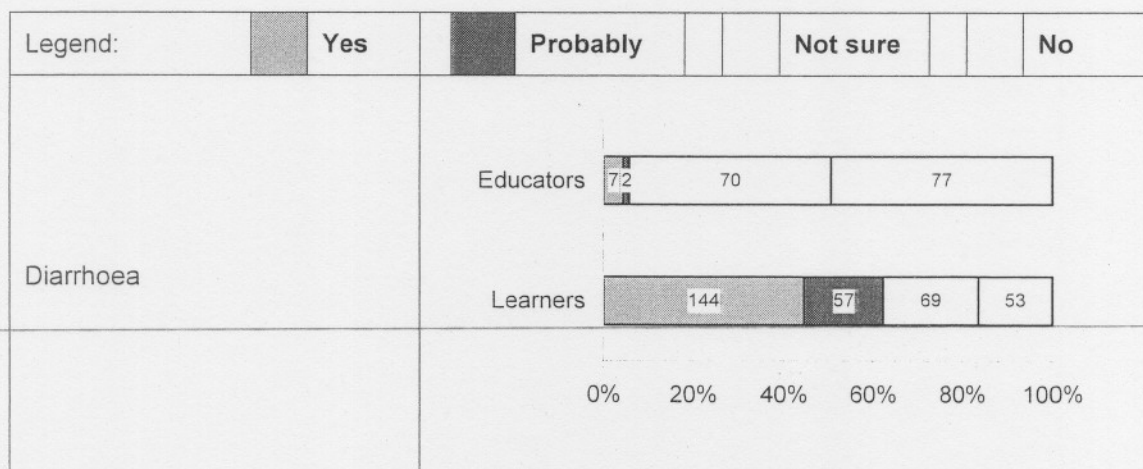




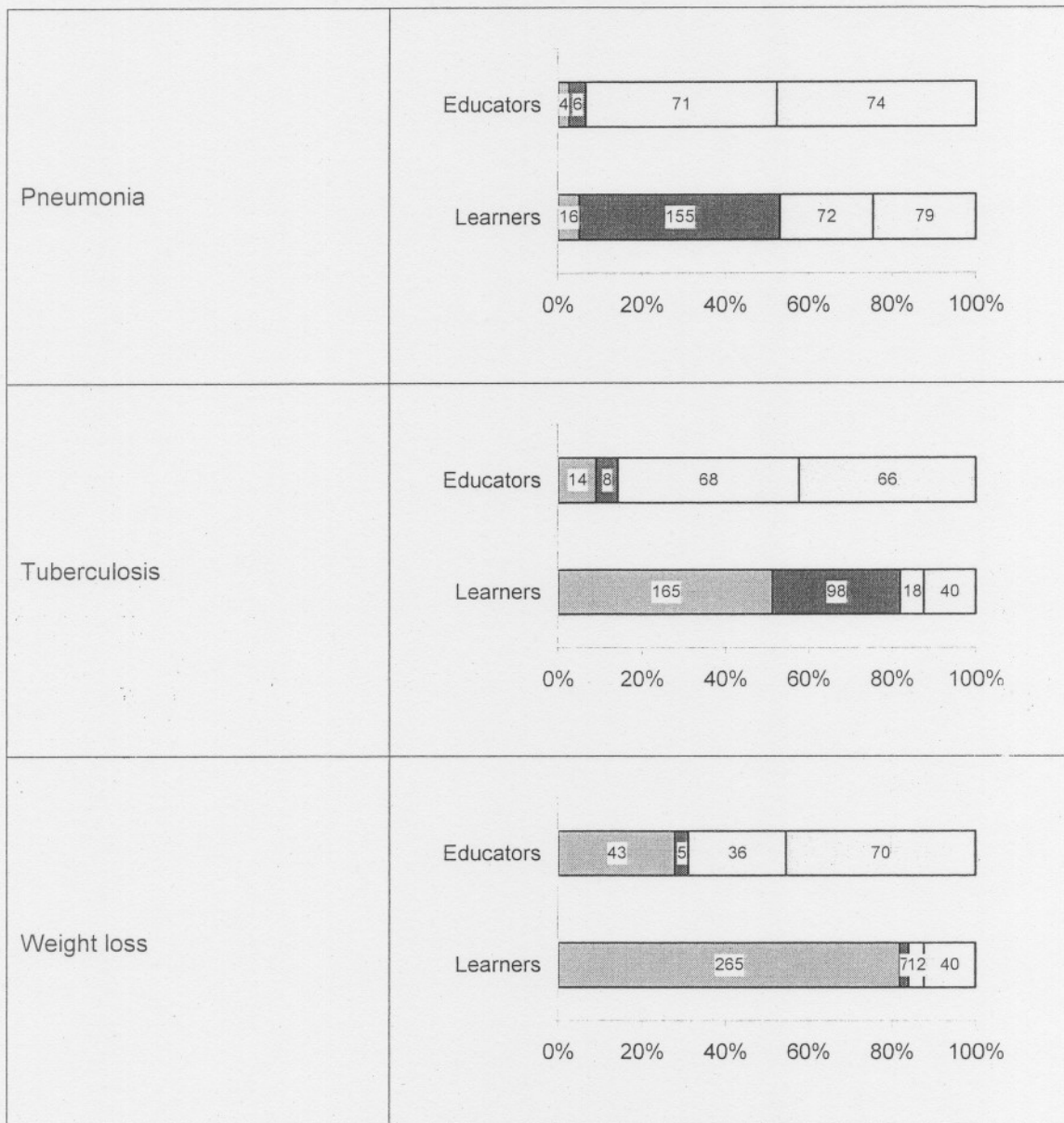
Educators and learners highlight the same factors as being important reasons for stress and depression among learners. Both parties indicate that loss of family members, too many responsibilities at home and illness of family members are stressful to learners. Educators also indicate poor academic performance as an important reason for stress and depression among learners.

#### 4.4.13 HIV-related illnesses among learners

Figure 4.22: HIV-related illnesses among learners



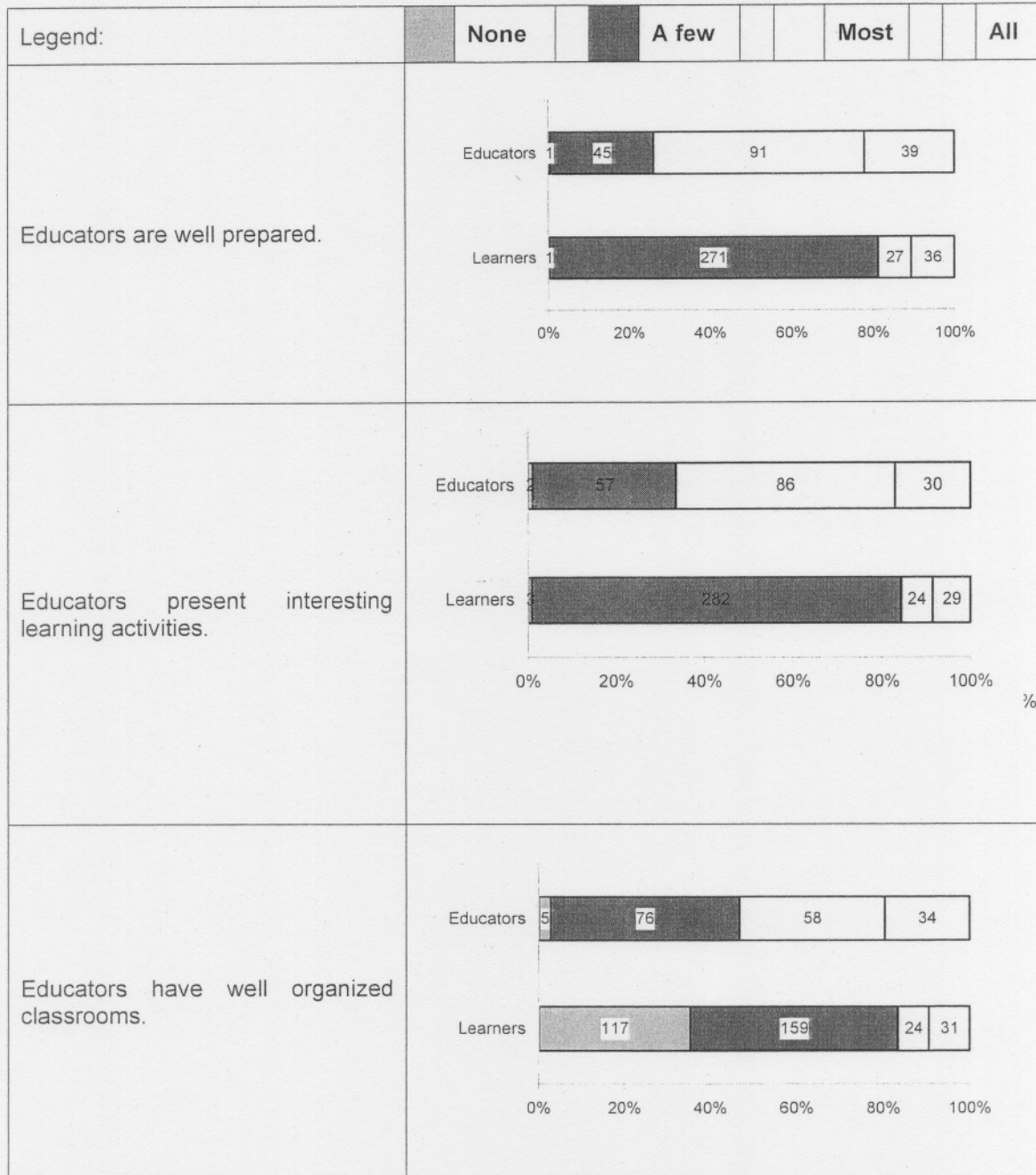




According to the learners, diarrhoea, tuberculosis and weight loss are serious HIV-AIDS-related illnesses among learners. Educators indicate an awareness of these illnesses, but their responses do not highlight the seriousness in the same way as the responses of the learners do.

#### 4.4.14 Prerequisites for effective teaching

Figure 4.23: Prerequisites for effective teaching

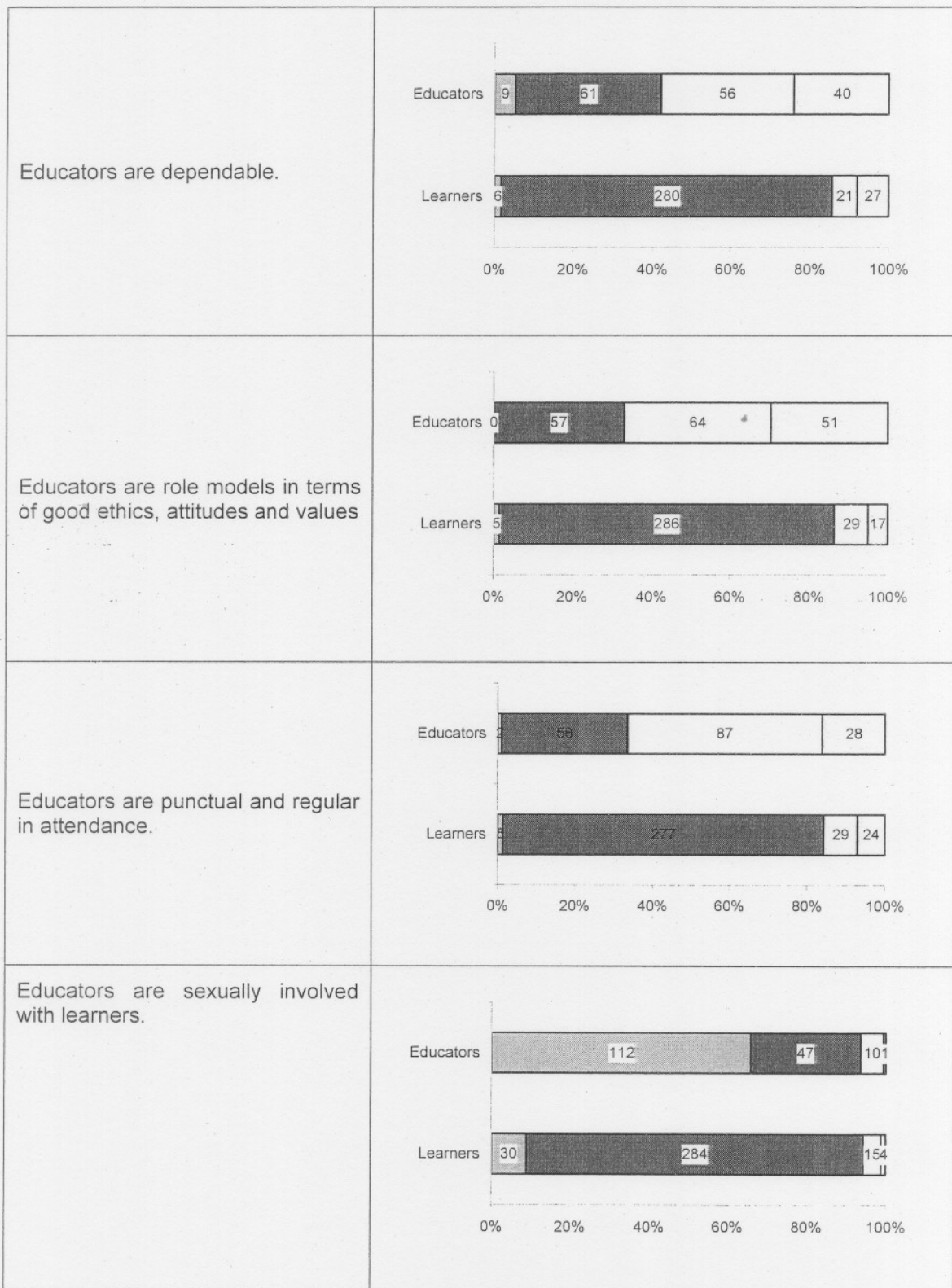


<p>In the classrooms there is a constant flow of learning.</p>	<p>A stacked bar chart comparing responses from Educators and Learners. The x-axis represents percentages from 0% to 100%. For Educators, the segments are 3, 60, 79, and 30. For Learners, the segments are 13, 172, 132, and 16.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>3</td> <td>60</td> <td>79</td> <td>30</td> </tr> <tr> <td>Learners</td> <td>13</td> <td>172</td> <td>132</td> <td>16</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	3	60	79	30	Learners	13	172	132	16
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	3	60	79	30												
Learners	13	172	132	16												
<p>There is on-going interaction between learners and educators.</p>	<p>A stacked bar chart comparing responses from Educators and Learners. The x-axis represents percentages from 0% to 100%. For Educators, the segments are 1, 50, 80, and 38. For Learners, the segments are 17, 276, 29, and 11.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>1</td> <td>50</td> <td>80</td> <td>38</td> </tr> <tr> <td>Learners</td> <td>17</td> <td>276</td> <td>29</td> <td>11</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	1	50	80	38	Learners	17	276	29	11
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	1	50	80	38												
Learners	17	276	29	11												
<p>Educators correct tests and assignments.</p>	<p>A stacked bar chart comparing responses from Educators and Learners. The x-axis represents percentages from 0% to 100%. For Educators, the segments are 1, 44, 68, and 58. For Learners, the segments are 1, 269, 14, and 51.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>1</td> <td>44</td> <td>68</td> <td>58</td> </tr> <tr> <td>Learners</td> <td>1</td> <td>269</td> <td>14</td> <td>51</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	1	44	68	58	Learners	1	269	14	51
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	1	44	68	58												
Learners	1	269	14	51												
<p>Tests and assignments are handed back in good time.</p>	<p>A stacked bar chart comparing responses from Educators and Learners. The x-axis represents percentages from 0% to 100%. For Educators, the segments are 0, 67, 75, and 31. For Learners, the segments are 9, 278, 20, and 25.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Segment 1</th> <th>Segment 2</th> <th>Segment 3</th> <th>Segment 4</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>0</td> <td>67</td> <td>75</td> <td>31</td> </tr> <tr> <td>Learners</td> <td>9</td> <td>278</td> <td>20</td> <td>25</td> </tr> </tbody> </table>	Group	Segment 1	Segment 2	Segment 3	Segment 4	Educators	0	67	75	31	Learners	9	278	20	25
Group	Segment 1	Segment 2	Segment 3	Segment 4												
Educators	0	67	75	31												
Learners	9	278	20	25												



<p>Educators check learners' home-work.</p>	<p>A stacked bar chart comparing Educators and Learners across three categories. The x-axis represents percentages from 0% to 100%. For Educators, the categories are 52%, 68%, and 53%. For Learners, the categories are 280%, 15%, and 36%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Category 1</th> <th>Category 2</th> <th>Category 3</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>52</td> <td>68</td> <td>53</td> </tr> <tr> <td>Learners</td> <td>280</td> <td>15</td> <td>36</td> </tr> </tbody> </table>	Group	Category 1	Category 2	Category 3	Educators	52	68	53	Learners	280	15	36
Group	Category 1	Category 2	Category 3										
Educators	52	68	53										
Learners	280	15	36										
<p>Educators provide assistance with personal problems.</p>	<p>A stacked bar chart comparing Educators and Learners across three categories. The x-axis represents percentages from 0% to 100%. For Educators, the categories are 71%, 65%, and 32%. For Learners, the categories are 285%, 22%, and 18%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Category 1</th> <th>Category 2</th> <th>Category 3</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>71</td> <td>65</td> <td>32</td> </tr> <tr> <td>Learners</td> <td>285</td> <td>22</td> <td>18</td> </tr> </tbody> </table>	Group	Category 1	Category 2	Category 3	Educators	71	65	32	Learners	285	22	18
Group	Category 1	Category 2	Category 3										
Educators	71	65	32										
Learners	285	22	18										
<p>Educators provide assistance with educational problems.</p>	<p>A stacked bar chart comparing Educators and Learners across three categories. The x-axis represents percentages from 0% to 100%. For Educators, the categories are 59%, 67%, and 44%. For Learners, the categories are 289%, 20%, and 26%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Category 1</th> <th>Category 2</th> <th>Category 3</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>59</td> <td>67</td> <td>44</td> </tr> <tr> <td>Learners</td> <td>289</td> <td>20</td> <td>26</td> </tr> </tbody> </table>	Group	Category 1	Category 2	Category 3	Educators	59	67	44	Learners	289	20	26
Group	Category 1	Category 2	Category 3										
Educators	59	67	44										
Learners	289	20	26										
<p>Educators involve learners actively in learning.</p>	<p>A stacked bar chart comparing Educators and Learners across three categories. The x-axis represents percentages from 0% to 100%. For Educators, the categories are 50%, 73%, and 50%. For Learners, the categories are 277%, 26%, and 28%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Category 1</th> <th>Category 2</th> <th>Category 3</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>50</td> <td>73</td> <td>50</td> </tr> <tr> <td>Learners</td> <td>277</td> <td>26</td> <td>28</td> </tr> </tbody> </table>	Group	Category 1	Category 2	Category 3	Educators	50	73	50	Learners	277	26	28
Group	Category 1	Category 2	Category 3										
Educators	50	73	50										
Learners	277	26	28										

<p>Educators reinforce learning (motivate learners).</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Dark</th> <th>Light</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>58</td> <td>61</td> <td>55</td> </tr> <tr> <td>Learners</td> <td>3</td> <td>270</td> <td>33</td> </tr> </tbody> </table>	Group	Dark	Light	White	Educators	58	61	55	Learners	3	270	33
Group	Dark	Light	White										
Educators	58	61	55										
Learners	3	270	33										
<p>Educators pay individual attention to learners.</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Dark</th> <th>Light</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>2</td> <td>82</td> <td>33</td> </tr> <tr> <td>Learners</td> <td>9</td> <td>285</td> <td>13</td> </tr> </tbody> </table>	Group	Dark	Light	White	Educators	2	82	33	Learners	9	285	13
Group	Dark	Light	White										
Educators	2	82	33										
Learners	9	285	13										
<p>Educators control disciplinary problems in class effectively.</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Dark</th> <th>Light</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>65</td> <td>71</td> <td>34</td> </tr> <tr> <td>Learners</td> <td>4</td> <td>277</td> <td>27</td> </tr> </tbody> </table>	Group	Dark	Light	White	Educators	65	71	34	Learners	4	277	27
Group	Dark	Light	White										
Educators	65	71	34										
Learners	4	277	27										
<p>Educators make sure that learners pay attention during lesson presentations.</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Dark</th> <th>Light</th> <th>White</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>48</td> <td>80</td> <td>43</td> </tr> <tr> <td>Learners</td> <td>1</td> <td>269</td> <td>45</td> </tr> </tbody> </table>	Group	Dark	Light	White	Educators	48	80	43	Learners	1	269	45
Group	Dark	Light	White										
Educators	48	80	43										
Learners	1	269	45										

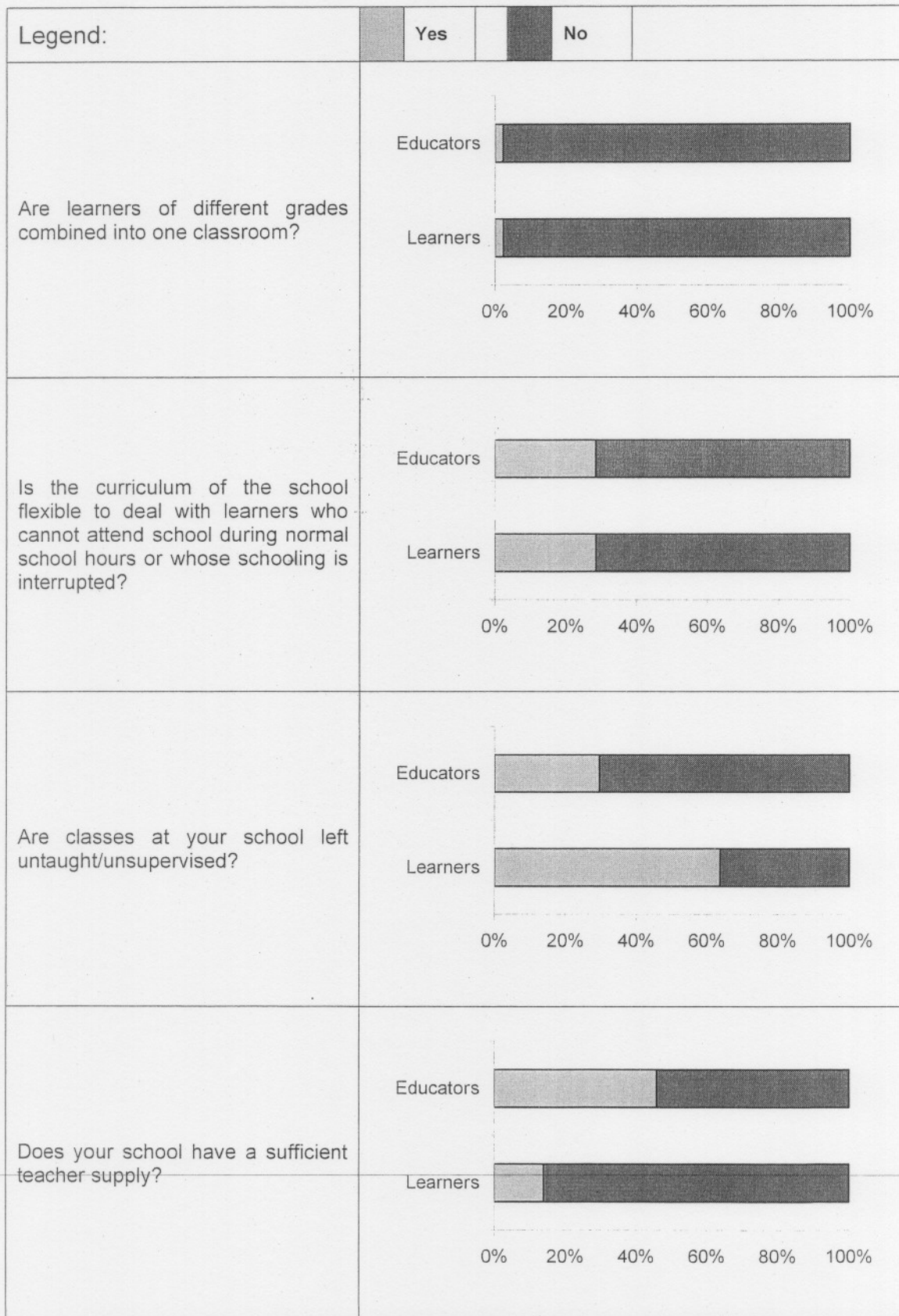


As indicated earlier (*cf.* 4.2.4.8), the ideal teaching and learning situation should always reflect all the indicated prerequisites for effective teaching and learning. The responses of both the educators and the learners indicate an absence of these prerequisites in the classroom.



#### 4.4.15 Measures to curb the effects of HIV/AIDS

Figure 4.24: Measures to curb the effects of HIV/AIDS



<p>Are posts at your school filled timorously?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis is labeled from 0% to 100% in 20% increments. For Educators, the light grey segment represents approximately 38% and the dark grey segment represents approximately 62%. For Learners, the light grey segment represents approximately 12% and the dark grey segment represents approximately 88%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Grey (%)</th> <th>Dark Grey (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>38</td> <td>62</td> </tr> <tr> <td>Learners</td> <td>12</td> <td>88</td> </tr> </tbody> </table>	Group	Light Grey (%)	Dark Grey (%)	Educators	38	62	Learners	12	88
Group	Light Grey (%)	Dark Grey (%)								
Educators	38	62								
Learners	12	88								
<p>Are staff development programmes in place for educators who have to cope with heavy workloads and/or low morale?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis is labeled from 0% to 100% in 20% increments. For Educators, the light grey segment represents approximately 38% and the dark grey segment represents approximately 62%. For Learners, the light grey segment represents approximately 12% and the dark grey segment represents approximately 88%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Grey (%)</th> <th>Dark Grey (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>38</td> <td>62</td> </tr> <tr> <td>Learners</td> <td>12</td> <td>88</td> </tr> </tbody> </table>	Group	Light Grey (%)	Dark Grey (%)	Educators	38	62	Learners	12	88
Group	Light Grey (%)	Dark Grey (%)								
Educators	38	62								
Learners	12	88								
<p>Does the curriculum teach learners how to handle the emotional changes that occur during puberty and adolescence?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis is labeled from 0% to 100% in 20% increments. For Educators, the light grey segment represents approximately 50% and the dark grey segment represents approximately 50%. For Learners, the light grey segment represents approximately 12% and the dark grey segment represents approximately 88%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Grey (%)</th> <th>Dark Grey (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>50</td> <td>50</td> </tr> <tr> <td>Learners</td> <td>12</td> <td>88</td> </tr> </tbody> </table>	Group	Light Grey (%)	Dark Grey (%)	Educators	50	50	Learners	12	88
Group	Light Grey (%)	Dark Grey (%)								
Educators	50	50								
Learners	12	88								
<p>Does the curriculum focus on promoting abstinence from sexual activities?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis is labeled from 0% to 100% in 20% increments. For Educators, the light grey segment represents approximately 55% and the dark grey segment represents approximately 45%. For Learners, the light grey segment represents approximately 12% and the dark grey segment represents approximately 88%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Grey (%)</th> <th>Dark Grey (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>55</td> <td>45</td> </tr> <tr> <td>Learners</td> <td>12</td> <td>88</td> </tr> </tbody> </table>	Group	Light Grey (%)	Dark Grey (%)	Educators	55	45	Learners	12	88
Group	Light Grey (%)	Dark Grey (%)								
Educators	55	45								
Learners	12	88								

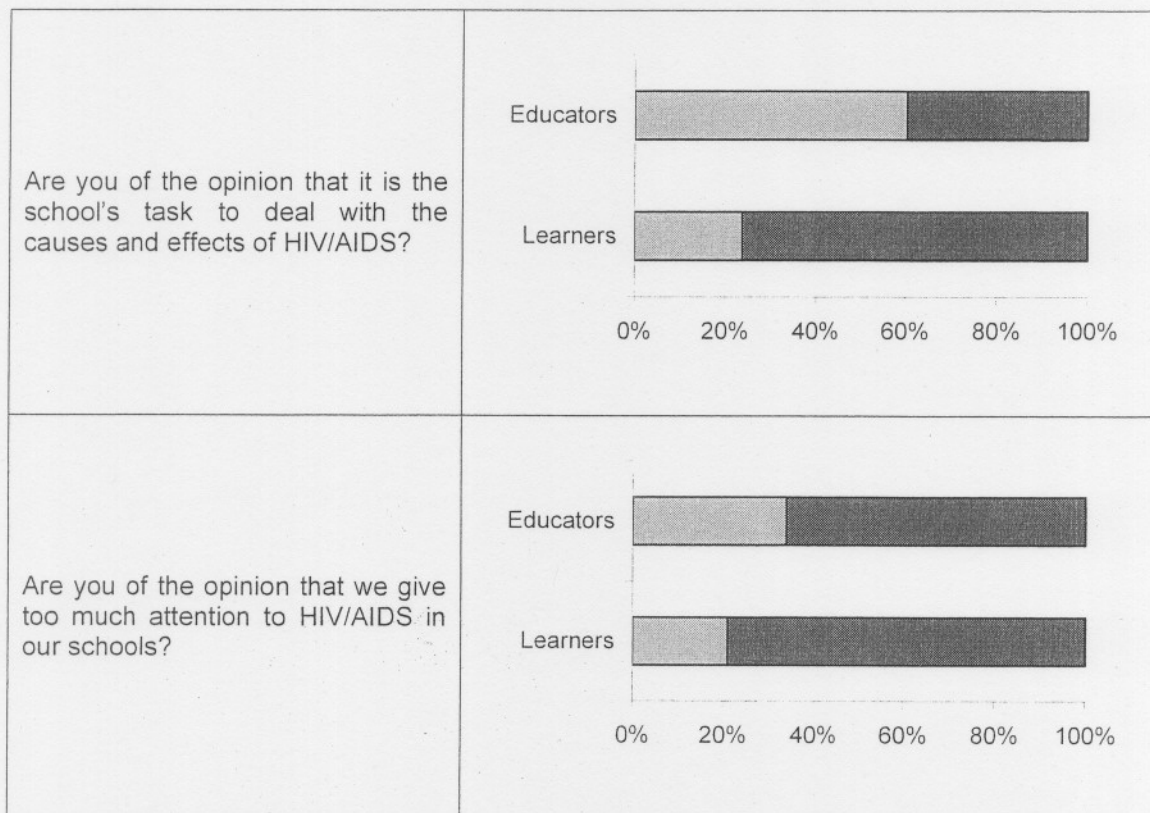


<p>Does the curriculum focus on promoting a delay in taking part in sexual activities?</p>	<p>A stacked bar chart with two bars: 'Educators' and 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. The 'Educators' bar is divided into a light gray segment (approx. 50%) and a dark gray segment (approx. 50%). The 'Learners' bar is divided into a light gray segment (approx. 10%) and a dark gray segment (approx. 90%).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>50</td> <td>50</td> </tr> <tr> <td>Learners</td> <td>10</td> <td>90</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	50	50	Learners	10	90
Group	Light Gray (%)	Dark Gray (%)								
Educators	50	50								
Learners	10	90								
<p>Are topics on HIV/AIDS infused into carrier subjects: Biology, Life Orientation and Health Education?</p>	<p>A stacked bar chart with two bars: 'Educators' and 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. The 'Educators' bar is divided into a light gray segment (approx. 75%) and a dark gray segment (approx. 25%). The 'Learners' bar is divided into a light gray segment (approx. 15%) and a dark gray segment (approx. 85%).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>75</td> <td>25</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	75	25	Learners	15	85
Group	Light Gray (%)	Dark Gray (%)								
Educators	75	25								
Learners	15	85								
<p>Are topics of HIV/AIDS well taught?</p>	<p>A stacked bar chart with two bars: 'Educators' and 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. The 'Educators' bar is divided into a light gray segment (approx. 55%) and a dark gray segment (approx. 45%). The 'Learners' bar is divided into a light gray segment (approx. 15%) and a dark gray segment (approx. 85%).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>55</td> <td>45</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	55	45	Learners	15	85
Group	Light Gray (%)	Dark Gray (%)								
Educators	55	45								
Learners	15	85								
<p>Is there an in-depth coverage of HIV/AIDS topics?</p>	<p>A stacked bar chart with two bars: 'Educators' and 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. The 'Educators' bar is divided into a light gray segment (approx. 45%) and a dark gray segment (approx. 55%). The 'Learners' bar is divided into a light gray segment (approx. 10%) and a dark gray segment (approx. 90%).</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>45</td> <td>55</td> </tr> <tr> <td>Learners</td> <td>10</td> <td>90</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	45	55	Learners	10	90
Group	Light Gray (%)	Dark Gray (%)								
Educators	45	55								
Learners	10	90								

<p>Are extra-curricular activities planned to address HIV/AIDS?</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>45</td> <td>55</td> </tr> <tr> <td>Learners</td> <td>10</td> <td>90</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	45	55	Learners	10	90
Group	Light Gray (%)	Dark Gray (%)								
Educators	45	55								
Learners	10	90								
<p>Are school-based activities eg. School health programmes, guidance and counseling arranged to address HIV/AIDS?</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>50</td> <td>50</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	50	50	Learners	15	85
Group	Light Gray (%)	Dark Gray (%)								
Educators	50	50								
Learners	15	85								
<p>Are intensive pre-service and/or in-service training programmes for HIV/AIDS implemented?</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>55</td> <td>45</td> </tr> <tr> <td>Learners</td> <td>10</td> <td>90</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	55	45	Learners	10	90
Group	Light Gray (%)	Dark Gray (%)								
Educators	55	45								
Learners	10	90								
<p>Do educators feel confident to teach HIV/AIDS topics?</p>	<table border="1"> <thead> <tr> <th>Group</th> <th>Light Gray (%)</th> <th>Dark Gray (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>55</td> <td>45</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Light Gray (%)	Dark Gray (%)	Educators	55	45	Learners	15	85
Group	Light Gray (%)	Dark Gray (%)								
Educators	55	45								
Learners	15	85								

<p>Are strict measures in place to deal with staff members who are involved in sexual harassment of learners?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. For Educators, the light grey segment (representing 'Yes') is approximately 65%, and the dark grey segment (representing 'No') is approximately 35%. For Learners, the light grey segment is approximately 15%, and the dark grey segment is approximately 85%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Yes (%)</th> <th>No (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>65</td> <td>35</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Yes (%)	No (%)	Educators	65	35	Learners	15	85
Group	Yes (%)	No (%)								
Educators	65	35								
Learners	15	85								
<p>Are strict measures in place to deal with love relationships between learners and educators?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. For Educators, the light grey segment (representing 'Yes') is approximately 70%, and the dark grey segment (representing 'No') is approximately 30%. For Learners, the light grey segment is approximately 15%, and the dark grey segment is approximately 85%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Yes (%)</th> <th>No (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>70</td> <td>30</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Yes (%)	No (%)	Educators	70	30	Learners	15	85
Group	Yes (%)	No (%)								
Educators	70	30								
Learners	15	85								
<p>Are strict measures in place to deal with educators who are frequently absent?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. For Educators, the light grey segment (representing 'Yes') is approximately 65%, and the dark grey segment (representing 'No') is approximately 35%. For Learners, the light grey segment is approximately 15%, and the dark grey segment is approximately 85%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Yes (%)</th> <th>No (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>65</td> <td>35</td> </tr> <tr> <td>Learners</td> <td>15</td> <td>85</td> </tr> </tbody> </table>	Group	Yes (%)	No (%)	Educators	65	35	Learners	15	85
Group	Yes (%)	No (%)								
Educators	65	35								
Learners	15	85								
<p>Does your school offer a feeding scheme?</p>	<p>A stacked bar chart with two bars. The top bar is for 'Educators' and the bottom bar is for 'Learners'. The x-axis represents percentages from 0% to 100% in 20% increments. For Educators, the light grey segment (representing 'Yes') is approximately 20%, and the dark grey segment (representing 'No') is approximately 80%. For Learners, the light grey segment is approximately 10%, and the dark grey segment is approximately 90%.</p> <table border="1"> <thead> <tr> <th>Group</th> <th>Yes (%)</th> <th>No (%)</th> </tr> </thead> <tbody> <tr> <td>Educators</td> <td>20</td> <td>80</td> </tr> <tr> <td>Learners</td> <td>10</td> <td>90</td> </tr> </tbody> </table>	Group	Yes (%)	No (%)	Educators	20	80	Learners	10	90
Group	Yes (%)	No (%)								
Educators	20	80								
Learners	10	90								





The responses of both the learners and the educators indicate a very gloomy picture. Given the negative effects of HIV/AIDS on teaching and learning that have been highlighted so far, it is quite disturbing to discover that schools do not have measures in place to assist, guide and support educators or learners who are infected or affected by the pandemic.

#### 4.5 SUMMARY

Although it appears as if educators tend to avoid or disguise the HIV/AIDS reality more than the learners appear to do, the responses of both learners and educators indicate a devastating impact on teaching and learning (*cf.* 4.4.8). It could thus be assumed that if there is a detrimental effect on teaching and learning, the negative effect would definitely have a ripple effect on other spheres of life as well. This ripple effect is clearly visible in the reported negative and devastating effects that HIV/AIDS have for learners and educators.

#### **4.5.1 The effects of HIV/AIDS on learners**

The negative impact of HIV/AIDS on learners and their academic progress is clear from the aforementioned analysis.

The high rate of teacher absence due to HIV/AIDS and no replacement of staff imply a discontinuation of teaching and learning, and a teaching and learning situation in which the prerequisites for effective teaching and learning are not met. This leaves learners dissatisfied with their academic progress.

Furthermore, the impact of HIV/AIDS on the personal life and circumstances of the learners is evident. Stress reactions, manifestations of depression and aids-related illnesses are at the order of the day. In addition to this, learners find themselves in home situations without parents or living with parents and family members who are ill. They become responsible for households and sacrifice valuable study time to take care of the sick and household responsibilities. Due to the illnesses, family income drops. The caretaking of sick family members causes financial drain, often forcing learners to drop out of school because they cannot afford school fees and cannot obtain necessities needed for school work. A lack of money also implies that basic needs, for example proper nutrition and adequate clothing, are not met. Poor nutrition results in poor health and an inability to concentrate and pay attention. Another outflow of the difficult home situation of the learner is the valuable study time the learners sacrifice to have the time necessary to take care of the family.

It is not encouraging to become aware of the fact that learners are involved in sexual harassment by and love relationships with educators. It appears as if the stressful home situation leaves them vulnerable and makes them easy targets.

The unfavourable circumstances at school and home are furthermore encouraged by the indication given that very little is done by schools to curb the negative effects of HIV/AIDS. The data analysis also indicates that poor academic performance due to AIDS-related diseases contributes to the ineffective teaching and learning conditions the learners are experiencing.

#### **4.5.2 The effects of HIV/AIDS on educators**

The following can be deduced from the responses regarding the effects of HIV/AIDS on educators.

It appears as if learners and educators have different opinions regarding their awareness of educators currently affected by HIV/AIDS. Although educators indicate no current awareness of colleagues affected by HIV/AIDS, quite a high percentage rate of male (57.1) and female (44.1) mortality is indicated for 2003. This, however, corresponds with the indication of personal illness as a major reason for absence at school and the extra workload that has to be carried by educators. The learners indicate that they are aware of educators who are absent due to HIV/AIDS and that these educators are not replaced by substitutes.

The infected, absent teacher affects his/her colleagues by leaving them to cope with an extra workload and additional responsibilities, causing low morale, frustration, stress and depression.

#### **4.5.3 The effects of HIV/AIDS on teaching and learning**

This research indicates that the unfavourable home situation of many learners in which needs for security and self-actualization are not met will impede their academic progress.

Failure to replace absent educators impacts on the continuity of teaching and learning. In turn, educators carrying an extra workload become frustrated, stressed and depressed, which impacts on the quality of their teaching delivery.

The critical prerequisites for teaching and learning are not met, according to both the educators and the learners. Educator preparation, classroom organization and control, the flow of learning, interaction with learners and the quality of assistance provided to learners are affected when teachers fall ill, are absent for long periods or are not replaced with substitutes.

In addition to this, schools do not have measures in place to curb the negative effects of HIV/AIDS on teaching and learning. Schools do not have sufficient educators and therefore classes are often left untaught and unsupervised. Educators who have to carry extra workloads need support to help them cope and uplift their morale. Assistance and support are also necessary for those educators who themselves are infected or for those who have family members who are infected, placing an extra burden of additional responsibilities on them.

It is evident that schools need to do more to infuse HIV/AIDS awareness in curricular and extra-curricular activities. Learners who are infected or affected by HIV/AIDS are in need of guidance and support to help them cope with their difficult home circumstances and their academic work, which is often neglected due to additional responsibilities at home and taking care of the sick.

#### **4.6 CONCLUSION**

This chapter focussed on the analysis and interpretation of data gathered through an empirical study. The next chapter will focus on the findings of the research and recommendations for future research will be indicated.

## CHAPTER FIVE

### FINDINGS, RECOMMENDATIONS and CONCLUSIONS

#### 5.1 INTRODUCTION

In this chapter, the findings of the study will be discussed. The findings from the literature review will be compared with the findings of the empirical study. The chapter will conclude with recommendations to assist schools in dealing more effectively with the HIV/AIDS pandemic.

#### 5.2 FINDINGS FROM THE LITERATURE REVIEW

##### 5.2.1 The effects of HIV/AIDS on learners

The Human Sciences Research Council together with the Medical Research Council revealed that the HIV/AIDS prevalence rate is at 14,9% in the Free State, which is the highest in South Africa. Given this situation, the researcher became concerned about what the quality of teaching and learning under these circumstances would be. This concern formed the departure point of the study.

Literature revealed that children are affected and infected by HIV/AIDS. Infected children have to battle the symptoms of various illnesses including diminishing strength and advancing death (Ebersohn & Eloff, 2002:77). Affected children are required to adapt to the demands of losing a parent and family members and deepening poverty.

With regard to learners who are affected, Hooper-Box (2002:1) states: "South Africa is sitting on an AIDS orphan time bomb up to three million children will be orphaned within the next ten years" and school drop-out rates can be expected to increase.

Beresford (2002:6), Ebersohn & Eloff (2002:78), Hooper-Box (2002:1) and Mohlale (2002:29) indicate that HIV/AIDS affects learners in various ways.



- **Health effects.** Children living in infected communities suffer from poor nutrition and ill health, and show signs of failure to strive towards success. With infected children common illnesses such as diarrhoea and pneumonia are more severe, frequent and persistent.
- **Family life effects.** Children are traumatized by losing those who should be nurturing them, first to illness and then to death. They also lose their chance of a secure future as AIDS drains the financial resources of the family, pushing them out of schooling and into the role of family provider and caretaker. A common consequence of strain and pressure on households is a drastic reduction in the family's ability to care for and protect its children, who become prey to neglect and abuse. The child has to cope with the mental trauma of caring for a sick relative who ultimately passes away.
- **Welfare effects.** On account of poor health, productive family members are often unable to continue work. This leaves families impoverished and rendered more vulnerable to the cost of illness and care. Their meagre funds are used to buy local medicines, leaving less money for food, housing, clothing and education.
- **Educational effects.** A marked decline in school attendance is evident, as well as an inability to pay for school fees and for school uniforms and other necessities. Apart from the distress felt by children, malnutrition is definitely linked to physical and mental damage in developing bodies.
- **Psychosocial effects.** This includes coping with grief, loss of identity, coping with shame, stigmatization and fear of abandonment, rejection and death. Low morale is part of a school culture imbued with the effects of HIV/AIDS.

### 5.2.2 The effects of HIV/AIDS on educators

According to the literature, the effects of HIV/AIDS on educators is just as alarming as its effects on learners. Teacher deaths due to HIV/AIDS have rocketed (Govender, 2001:1). According to Pretorius (2002:6) "Educators'

deaths deprived an estimated 860 000 children of educators in 1999.” Educators are often absent from school due to personal illness and also due to funerals and personal matters that have to be taken care of when family members or relatives become infected with HIV/AIDS. Absenteeism is a big problem at school because it makes lesson continuity impossible and impedes the quality of education. It forces those educators who are present to be overloaded with school work and faced with stress, depression and demotivation. They also have to come to terms with grief, loss of identity, coping with shame, stigmatization and fear of abandonment, rejection and death when they themselves become infected or when family and relatives become infected.

### **5.2.3 The effects of HIV/AIDS on teaching and learning**

AIDS affects the access to and quality of education for all children both economically and emotionally, with ramifications on their physical and psychological health.

- **Effects on quality education.** High mortality rates among educators have a serious impact on the quality of education. Often schools are forced to combine learners in different grades into one classroom. Educational quality is negatively affected in HIV/AIDS-affected areas by the loss of experienced educators, the decreasing supply of trained educators and the loss of teacher productivity. When educators become ill, their capacity diminishes, further limiting the quality of instruction. They are often forced to take long absences to recuperate from illnesses. Since substitute educators are rare, classes are often suspended. When educators are able to attend classes, the emotional stress is traumatic and lesson preparation, homework correction and classroom interaction are often a last priority (Kelly, 2000a:18).
- **Deterring school enrolment.** Adults question the value of basic education if the children will eventually succumb to the disease before they receive the economic benefits of their education. In addition, educational materials are scarce, educators often absent and the learning environment

disorganized. Due to the loss of income and the high cost for health care and medication, HIV/AIDS-affected families cannot afford to send children to school. The neglect of childrens' basic needs results in stunted growth and an overall decline in health, contributing to lower school enrolment rates. To supplement household incomes, children may drop out of school and engage in income-generating activities, making them vulnerable to sexual and physical exploitation and HIV contraction (Hepburn, 2002:95). Children in AIDS-affected households delay or drop out of school because they are expected to assume the responsibility of caring for the sick and/or siblings.

### **5.3 FINDINGS FROM THE EMPIRICAL RESEARCH**

Although not all aspects regarding the effects of HIV/AIDS indicated by the literature were examined in the research, it can be deduced from the responses that the perceptions of educators and learners regarding the impact of HIV/AIDS reinforced the findings in the literature. The reality of HIV/AIDS is sinister (Theron, 2005:59). Attrition and mortality rates of learners and educators, poor home circumstances which learners are exposed to and poor quality teaching and learning environments form part of this reality (*cf.* 4.2.1.3, 4.2.4.8, 4.3.3.12, 4.3.4.8). The perceptions of learners as well as educators are in line with this reality. In chapter four the majority of the learners and educators clearly articulate that HIV/AIDS has a devastating impact on their lives. Their perception of the bleakness of the impact on education due to the fact that no measures are in place to curb the negative effects of the HIV/AIDS pandemic, is a point of concern.

The majority of respondents indicate that the absence of educators through illness or personal matters is hampering the progress of the school (*cf.* 4.4.9). Educators who are absent from school for a period of time and are not replaced or substituted cause a lot of stress and depression for their colleagues (*cf.* 4.3.2.9). Fellow educators have to cope with extra work. Thus overloading them and prohibiting them from performing perfectly. The learners' progress is impeded by the absent teacher. Their work lacks

continuity. They themselves also contribute to this dilemma by being absent from school (*cf.* 4.3.3.10).

The workoverload demotivates educators, and as a result, the learners are not well taught or they are left unattended. This could prompt learners to be absent from school, which exposes them to all kinds of abuse in their community.

Most of the schools do not have measures in place to curb the negative effects of HIV/AIDS on teaching and learning (*cf.* 4.3.5, 4.4.15). Nothing is being done about the reported and unreported educators who are sexually harassing the learners. Some learners keep quiet about this issue because they enjoy some tips from the educators. This pattern also accelerates the rate of HIV/AIDS.

#### **5.4 FINDINGS IN RELATION TO THE RESEARCH QUESTIONS**

In Chapter 1, three research questions which ultimately became the aims of the study, were posed. After the completion of the research, the researcher is able to provide answers to all three the questions.

##### **5.4.1 The extent of the effects of HIV/AIDS on educators and learners.**

The research indicates that the extent of the impact is quite considerable and comprehensive (*cf.* 2.2, 2.3, 4.2.2, 4.2.3). This refers to, *inter alia*, effects regarding health, family life, welfare, education, and psychosocial well-being and orphanhood.

##### **5.4.2 The extent of the effects of HIV/AIDS on the teaching and learning situation.**

The study points out that educational quality is severely affected (*cf.* 2.4.4). The following is at the order of the day: family skepticism regarding the value of primary education, lack of affordable schooling, school drop-out, malnutrition affecting learner concentration, increased family responsibilities for learners and educators which affects motivation and leads to stress and depression.

### **5.4.3 Measures to curb the negative effects of HIV/AIDS on the teaching and learning situation.**

The school curricula are not flexible enough to cope with learners who cannot attend school during normal school hours or whose schooling is interrupted (*cf.* 4.2.5, 4.3.5). Classes are often left untaught or unsupervised, and posts are not filled in good time. Staffs have to cope with heavy workloads and the majority of schools do not prepare learners adequately to deal with HIV/AIDS, whether by means of in-service or pre-service programmes. There are no strict measures in place to deal with sexual harassment and love relationships between educators and learners. The abovementioned aspects clearly indicate that measures to curb the negative effects of HIV/AIDS are not in place.

## **5.5 RECOMMENDATIONS**

In the light of the grim statistics and the findings in the literature and the empirical research, the following recommendations are made.

### **5.5.1 Recommendations regarding learners**

For Ntsaluba (quoted by Munusamy, 2002:4) and Mohlala (2002:10) education forms part of the government's social cluster and they must consider increasing resources to care for AIDS orphans and households burdened with HIV-related illnesses.

### **5.5.2 Recommendations regarding educators**

According to Pretorius (2002:6), new educators will have to be trained in the next eight years to meet the demand. The current output is about 20 000.

Due to the fact that HIV/AIDS is not classified as a reportable disease and because the victims, due to the danger of stigmatizing, often hide their infected status, it is impossible to determine the real infection rates. With regard to this Sykes, (quoted by Swanepoel, 2002:13) proposes the implementation of confidential voluntary tests in order to determine the infection rates and to take supportive steps to address the problem.

According to Theron (2005:59), educators need to be empowered in three ways to deal with the reality of HIV/AIDS themselves:

- to empower educators to cope with the anticipated adjustments by providing staff development plans and workshops focusing on resilience and coping skills;
- to provide educators with projected statistics of teacher attrition and morbidity in order to discourage denial of the reality and acceptance of the fact that the remaining educators will need to make professional and personal adjustments; and
- to continue to provide communication about the facts and myths of HIV - transmission, thereby addressing teacher fears for personal safety.

### **5.5.3 Recommendations regarding teaching and learning**

In order to create a responsive education system that is sensitive to the needs of HIV/AIDS-affected and infected learners and educators there is a need to:

- revise the role and the content of the curriculum to integrate HIV/AIDS education material;
- help learners to avoid risky sexual behaviour: schools should integrate instruction and activities on important life skills that promote positive social behaviour, eliminate AIDS-related stigma, and break the silence surrounding HIV/AIDS (UNAIDS, 1997:23);
- explore ways to decrease the HIV-transmission risk between learners, educators and others.
- revise the organization of the schools, taking into account the variable needs of students by adopting a more flexible calendar and curriculum;
- reach out to learners who are unable to attend government schools by means of community schooling and interactive radio education (Hepburn, 2002:94); and

- explore cost-effective community based initiatives. National and community leaders must explore cost-effective and sustainable initiatives to increase school participation in AIDS-affected areas at grass-roots level, utilizing local resources, and promoting better educational access at the national level.

According to Theron (2005:59), the following can assist in dealing with the effects of HIV/AIDS on teaching and learning:

- Educators should be empowered in a practical way by considering a policy of rotating educators: schools could employ experienced rotating educators whose primary responsibility would be to alleviate workloads created by ill educators, and lessen educators' perception that their circumstances are beyond control.

A concerted effort should be made to improve the quality of life of educators and learners with HIV/AIDS through:

- a free counselling service and related support to all concerned;
- access to anonymous and confidential HIV- testing on a voluntary basis;
- fair treatment and respect of confidentiality and privacy to those affected;
- greater awareness and knowledge of HIV/AIDS among all educators and learners and their families;
- intergration of learning areas with HIV/AIDS topics such as AIDS education at public schools and farm schools through dance, drama and songs;
- overhauling and improving the Department of Education's database management systems to identify and quantify the demand and supply of specific skills; and
- the initiation of a comprehensive programme of prevention, treatment of opportunistic infections and antiretroviral therapy by the Department of Education (Carr-Hill *et al.*, 2002:63).

## **5.6 SUGGESTIONS FOR FURTHER RESEARCH**

The following are possible research topics related to the completed research.

- The effects of voluntary testing and counselling services, and a range of care and support services focusing on families and children orphaned through the AIDS related death of their parents.
- A prevention, treatment, care and access programme for educators.
- The responsibilities of the Department of Education concerning HIV/AIDS-infected and affected educators.
- The establishment of School Home-Based and Community-Based Care programmes for people with HIV/AIDS.
- The development of programmes to promote teacher and learner wellness at schools.
- The impact of a flexible curriculum on the academic performance of HIV/AIDS -infected learners.
- The impact of teacher empowerment programmes in dealing with the effects of HIV/AIDS at schools.
- An independent in-depth study on the incidence and impact of HIV/AIDS among educators and learners to understand the impact on teaching and learning and the teaching profession.

## **5.7 LIMITATIONS OF THE STUDY**

The external validity of the research project needs to be enhanced in the sense that it yields results with broader applicability. This could be achieved by conducting a similar study in a different context in order to verify the findings of this particular research.



## 5.8 CONCLUSION

In light of the findings obtained from this research, which highlight the seriousness of the pandemic and its detrimental effects on educators, learners and the teaching and learning situation, it is inevitable that measures need to be put in place to curb the negative effects thereof.

*“Education in a world with AIDS must be different from education in an AIDS-free world. The content, process, methodology, role and organization of school education in a world with HIV/AIDS have to be radically altered. The entire educational edifice has to be taken down, every brick examined and where necessary re-shaped before being used in the new structure that has not been designed ” (Kelly, 2000b.)*

## BIBLIOGRAPHY

ACADEMIC CONSULTING SERVICES. 2005. Types of reliability. [Web:] <http://www.socialresearchmethods.net> [Date of access: 7 July 2005].

AIDS STATISTICS. 2002. Aids Statistics: deaths of adults and children in Africa. [Web:] <http://www.avert.org/subadeaths.htm>. [Date of access: 15 May 2002].

ATEKA, G.K. 1989. HIV/AIDS: Global Impact and Human Rights – A Southern African Perspective. *AIDS Scan*, 12(2):3-6, June/July.

BADCOCK-WALTERS, P., DESMOND, C., WILSON, P. & HEARD, W. 2003. Eucator Mortality. In-Service in Kwa-Zulu Natal. [Web:] <http://www.iaen.org>. [Date of access: 10 July 2003].

BENNEL, P., HYDE, K. & SAWINSON, N. 2002. The impact of the HIV/AIDS Epidemic on the Education Sector in Sub-Saharan Africa. A Synthesis of the findings and recommendations of Sussex Institution of Education. 104 p.

BERESFORD, B. 2002. A lost generation. *Mail and Guardian*:6, October 4.

BRÜMMER, W. 2003. Trauma maai onder S.A. kinders. *Beeld*:8, Mei 27.

CARR-HILL, R. 2002. The impact of HIV/AIDS on Education and Institutionalizing Preventive Education. Paris : International Institute for Education Planning. 70 p.

CARR-HILL, R., KATABARO, K.J., KATAHOIRE, A.R. & DULAI, D. 2002. The impact of HIV/AIDS on Education and Institutionalising Preventive Education. UNESCO.

CHIPIFAKACHA, V. G. 1997. "STD/HIV/AIDS Knowledge, Beliefs, and Practices of Traditional Healers in Botswana." *AIDS Care*, 4:417-25.

COHEN, D. 2002. HIV and Education in Sub-Saharan Africa : Responding to the impact. *Perspectives in Education*, 20(2):13-24, July.

COOMBE, C. 2000a. "Keeping the Education System Healthy: Managing the Impact of HIV/AIDS on Education in South Africa." *Current Issues in Comparative Education*. [Web:] [www.tc.columbia.edu/cice/vol03nrl/ccartl.htm](http://www.tc.columbia.edu/cice/vol03nrl/ccartl.htm) [Date of access: 15 May 2003].

COOMBE, C. 2000b. Managing the Impact of HIV/AIDS on Education: asking the right questions. [Web:] <http://www.iaen.org> [Date of access: 15 May 2003].

COOMBE, C. & KELLY, M. 2001. Education as a Vehicle for Combating HIV/AIDS." *UNESCO Prospects*, 31(3):435-45.

DANIELS, V. G. 1985. *The Acquired Immune Deficiency Syndrome*. New Jersey : MTP Press. 188 p.

DE VOS, A.S. 2002. *Research at Grass Roots. For the Social Sciences and Human Service Professions*. Pretoria : Van Schaik. 493 p.

DU PLESSIS, E. 1999. Die sosio-ekonomiese impak van VIGS. *Woord en Daad*: 17-19, April.

DEPARTMENT of Education. **See** SOUTH AFRICA. Department of Education.

EARL-TAYLOR, M. 2002. HIV/AIDS and Child rape in South Africa. [Web:] <http://www.avert.childdrapesafrica.htm> [Date of access: 15 May 2002].

EBERSON, L. & ELOFF, I. 2002. The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in Education*, 20(2):77-86, July.

EDUCATION DEVELOPMENT CENTER, Inc. 2000. *Final Report, Global Forum on the Impact of HIV/AIDS on Education Systems : Focus on Africa*. Lusaka, Zambia : Education Development Center. 10 p.

FREDERIKSON, J. & BERRY, S. 2002. South Africa HIV/AIDS Statistics. [Web:] <http://www.avert.org.saficastats.htm>. [Date of access: 15 May 2003].

- GALL, M. D., BORG, W. R. & GALL, J. P. 1996. Educational Research. N.Y. : Longman Publishers USA. 186 p.
- GOVENDER, P. 2001. AIDS wipes out SA's educators. *Sunday Times*:4 November 1.
- GREEN, J. I. & MILLER, D. 1986. AIDS the story of disease. British Library cataloguing in Publication data. 151 p.
- GRINELL, R.M. & WILLIAMS, M. 1990. Research in Social Work : A Primer. Itasca IL : Peacock. 55 p.
- HAWES, H. & COOMBE, T. 1986. Education priorities and aid responses in Sub-Saharan Africa. London : H.M.S.O. 11 p.
- HEPBURN, A. 2002. Increasing primary education access for children in Aids-affected areas. *Perspectives in Education*, 20(2):87-97.
- HEPBURN, H. 2001. Primary Education in Eastern and Southern Africa: Increasing Access for Orphans and Vulnerable Children in AIDS-Affected Areas. Displaced Children and Orphans Fund. [Web:] [http://www.usaid.gov/pop\\_health/dcofwvf/reports/Hepburn.html](http://www.usaid.gov/pop_health/dcofwvf/reports/Hepburn.html) [Date of access: 15 May 2003].
- HEPBURN, M. A. 1983. Democratic education in schools and classrooms. Washington, D. C. : National Council for the Social Studies. 2 p.
- HOOPER-BOX, C. 2002. Aids Orphans Time Bomb. *The Sunday Independent*:1, October 6.
- HUMAN RIGHTS WATCH. 2001. Coping with HIV/AIDS in Education. Case Studies of Kenya and Tanzania. London : Formara Ltd. 67 p.
- JUMA, N. 2001. Coping with HIV/AIDS in education: case studies of Kenya and Tanzania. London : Commonwealth Secretariat. 80 p.
- KEETON, C. 2002. Spectre of Aids haunts starving region. *Sunday Times*:35, November 24.

KELLY, A. V. 1996. Early childhood education: a developmental curriculum. 2<sup>nd</sup> edition. London : Paul Chapman. 9 p.

KELLY, M. J. 1999. The Impact of HIV/AIDS on Schooling in Zambia. (Paper presented at the 11th International Conference on AIDS and STDs in Africa, in May 2003.) Lusaka, Zambia. 6 p. (Unpublished.)

KELLY, M. J. 2000a. Planning for Education in the Context of HIV/AIDS. International Institute for Educational Planning. Paris, France : UNESCO. 16 p.

KELLY, M. J. 2000b. Standing Education on Its Head; Aspects of Schooling in a World with HIV/AIDS. [Web:] [www.tc.columbia.edu/cice/vol03nr1/mkart1.htm](http://www.tc.columbia.edu/cice/vol03nr1/mkart1.htm) [Date of access: 15 May 2003].

KELLY, M. J. 2000c. The Encounter between HIV/AIDS and Education. Harare, Zimbabwe : UNESCO. 25 p.

KELLY, M. J. 2000d. HIV/AIDS and Education in Eastern and Southern Africa. The Leadership challenge and the Way Forward. African Development Forum. 10 p.

KELLY, M. J. 2001. Challenging the Challenger : Understanding and Expanding the Response of Universities in Africa to HIV/AIDS. ADEA and World Bank. A Synthesis Report for the Working Group on Higher Education (WGHE). France : Association for the Development of Education. 15 p.

KELLY, M.J. 2002. Preventing HIV Transmission through Education. *Perspectives in Education*, 20(2):1-12, July.

KHOZA, V. 2002. Schools:safe havens or sites of violence. *Agenda*, 53:75-80.

KRUGER, A. & MIKAEL, L. 2000. "Education for Growth: why and for Whom?" Working Paper Series. Cambridge, Massachusetts : National Bureau of Economic Research. 105 p.

KRUGER, A. G. 1997. Classroom management. 2<sup>nd</sup> edition. Pretoria : Van Schaik. 73 p.

LEEDY, P. D. 1997. Practical research: planning and design. 6<sup>th</sup> edition. New Jersey : Merrill. 243 p.

LEEDY, P.D. & ORMROD, J.E. 2005. Practical research:planning and design. 8th edition. New Jersey : Prentice Hall. 308 p.

LOUW, N., EDWARDS, D. & ORR, J. 2001. HIV/AIDS: Care and support of affected and infected learners. A Guide for Educators. Pretoria : Government Printer. 105 p.

MAILE, S. 2003. Legal aspects of the disclosure of HIV serostatus by educators. *South African Journal of Education*, 23(1):78-83, February.

MALANEY, P. 2002. The impact of HIV/AIDS on the Education Sector in Southern Africa. (CAER II Discussion Paper no. 81, August 2002). [Web:] <http://www.iaen.org> [Date of access: 15 May 2003].

MOHLALA, T. 2002. A Helping Hand for AIDS Orphans. *Mail and Guardian*:29, October 4.

MONARE, M. 2003. All educators to be tested for HIV. *Sunday Times*:21, July.

MUNUSAMY, R. 2002. HIV Statistics influence Policy Rethink. *Sunday Times*:4, November 24.

MWASE, C. 2000. Schooling cannot be sacrificed. *Children FIRST*, 4(31):23-25, June/July.

MWU – Solidarity. 2002. AIDS policy of MWU solidarity. Centurion : MWU. 12 p.

ORNSTEIN, A. C. 1990. Teaching and Learning. Hillsdale, New Jersey : Erlbaum. 600 p.

PRETORIUS, C. 2002. Aids Pandemic killing Africa's Educators. *Sunday Times*:6, May 12.

RAATH, H. 2001. Riglyne vir die maatskaplikewerkhantering van die psigo-sosiale behoeftes van MIV/VIGS blootgestelde adolessente. Potchefstroom : PU vir CHO. (Verhandeling - MA Maatskaplike werk.) 155 p.

RUGALEMA, G. & KHANYE, V. 2002. Mainstreaming HIV/AIDS in the education systems in Sub-Saharan Africa:Some preliminary insights. *Perspectives in Education*, 20(2):26-36, July.

SANDERS, F.N. 2001. Education. The heart of the issue. What impact will HIV/AIDS have on the education system in South Africa? *Archimedes*, 43:39-41.

SHAEFFER, S. 1994. "The Impact of HIV/AIDS on Education: A review of literature and Experience." Paris : UNESCO. 62 p.

SHELL, R.C. & ZEITLIN, R. 2001. Positive Outcomes: The chances of acquiring HIV/AIDS during the school-going years in Eastern Cape, 1990-2000. Rhodes University : The Population Research Unit. 100 p.

SIBANDA, M. 2001. The Aids Statistics are grim. *New Agenda*, 2:96-101, Summer.

SOUTH AFRICA. Department of Education. 2002 Beyond Advocacy. (Paper delivered at the Educators Conference 26-29 March 2002.) Pretoria : Government Printer. 205 p. (Unpublished.)

STAFF REPORTER. 2003a. Tackling Aids heads on. *Eskom News*:12-13, February.

STAFF REPORTER. 2003b. Africa's Lost Generation. *Eskom News*:12-13, September.

SUNTER, C. I. & WHITESIDE, A. 2000. AIDS the challenge for South Africa. Cape Town : Human and Roussouw. 79 p.

SWANEPOEL, T. 2002. Kop in die sand oor vigs – 'n duur speletjie. *Sake-Beeld*:18, Augustus 13.

THERON, L.C. 2005. Educator Perceptions of educators' and learners' HIV status with a view to wellness promotion. *South African Journal of Education*, 25(1):56-60.

THOM, A. 2002. HIV/AIDS shock new findings. 9 Dec. [*n* Centre for Study of Aids, Full display : [<http://www.csa.za.org/article/articleview>] [Date of access: 15 May 2003].

UNAIDS (United Nations Programme on HIV/AIDS). 1997. Integrating HIV/STD Prevention in the School Setting. Geneva : United Nations. 30 p.

UNAIDS (United Nations Programme on HIV/AIDS). 2000a. AIDS Epidemic Update : December 2000. Geneva : United Nations. 42 p.

UNAIDS (United Nations Programme on HIV/AIDS). 2000b. Innovative Approaches to HIV Prevention : Selected Case Studies. Geneva : United Nations. 56 p.

UNAIDS (United Nations Programme on HIV/AIDS). 2000c. Gender and HIV. Geneva : United Nations. 66 p.

UNAIDS. (United Nations Programme on HIV/AIDS). 2001. Call to Action for Children Left Behind by AIDS. Washington, D.C. : United Nations. 60 p/

UNIADS. 2002a. HIV and AIDS in Africa. [Web:]  
<http://www.avert.org/aafrica.htm> [Date access: 15 May 2003].

UNIADS. 2002b. Aids orphans in Africa. [Web:]  
<http://www.avert.org/aafrica.htm> [Date access: 15 May 2003].

UNIADS. 2002c. HIV and AIDS statistics in Africa. [Web:]  
<http://www.avert.org/subadults.htm> [Date access: 15 May 2003].



UNICEF (United Nations Children's Fund). 1999. Children Orphaned by AIDS: Front-Line Responses from Eastern and Southern Africa. New York and Washington D.C. : UNICEF. 16 p.

UNITED NATIONS DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS. 2003. The Impact of AIDS. [Web:] <http://www.unpopulation.org> [Date of access: 15 May 2003].

VERMEULEN, L.M. 1998. Research Orientation:A Practical Study Guide for Students and Researchers. Vanderbijlpark : Potchefstroom University for Christian Higher Education. 100 p.

WORLD AIDS STATISTICS. 2002. World HIV and AIDS statistics. [Web:] <http://www.avert.org/worldstats/htm> [Date of access: 15 May 2003].

WORLD BANK. 1991. Tanzania: AIDS Assessment and Planning Study. A World Bank Country Study. Washington, D. C. : World Bank. 94 p.

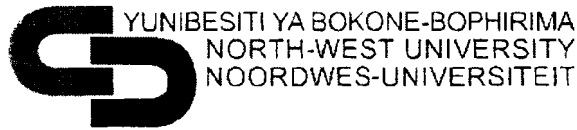
WORLD BANK. 2000. Exploring the Implications of the HIV/AIDS Epidemic for Educational Planning in Selected African Countries: The Demographic Question. Washington, D.C. : World Bank. 66 p.

WORLD BANK. 2002. Education and HIV/AIDS: a window of hope. Washington, DC. : World Bank. 79 p.

WORLDWIDE AIDS STATISTICS. 2002. World HIV and Aids statistics. [Web:] <http://www.avert.org/worldstats.htm> [Date access: 15 May 2002].

# ADDENDUM A

## QUESTIONNAIRE TO EDUCATORS



### Questionnaire to educators

#### HIV/AIDS Research project: Effect on teaching and learning in the classroom

Staff members and students of the North-West University (previous Potchefstroom University for CHE) are involved in a research project to determine the effects of HIV/Aids on the learning and teaching situation in schools. The purpose of the research is to help schools to deal with the problem. Please complete the attached questionnaire.

You and/or your school will at no stage be identified in the research process.

#### SECTION A: BIOGRAPHIC INFORMATION

1. Indicate your age by marking with an X in the appropriate block

1.1	20-25	
1.2	26-30	
1.3	31-35	
1.4	36-40	
1.5	41-45	
1.6	46-50	
1.7	51-55	
1.8	56-60	
1.9	60+	

2. Indicate the phase in which you are presently teaching.

Inter- mediate	Senior	FET
-------------------	--------	-----

3. Indicate the kind of school in which you are currently teaching..

Urban	Rural
-------	-------

## SECTION B: THE EFFECTS OF HIV/AIDS ON EDUCATORS

4. Are you currently aware of any educators at your school who are HIV positive or who have AIDS.
- |     |          |             |    |
|-----|----------|-------------|----|
| Yes | Not sure | Do not know | No |
|-----|----------|-------------|----|
5. How many educators at your school have for medical reasons retired or died over the last three years due to a suspected AIDS-related disease?
- |      |      |        |
|------|------|--------|
|      | Male | Female |
| 2001 |      |        |
| 2002 |      |        |
| 2003 |      |        |
6. How often are the following reasons indicated for the mortality rate among educators at your school?.
- |     |                        |        |       |           |       |
|-----|------------------------|--------|-------|-----------|-------|
| 6.1 | Illness                | Always | Often | Sometimes | Never |
| 6.2 | Accident               | Always | Often | Sometimes | Never |
| 6.3 | Suicide                | Always | Often | Sometimes | Never |
| 6.4 | Violence/Homicide      | Always | Often | Sometimes | Never |
| 6.5 | Aids-related illnesses | Always | Often | Sometimes | Never |
| 6.6 | Suicide                | Always | Often | Sometimes | Never |
7. If your answer to question 4 was YES or NOT SURE, please provide an indication of the number of educators who are possibly affected by completing the table.
- |        |  |
|--------|--|
| Male   |  |
| Female |  |
8. Absenteeism rates of educators on a weekly basis. Indicate the number of educators who are absent on a weekly basis, by completing the diagram.
- |        |  |
|--------|--|
| Male   |  |
| Female |  |
9. Do you experience problems in having to take over the responsibilities of an absent colleague?
- |        |       |           |       |
|--------|-------|-----------|-------|
| Always | Often | Sometimes | Never |
|--------|-------|-----------|-------|
10. Are substitute educators appointed at your school for days on which permanent educators are absent?
- |        |       |           |       |
|--------|-------|-----------|-------|
| Always | Often | Sometimes | Never |
|--------|-------|-----------|-------|
11. Are you coping with more than one educator's workload?
- |     |    |
|-----|----|
| Yes | No |
|-----|----|
12. If your answer to question 11 was YES, indicate the importance of the following reason/s for your having to carry this workload.
- 12.1 Shortage of staff members.
- |                 |      |                |        |
|-----------------|------|----------------|--------|
| Definitely true | True | Sometimes true | Untrue |
|-----------------|------|----------------|--------|
- 12.2 Frequent absence of staff members to attend to family responsibilities.
- |                 |      |                |        |
|-----------------|------|----------------|--------|
| Definitely true | True | Sometimes true | Untrue |
|-----------------|------|----------------|--------|

12.3	Staff members are not replaced.	Definitely true	True	Sometimes true	Untrue
12.4	Absence of staff members due to personal illness.	Definitely true	True	Sometimes true	Untrue

12.5 Other (specify).

13. Indicate to what extent you experience the following feelings/attitudes for having to carry such a heavy workload.

13.1	Frustrated	Not at all	Sometimes	Often	Always
13.2	Stressed	Not at all	Sometimes	Often	Always
13.3	Motivated	Not at all	Sometimes	Often	Always
13.4	Decreased interest in school and school activities	Not at all	Sometimes	Often	Always
13.5	Coping with the situation	Not at all	Sometimes	Often	Always
13.6	Not coping with the situation	Not at all	Sometimes	Often	Always
13.7	Comfortable	Not at all	Sometimes	Often	Always
13.8	Negative	Not at all	Sometimes	Often	Always
13.9	Low morale	Not at all	Sometimes	Often	Always
13.10	Depressed	Not at all	Sometimes	Often	Always
13.11	Feel like resigning	Not at all	Sometimes	Often	Always
13.12	Other (specify)	<span style="border: 1px solid black; display: inline-block; width: 500px; height: 20px;"></span>			

14. Reasons for absenteeism. Indicate the main reason for educator absence at your school by marking with X in the appropriate block.

Personal illness	Funerals	Sickness of others (Family members)	Work - related	Other
------------------	----------	-------------------------------------	----------------	-------

### SECTION C: THE EFFECTS OF HIV/AIDS ON LEARNERS

15.	Are you currently aware of any learners at your school who are HIV positive or who have AIDS?	Yes	Not sure	Do not know	No
-----	---	-----	----------	-------------	----

16.	If your answer to question 15 was YES or NOT SURE, please provide an indication of the number of learners who are possibly affected by completing the table.	Male	
		Female	

17. Based on your experience in the last 3 years what percentage of orphaned children repeated grades. Indicate your choice by marking with X in the appropriate block.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

18. Indicate the estimated % of learners affected by interrupted schooling the past three years by completing the table below. Indicate your choice by marking with **X** in the appropriate block.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

19. Indicate the estimated % of learners that drop out of school the past three years due to incomplete families, by completing the table below. Indicate your choice by marking with **X** in the appropriate block.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

20. Are you aware of learners at your school who have been involved in sexual harassment cases against educators in the past three years?

Yes	No
-----	----

21. Are you aware of any love relationships between learners and educators at your school?

Yes	No
-----	----

22. Indicate the estimated % of learners in your school who are suffering from poor nutrition, by completing the table below.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

23. Indicate the estimated % of learners who are unable to pay for school fees and school necessities.

10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%
--------	--------	--------	--------	--------	--------	--------

284. Indicate the main reason for learner absence at your school by marking with an X in the appropriate block.

Personal illness	Funerals	Sickness of others (Family members)	Lack of clothes	Lack of school fees/school necessities	Lack of money for transport	Have to take care of responsibilities at home
------------------	----------	-------------------------------------	-----------------	--	-----------------------------	---

25. Absenteeism rates of learners on a weekly basis. Indicate the number of learners who are absent on a weekly basis, by completing the diagram.

Male	
Female	

26. Learner status at home. Give an indication of the estimated percentage of learners exposed to the different types of home situations by completing the table below. Indicate your choice by marking with **X** in the appropriate block.

Home situation		Percentage of learners							
27.	Both parents alive	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
28.	Paternal orphan	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
29.	Maternal orphan	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
30.	Double orphan	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
31.	Learners who live with guardians	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
32.	Learners who are HIV positive	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+

33. Learners who live in households with HIV positive family members	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+
34. Learners whose parents/guardians have died of HIV/AIDS	10-20	20-30	30-40	40-50	50-60	60-70	70-80	80+

**SECTION D: THE EFFECTS OF HIV/AIDS ON TEACHING AND LEARNING**

35. Do you think that the HIV/AIDS pandemic has a detrimental effect on teaching and learning at your school?

Yes	No
-----	----

36. Are you satisfied with the academic progress of the learners at your school?

Yes	No
-----	----

**37. If your answer to question 36 was NO, indicate the importance of the following reason/s for you not being satisfied.**

37.1	Classes are too big.	Definitely true	True	Sometimes true	Untrue
37.2	It is not possible to pay attention to individual learners.	Definitely true	True	Sometimes true	Untrue
37.3	Learners are frequently absent.	Definitely true	True	Sometimes true	Untrue
37.4	Educators' workload is too heavy.	Definitely true	True	Sometimes true	Untrue
37.5	Learners are not motivated	Definitely true	True	Sometimes true	Untrue
37.6	Frequent absence of educators from school due to family responsibilities.	Definitely true	True	Sometimes true	Untrue
37.7	Frequent absence of educators due to personal illness.	Definitely true	True	Sometimes true	Untrue
37.8	Other (specify)				

**38. To what extent are the following stress reactions noticeable among your learners?.**

38.1	Lack of motivation	Not at all	Sometimes	Often	Always
38.2	Lack of social interactions	Not at all	Sometimes	Often	Always
38.3	Hyperactivity	Not at all	Sometimes	Often	Always
38.4	Passivity	Not at all	Sometimes	Often	Always
38.5	Nervousness	Not at all	Sometimes	Often	Always
38.6	Poor discipline	Not at all	Sometimes	Often	Always

38.7	Absenteeism	Not at all	Sometimes	Often	Always
------	-------------	------------	-----------	-------	--------

**39. To what extent are the following manifestations of depression noticeable among your learners?.**

39.1	Tiredness	Not at all	Sometimes	Often	Always
------	-----------	------------	-----------	-------	--------

39.2	Lack of motivation	Not at all	Sometimes	Often	Always
------	--------------------	------------	-----------	-------	--------

39.3	Lack of concentration	Not at all	Sometimes	Often	Always
------	-----------------------	------------	-----------	-------	--------

39.4	Memory loss	Not at all	Sometimes	Often	Always
------	-------------	------------	-----------	-------	--------

39.5	Poor attention span	Not at all	Sometimes	Often	Always
------	---------------------	------------	-----------	-------	--------

39.6	Decreased interest in school and school activities	Not at all	Sometimes	Often	Always
------	--	------------	-----------	-------	--------

**40. How important would you rate the following reasons for the manifestation of stress and depression among your learners?**

40.1	Personal illness	Not at all	Little	Quite	Very
------	------------------	------------	--------	-------	------

40.2	Illness of family members	Not at all	Little	Quite	Very
------	---------------------------	------------	--------	-------	------

40.3	Loss of family members	Not at all	Little	Quite	Very
------	------------------------	------------	--------	-------	------

40.4	Too many responsibilities at home	Not at all	Little	Quite	Very
------	-----------------------------------	------------	--------	-------	------

40.5	Poor academic performance	Not at all	Little	Quite	Very
------	---------------------------	------------	--------	-------	------

40.6	Rejection by peers	Not at all	Little	Quite	Very
------	--------------------	------------	--------	-------	------

40.7	School-related problems	Not at all	Little	Quite	Very
------	-------------------------	------------	--------	-------	------

40.8	Other (specify)				
------	-----------------	--	--	--	--

**Answer the following questions with X in the appropriate block. Are there learners in your school/class who suffer from HIV-related illnesses such as:**

41.	Diarrhoea?	Yes	Probably	Unsure	No
-----	------------	-----	----------	--------	----

42.	Pneumonia?	Yes	Probably	Unsure	No
-----	------------	-----	----------	--------	----

43.	Tuberculosis?	Yes	Probably	Unsure	No
-----	---------------	-----	----------	--------	----

44.	Severe weight loss?	Yes	Probably	Unsure	No
-----	---------------------	-----	----------	--------	----

45.	Other (specify)				
-----	-----------------	--	--	--	--

This section focuses on categories of critical prerequisites educators have to comply with for effective teaching and learning. Indicate how many of your educators provide effective teaching. Indicate your choice by marking with X in the appropriate block.

46.	Educators are well prepared.	None	A few	Most of them	All of them
47.	Educators present interesting learning activities.	None	A few	Most of them	All of them
48.	Educators have well organized classrooms.	None	A few	Most of them	All of them
49.	In the classroom there is a constant flow of learning.	None	A few	Most of them	All of them
50.	There is on-going interaction between learners and educators.	None	A few	Most of them	All of them
51.	Educators correct tests and assignments.	None	A few	Most of them	All of them
52.	Tests and assignments are handed back in good time.	None	A few	Most of them	All of them
53.	Educators check learners' home work.	None	A few	Most of them	All of them
54.	Educators provide assistance with personal problems.	None	A few	Most of them	All of them
55.	Educators provide assistance with educational problems.	None	A few	Most of them	All of them
56.	Educators involve learners actively in learning.	None	A few	Most of them	All of them
57.	Educators reinforce learning (motivate learners).	None	A few	Most of them	All of them
58.	Educators pay individual attention to learners.	None	A few	Most of them	All of them
59.	Educators control disciplinary problems in class effectively.	None	A few	Most of them	All of them
60.	Educators make sure that learners pay attention during lesson presentations.	None	A few	Most of them	All of them
61.	Educators are dependable.	None	A few	Most of them	All of them
62.	Educators are role models in terms of good ethics, attitudes and values	None	A few	Most of them	All of them



63.	Educators are punctual and regular in attendance.	None	A few	Most of them	All of them
64.	Educators are sexually involved with learners.	None	A few	Most of them	All of them

**SECTION E: MEASURES TO CURB THE EFFECT OF HIV/AIDS ON TEACHING AND LEARNING**

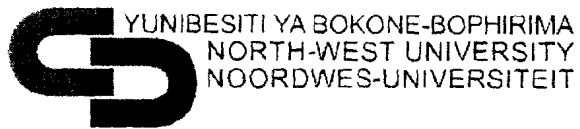
**Please answer the following questions by marking X in the appropriate block (Yes or No)**

66.	Are learners of different grades combined into one classroom?	Yes	No
66.	Is the curriculum of the school flexible to deal with learners who cannot attend school during normal school hours or whose schooling is interrupted?	Yes	No
67.	Are classes at your school left untaught/unsupervised?	Yes	No
68.	Does your school have an adequate number of educators?	Yes	No
69.	Are posts at your school filled in good time?	Yes	No
70.	Are staff development programmes in place for educators who have to cope with heavy workloads and/or low morale?	Yes	No
71.	Does the curriculum teach learners how to handle the emotional changes that occur during puberty and adolescence?	Yes	No
72.	Does the curriculum focus on promoting abstinence from sexual activities?	Yes	No
73.	Does the curriculum focus on promoting a delay in taking part in sexual activities?	Yes	No
74.	Are topics on HIV/AIDS infused into carrier subjects: Biology, Life Orientation and Health Education?	Yes	No
75.	Are topics of HIV/AIDS well taught?	Yes	No
76.	Is there an in-depth coverage of HIV/AIDS topics?	Yes	No
77.	Are extra-curricular activities planned to address HIV/AIDS?	Yes	No
78.	Are school-based activities eg. school health programmes, guidance and counselling arranged to address HIV/AIDS?	Yes	No
79.	Are intensive pre-service and/or in-service training programmes for HIV/AIDS implemented?	Yes	No
80.	Do educators feel confident to teach HIV/AIDS topics?	Yes	No
81.	Are strict measures in place to deal with staff members who are involved in sexual harassment of learners?	Yes	No

82.	Are strict measures in place to deal with love relationships between learners and educators?	Yes	No
83.	Are strict measures in place to deal with educators who are frequently absent?	Yes	No
84.	Does your school offer a feeding scheme?	Yes	No
85.	Are you of the opinion that it is the school's task to deal with the causes and effect of HIV/AIDS?	Yes	No
86.	Are you of the opinion that we give too much attention to HIV/AIDS at our schools?	Yes	No

# ADDENDUM B

## QUESTIONNAIRE TO LEARNERS



### Questionnaire to learners

#### HIV/AIDS Research project: Effect on teaching and learning in the classroom

Staff members and students of the North-West University (previous Potchefstroom University for CHE) are involved in a research project to determine the effects of HIV/Aids on the learning and teaching situation in schools. The purpose of the research is to help schools to deal with the problem. Please complete the attached questionnaire.

You and/or your school will at no stage be identified in the research process.

#### SECTION A: BIOGRAPHIC INFORMATION

1. Indicate the grade in which you are presently

Gr 1	Gr 2
Gr 3	Gr 4
Gr 5	Gr 6
Gr 7	Gr 8
Gr 9	Gr 10
Gr 11	Gr 12

2. Indicate your age by marking your choice with X in the appropriate block

6-8	9-11
12-14	15-17
18-20	20+

3. Indicate your status at home by marking with X in the appropriate block

Both parents alive	Parental orphan (no father)	Maternal orphan (no mother)	Double orphan (no parents)
Living with a guardian/guardians	HIV positive	Family members are HIV positive or have AIDS	Parents/guardians have passed away due to HIV/AIDS
Other			

**SECTION B: THE EFFECTS OF HIV/AIDS ON EDUCATORS**

4. Do you have educators to teach you for all the Learning Areas/Subjects. Indicate your answer by marking with X in the appropriate block.

Yes	No
-----	----

5. Have some of your educators been replaced with other educators? Indicate your answer by marking with X in the appropriate block.

Yes	No
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6. How does/do the new educator/educators make you fee? Indicate your choice by marking with an X in the appropriate block.

6.1 Uncomfortable	
6.2 Insecure	
6.3 Anxious	
6.4 Happy	
6.5 Nervous	
6.6 Comfortable	
6.7 Motivated	
6.8 Stressed	
6.9 Depressed	
6.10 Other (specify)	

7. Are you currently aware of any educators at your school who are HIV positive or who have AIDS?

Yes	Not sure
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Do not know	No
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8. Are substitute educators appointed at your school for days on which permanent educators are absent?

Always	Often
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Sometimes	Never
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**SECTION C: THE EFFECTS OF HIV/AIDS ON LEARNERS**

9. Are you currently aware of any learners at your school who are HIV positive or who have AIDS?

Yes	Not sure	Do not know	No
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10. If your answer to question 9 was YES or NOT SURE, please provide

Male	
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an indication of the number of learners who are possibly affected by completing the table.

Female	
--------	--

11. Are you aware of learners at your school who were involved in sexual harassment cases against educators in the past three years?

Yes	No
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12. Are you aware of any love relationships between learners and educators at your school?

Yes	No
-----	----

13. Are you aware of learners who are unable to pay for school fees and school necessities?

Yes	No
-----	----

14. Are you aware of learners in your school who are suffering from poor nutrition?

Yes	No
-----	----

15. Indicate the **main reason** for learner absence at your school by marking with X in the appropriate block. (Only indicate one reason)/

Personal illness	Funerals	Sickness of others (Family members)	Lack of clothes	Lack of school fees School necessities	Lack of money for transport	Have to take care of responsibilities at home
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### SECTION D: THE EFFECTS OF HIV/AIDS ON TEACHING AND LEARNING

16. Do you think that the HIV/AIDS pandemic has a detrimental effect on teaching and learning at your school?

Yes	No
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17. Are you satisfied with your academic progress ?

Yes	No
-----	----

18. If your answer to question 17 was NO, indicate the importance of the following reason/s for your not being satisfied.

18.1	Classes are too big.	Definitely true	True	Sometimes true	Untrue
18.2	It is not possible to pay attention to individual learners.	Definitely true	True	Sometimes true	Untrue
18.3	Learners are frequently absent.	Definitely true	True	Sometimes true	Untrue
18.4	Educators' workload is too heavy.	Definitely true	True	Sometimes true	Untrue
18.5	Learners are not motivated	Definitely true	True	Sometimes true	Untrue
18.6	Frequent absence of educators from school due to family responsibilities.	Definitely true	True	Sometimes true	Untrue
18.7	Frequent absence of educators due to personal illness.	Definitely true	True	Sometimes true	Untrue
18.8	Other (specify)				

**19. To what extent are you experiencing the following stress reactions?.**

19.1	Lack of motivation	Not at all	Sometimes	Often	Always
19.2	Lack of social interactions	Not at all	Sometimes	Often	Always
19.3	Hyperactivity	Not at all	Sometimes	Often	Always
19.4	Passivity	Not at all	Sometimes	Often	Always
19.5	Nervousness	Not at all	Sometimes	Often	Always
19.6	Poor discipline	Not at all	Sometimes	Often	Always
19.7	Absenteeism	Not at all	Sometimes	Often	Always

**20. To what extent are you experiencing the following manifestations of depression?.**

20.1	Tiredness	Not at all	Sometimes	Often	Always
20.2	Lack of motivation	Not at all	Sometimes	Often	Always
20.3	Lack of concentration	Not at all	Sometimes	Often	Always
20.4	Memory loss	Not at all	Sometimes	Often	Always
20.5	Poor attention span	Not at all	Sometimes	Often	Always
20.6	Decreased interest in school and school activities	Not at all	Sometimes	Often	Always

**21. How important would you rate the following reasons for the manifestation of stress and depression?**

21.1	Personal illness	Not at all	Little	Quite	Very
21.2	Illness of family members	Not at all	Little	Quite	Very
21.3	Loss of family members	Not at all	Little	Quite	Very
21.4	Too many responsibilities at home	Not at all	Little	Quite	Very
21.5	Poor academic performance	Not at all	Little	Quite	Very
21.6	Rejection by peers	Not at all	Little	Quite	Very
21.7	School related problems	Not at all	Little	Quite	Very
21.8	Other (specify)				

**Answer the following questions with an in the appropriate block. Are there learners in your school/class who suffer from HIV-related illnesses such as:**

22.	Diarrhoea?	Yes	Probably	Unsure	No
23.	Pneumonia?	Yes	Probably	Unsure	No
24.	Tuberculosis?	Yes	Probably	Unsure	No

25. Severe weight loss?

Yes	Probably	Unsure	No
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26. Other (specify)

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This section focuses on categories of critical prerequisites educators have to comply with for effective teaching and learning. Indicate how many of your educators provide effective teaching. Indicate your choice by marking with X in the appropriate block.:

27. Educators are well prepared.	None	A few	Most of them	All of them
28. Educators present interesting learning activities.	None	A few	Most of them	All of them
29. Educators have well organized classrooms.	None	A few	Most of them	All of them
30. In the classrooms there is a constant flow of learning.	None	A few	Most of them	All of them
31. There is on-going interaction between learners and educators.	None	A few	Most of them	All of them
32. Educators correct tests and assignments.	None	A few	Most of them	All of them
33. Tests and assignments are handed back timorously.	None	A few	Most of them	All of them
34. Educators check learners' home work.	None	A few	Most of them	All of them
35. Educators provide assistance with personal problems.	None	A few	Most of them	All of them
36. Educators provide assistance with educational problems.	None	A few	Most of them	All of them
37. Educators involve learners actively in learning.	None	A few	Most of them	All of them
38. Educators reinforce learning (motivate learners).	None	A few	Most of them	All of them
39. Educators pay individual attention to learners.	None	A few	Most of them	All of them
40. Educators control disciplinary problems in class effectively.	None	A few	Most of them	All of them

41.	Educators make sure that learners pay attention during lesson presentations.	None	A few	Most of them	All of them
42.	Educators are dependable.	None	A few	Most of them	All of them
43.	Educators are role models in terms of good ethics, attitudes and values	None	A few	Most of them	All of them
44.	Educators are punctual and regular in attendance.	None	A few	Most of them	All of them
45.	Educators are sexually involved with learners.	None	A few	Most of them	All of them

### SECTION E: MEASURES TO CURB THE EFFECT OF HIV/AIDS ON TEACHING AND LEARNING

Please answer the following questions by marking X in the appropriate block (Yes or No)

46.	Are learners of different grades combined into one classroom?	Yes	No
47.	Is the curriculum of the school flexible to deal with learners who cannot attend school during normal school hours or whose schooling is interrupted?	Yes	No
48.	Are classes at your school left untaught/unsupervised?	Yes	No
49.	Does your school have an adequate number of educators?	Yes	No
50.	Are posts at your school filled in good time?	Yes	No
51.	Are staff development programmes in place for educators who have to cope with heavy workloads and/or low morale?	Yes	No
52.	Does the curriculum teach learners how to handle the emotional changes that occur during puberty and adolescence?	Yes	No
53.	Does the curriculum focus on promoting abstinence from sexual activities?	Yes	No
54.	Does the curriculum focus on promoting a delay in taking part in sexual activities?	Yes	No
55.	Are topics on HIV/AIDS infused into carrier subjects: Biology, Life Orientation and Health Education?	Yes	No
56.	Are topics of HIV/AIDS well taught?	Yes	No
57.	Is there an in-depth coverage of HIV/AIDS topics?	Yes	No
58.	Are extra-curricular activities planned to address HIV/AIDS?	Yes	No
59.	Are school-based activities eg. school health programmes, guidance and counselling arranged to address HIV/AIDS?	Yes	No



60.	Are intensive pre-service and/or in-service training programmes for HIV/AIDS implemented?	Yes	No
61.	Do educators feel confident to teach HIV/AIDS topics?	Yes	No
62.	Are strict measures in place to deal with staff members who are involved in sexual harassment of learners?	Yes	No
63.	Are strict measures in place to deal with love relationships between learners and educators?	Yes	No
64.	Are strict measures in place to deal with educators who are frequently absent?	Yes	No
65.	Does your school offer a feeding scheme?	Yes	No
66.	Are you of the opinion that it is the school's task to deal with the causes and effect of HIV/Aids?	Yes	No
67.	Are you of the opinion that we give too much attention to HIV/AIDS at our schools?	Yes	No