

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

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**ACE-SEN. (VISTA) B.Ed. HONS (NWU)**

**A dissertation submitted in fulfillment of the requirements for  
the Degree  
MAGISTER EDUCATIONIS**

**In**

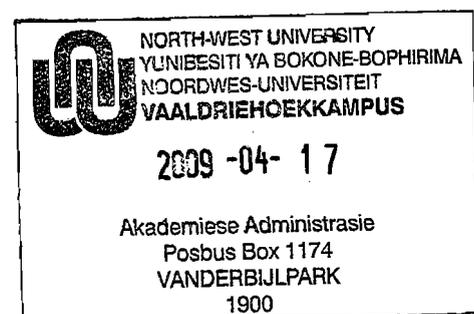
**EDUCATIONAL PSYCHOLOGY**

**At**

**North – West University (Vaal Triangle campus)**

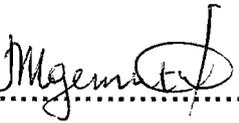
**Supervisor: Prof L.C. Theron**

**September, 2008**



## DECLARATION

I, Nondandiba Monica Ngemntu, declare that this dissertation "Support needs of primary school educators directly affected by HIV/pandemic" is my own original work and all the sources that I have used have been referred to in the bibliography.



.....

**Nondandiba Monica Ngemntu**

## ACKNOWLEDGEMENTS

First of all, I would like to thank God for giving me the life, strength and opportunity to complete this study, as old as I am.

In writing this dissertation, I was fortunate to have the assistance, advice and encouragement of many people. I would hereby like to thank the following individuals and organizations which assisted and contributed to the completion of this study:

- To my supervisor Prof L.C. Theron, for constructive and critical supervision, encouragement, understanding and positive support in times of difficulties. Thank you a million times.
- To the National Research Foundation (NRF) for financial assistance towards this study.
- To my late parents, Noyisana and Manune Booï, for believing in me.
- To my late sister Nomnqazeko Elizabeth Mayeki, for being my support system in dire moments.
- To Masai Mabitsele, for insightful guidance and encouragement – thank you.
- To Mrs Krugel, for editing my work exceptionally.
- To Dr Kwatubana, for professional and technical assistance.
- To my husband, Sithembiso Dembly Ngemntu, for support, encouragement and understanding.
- To my dear children, Nolufefe, Vuyelwa, Nolubabalo, Zanele and Banele, for being the inspiration in my life, I love you guys.
- To my dear grandchildren, Amile, Khanya, Unathi, for being an inspiration to me.
- To my colleagues, my friends and all primary school educators for their support and encouragement.

**I am eternally grateful for all your continued support and encouragement.**

## SUMMARY

This study focuses on how the HIV and Aids pandemic affects educators in primary schools and how these educators need to be supported to cope more resiliently with the challenges posed by the HIV/Aids pandemic. This study needed to understand how primary school educators experienced the impact of the HIV/ Aids pandemic, both professionally and personally. Educators in general are personally affected by the HIV/Aids pandemic emotionally, physically, spiritually and socially. Affected educators are professionally affected by the HIV/Aids, when they are burdened by a large numbers of orphans in their classes, absenteeism of learners and colleagues, poor performance of both educators and learners, high workload and multiple roles they have to perform. The impacts, both personal and professional, are mostly negative. However, to date no study has focused on the impacts of the pandemic on primary school educators.

In this study, a phenomenological design was followed. Interviews were conducted with a carefully recruited sample of participants (i.e. primary school educators affected by the HIV/Aids pandemic either in their families or by having orphans in their classes) in the Vaal Triangle area. The researcher recruited participants by means of snowball sampling. Fifteen affected educators participated in this study.

Primary school educators interviewed, noted poor emotional, spiritual, physical and social health. They also reported that they do not cope with their duties as educators effectively. Affected primary school educators are in need of comprehensive support to deal with the HIV/Aids pandemic related stressors from the DoE, SMT's, colleagues and the community at large. Affected educators noted that they need to be supported, by means of team work with colleagues and the community; medical support; amongst others HIV education for learners, educators and parents and practical support and counselling for dealing with difficulties created by the HIV/Aids pandemic.

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# CHAPTER 1

## ORIENTATION TO THE STUDY

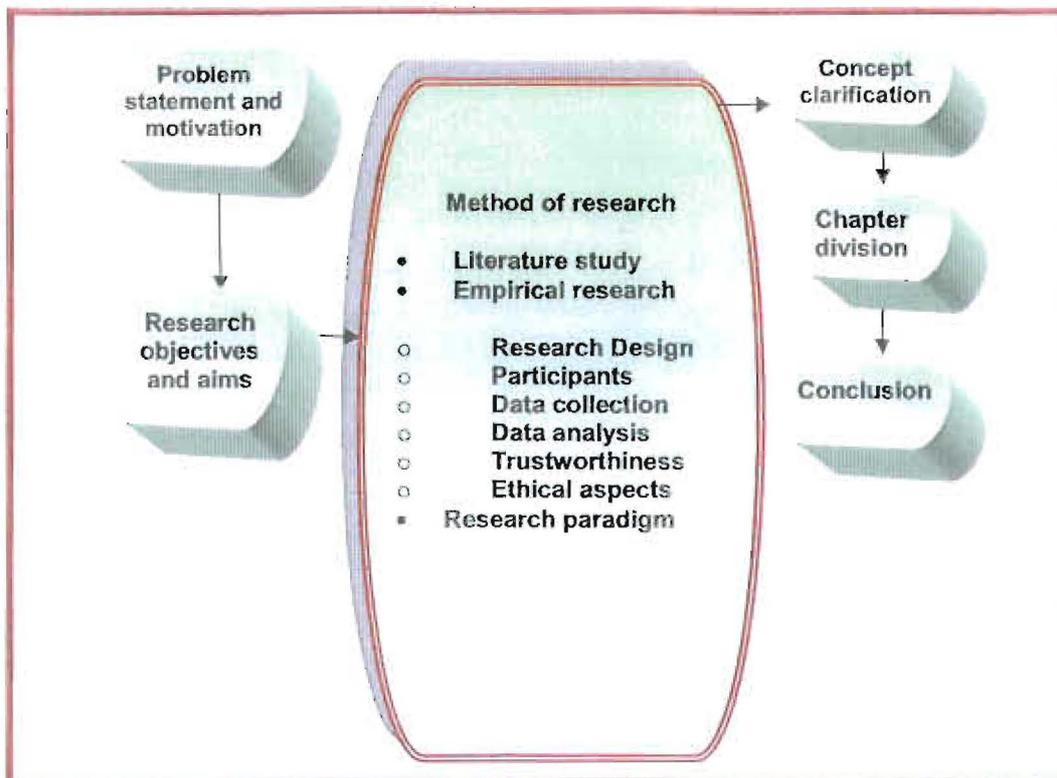
*"If you don't like something, change it. If you can't change it,  
change your attitude."  
-Maya Angelou*

### 1.1 INTRODUCTION

The purpose of this chapter was to introduce the outlines of my study which focused on how the HIV and Aids pandemic affects educators in primary schools and how these affected educators needed to be supported in order to cope more resiliently with the challenges of the pandemic. In this chapter the problem statement was discussed, research objectives were set out, the research method and research paradigm were explained and a division of chapters was given.

Figure 1.1 below provides an overview of Chapter 1.

Figure 1.1: Overview of Chapter 1



## 1.2 PROBLEM STATEMENT AND MOTIVATION

HIV/Aids is causing chaos worldwide (UNESCO, 2007). According to Rispel (2006) HIV/Aids remains a major public health, social, economic and development challenge globally. Rispel (2006) reports that the Commonwealth Heads of Government reaffirmed their commitment to combat HIV/Aids, malaria and other communicable diseases in recognition of the human devastation caused by HIV/Aids and the threat it poses to sustainable development. However, the deadly virus has not been completely contained, and shows little significant signs of declining yet. UNAIDS and the World Health Organisation (WHO) (2007) argue that HIV/Aids statistics in 2006 compared to 2007 show that there has been some decrease in the severity and implications of the pandemic, meaning that the pandemic is to a certain extent being managed.

As indicated in Table 1.1 below, the estimated number of persons living with HIV worldwide in 2007 was 33,2 million, a reduction of 16% compared with the estimate published in 2006 (39,5 million [34,7-47,1 million]) (UNAIDS/WHO, 2007). Estimates of HIV incidence in Sub-Saharan Africa generally show that it is still the highest globally (69%), although statistics show some decline (UNAIDS/WHO, 2007). However, the decline is minimal and calls upon everyone to put more effort into combating the epidemic.

**Table 1.1: HIV and AIDS statistics in 2006 and 2007** (Avert Organisation, 2006; UNAIDS/WHO, 2007)

<b>Global summary of the AIDS epidemic in 2006 and 2007</b>		
Estimated number of:	<b>2006</b>	<b>2007</b>
People living with HIV and AIDS	39.5 million	33.2 million
Adults living with HIV and AIDS	37.2 million	30.8 million
Women living with HIV and AIDS	17.7 million	15.4 million
Children living with HIV and AIDS	2.3 million	2.5 million
People newly infected with HIV	4.3 million	2.5 million
Adults newly infected with HIV	3.8 million	2.1 million
Children newly infected with HIV	0.5 million	420 000
AIDS deaths	2.9 million	2.1 million
Adult AIDS deaths	2.6 million	1.7 million
Child AIDS deaths	0.38 million	330 000

AIDS continues to be the single largest cause of mortality in Sub-Saharan Africa (WHO in UNAIDS/WHO, 2007), of the global total of 2,1 million adult and child deaths due to AIDS in 2007, 1,6 million occurred in Sub-Saharan Africa. The region accounted for 2,5 million people living with HIV in 2005. There are an estimated 11,4 million orphans due to AIDS in Sub-Saharan Africa (UNAIDS/WHO, 2007).

South Africa too, is not exempted from the effects of the pandemic. South Africa is reported to have the largest number of HIV infections in the world (UNAIDS/WHO, 2007) and the deadly disease has a substantial impact on the country's overall social and economic progress (Mange, 2008).

The HIV/Aids pandemic not only attacks individuals, but it also attacks systems. One such system under strain due to the pandemic is education (Rispel, 2006). The HIV/Aids pandemic has affected educator supply because of the high seroprevalence found amongst educators and on the other hand, it has made millions

of children orphans, thereby increasing the responsibility of schools and educators (Coombe, 2004:106; Rispel, 2006; Theron, 2007a:175). In 2006, it was estimated that 21% of sampled educators in South Africa were living with HIV (Mange, 2008). According to the figure released by the National Teachers Union (NATU), between 35-48 of its members die every month and it is mostly due to HIV/Aids (Mange, 2008). South Africa is likely to lose a very high proportion of educators due to low morale, demotivation and educator experience as a result of being affected by the HIV/Aids pandemic (Shisana, Peltzer, Zungu-Dirwayi & Louw, 2005b ; Theron, 2006:1). Educators are termed affected when they have loved ones, colleagues or learners who are ill, dying or affected by HIV/Aids or when they have lost loved ones, colleagues or learners to HIV/Aids (Bhana, Morrell, Epstein & Moletsane, 2006:5–6; Coombe, 2003:11; Hall, Altman, Nkomo & Zuma, 2005:23; Simbayi, Skinner, Letlape & Zuma, 2005:44;Theron, 2007a:177; Visser, 2004).

The country cannot just afford to lose educators at this alarming rate. As Theron (2007a:177) put it, the support needs of educators affected by HIV/Aids are to be addressed to avoid imperilling the future of education in this country. Hall *et al.* (2005); Simbayi *et al.*, (2005), and Theron (2007a:175) purport that the impact among educators is personal stress such as depression, suicidal ideation and professional impairment such as augmented work loads and staff negativity. Coombe (2003:15-17) attests to the aforementioned in that the education sector is thought to be highly affected by the pandemic, in part because of learner attrition due to poverty, illness, lack of motivation and trauma, along with absenteeism among learners who are heads of households, and again in part because educators' morale is likely to deteriorate as they have to cope emotionally and financially with sickness and death among colleagues, friends and relatives, and struggle with uncertainty about their own future and that of their families'.

Educators are viewed as central pillars of the education system and their survival and well-being is essential for the sustainability of the system (Rispel, 2006; Theron, 2007a:175). An accelerated response is needed to curb the threat posed by the pandemic on the education system (Theron, 2005; Theron, 2006; Theron, 2007a:176). If affected educators are expected to remain resilient in the face of the pandemic, support then has to be provided (Bennell, 2005: 460; Hall *et al.*, 2005:29-30; Shisana *et al.*, 2005b: xxi; Simbayi *et al.*, 2005:134 -139; Theron, 2007a:177). Resilience can be defined as the positive capacity of individuals to cope well with stress, adversity or catastrophe (Gu & Day, 2006:1305; Theron, 2004: 317; Ungar, 2007).

In summary, current research suggests that the impact of the HIV crisis on affected educators is negative and that educators will need to be supported (Coombe 2003:13; Esterhuizen, 2007:47; Simbayi *et al.*, 2005:121-123; Theron, 2007a:175; Theron, 2008a:29). Only one qualitative study (Theron, 2007a) could be found which described the experience of educators affected by the HIV/Aids pandemic. No study referred specifically to the experience or support needs of primary school educators. Truly, to support people who have been placed at risk, it is necessary to clearly understand how these people experience their adverse circumstances and to understand how they would best like to be supported (Mash & Wolfe, 2005:98). Therefore, the problem that is to be targeted by this research is:

How does HIV/Aids impact on primary school educators who are affected by the HIV/Aids pandemic and what support do they need to cope with these impacts?

The above problem leads to the following further research questions:

-  How does HIV/Aids impact on affected educators?
-  What forms of support are available for affected educators?
-  How does HIV/Aids impact professionally on primary school educators?

- ✎ How does HIV/Aids impact personally on primary school educators?
- ✎ What are the support needs of primary school educators affected by HIV/Aids?

### 1.3 AIMS

The overall aim of the study was to determine how primary school educators affected by the pandemic experience the impact of HIV/Aids and also to investigate the support needs that arose from that.

In order to achieve the objective of the study, the following specific aims were proposed:

- ✎ To conduct a literature study on the impact of HIV/Aids on affected educators and to determine what forms of support are available for the affected educators.
- ✎ To conduct an empirical investigation to find out how HIV/Aids impacts professionally on primary school educators.
- ✎ To conduct an empirical investigation to determine how HIV/Aids impacts personally on primary school educators.
- ✎ To determine what the support needs are of primary school educators affected by HIV/Aids.
- ✎ To present brief guidelines for addressing these support needs.

## 1.4 METHOD OF RESEARCH

An empirical investigation was conducted. The investigation was conducted in two phases.

**Phase 1:** A literature study was conducted.

**Phase 2:** Phenomenological research was done.

The procedures used in each phase are outlined below:

### 1.4.1 Literature Study

Primary and secondary literature sources were studied to gather information.

Table 1.2 summarizes literature used for this study:

**Table 1.2: Summary of literature**

Theme	Sources
<p data-bbox="188 1211 715 1245"><b>The HIV/Aids pandemic worldwide</b></p> 	<ul data-bbox="818 1211 1327 1872" style="list-style-type: none"><li>• Avert Organisation, 2006 &amp; 2007</li><li>• Coombe, 2003</li><li>• De Jong, 2003</li><li>• Guest, 2003</li><li>• Kelly, 2000</li><li>• Kinghorn &amp; Kelly, 2005</li><li>• Kraak, 2004</li><li>• Shisana, Peltzer, Zungu-Dirwayi &amp; Louw, 2005b</li><li>• Theron, 2007a</li></ul>

	<ul style="list-style-type: none"> <li>• The World bank, 2002</li> <li>• UNAIDS/WHO, 2007</li> <li>• Van Donk, 2003</li> <li>• Vorster, 2003</li> </ul>
<p><b>The HIV/Aids pandemic in South Africa</b></p> 	<ul style="list-style-type: none"> <li>• ANON, 2005</li> <li>• De Jong, 2003</li> <li>• Department of Health South Africa, 2007</li> <li>• Info please, 2007</li> <li>• Shisana, Peltzer, Zungu-Dirhwayi &amp; Louw, 2005b</li> <li>• Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay, et al, 2005a</li> <li>• South African HIV/Aids Statistics, 2005</li> <li>• UNAIDS &amp; WHO, 2007</li> <li>• Vorster, 2003</li> </ul>
<p><b>Impact on education</b></p> 	<ul style="list-style-type: none"> <li>• Bennell, 2005</li> <li>• Bhana, Morrel, Epstein &amp; Moletsane, 2006</li> <li>• Boler, 2003</li> <li>• Coombe, 2003</li> <li>• De Jong, 2003</li> </ul>

	<ul style="list-style-type: none"> <li>• Guest, 2003</li> <li>• Hall, Altman, Nkomo, Peltzer &amp; Zuma, 2005</li> <li>• Health &amp; Development Africa, 2004</li> <li>• Jackson &amp; Rothmann, 2005</li> <li>• Kelly, 2000</li> <li>• Kgosana, 2005</li> <li>• Kinghorn &amp; Kelly, 2005</li> <li>• Maritz &amp; Lessing, 2004</li> <li>• Peltzer, Shisana, Udjo <i>et al.</i>, 2005</li> <li>• Simbayi, Skinner, Letlape &amp; Zuma, 2005.</li> <li>• Theron, 2005; 2007a; 2008a, 2008b</li> <li>• UNESCO, 2006a</li> <li>• Visser, 2004</li> </ul>
<p>Available support</p> 	<ul style="list-style-type: none"> <li>• Aids Foundation South Africa, 2003</li> <li>• American Psychological Association, 2006</li> <li>• Bana Pele, 2006</li> <li>• Bhana, Morrell, Epstein &amp; Moletsane, 2005</li> </ul>

- Bennell, 2005
- Boyden & Cooper, 2007
- Cape Gateway, 2005
- Coombe, 2003
- Donald, Lazarus & Lolwana, 2007
- Ebersöhn & Eloff, 2006
- Education International, 2006
- Eloff, 2006
- Esterhuizen, 2007
- Ferreira, 2007
- Gauteng Provincial Government, 2004
- Hoadley, 2007
- Kaiser Family Foundation, 2005
- Kinghorn, Coombe, Mckay & Johnson, 2001
- Peltzer, Shisana, Udjo *et al.*, 2005
- Reber & Reber, 2001
- Roos & Temane, 2007
- Simbayi, Skinner, Letlape & Zuma, 2005
- Soul City Institute & Khomanani, 2004

	<ul style="list-style-type: none"> <li>• Theron, 2004; 2005; 2007a; 2007b; 2008a; 2008b</li> <li>• UNESCO, 2006b</li> <li>• Xaba, 2006 &amp; 2008</li> </ul>
--	--

The results of the literature research were documented in Chapters 2 and 3.

### **1.4.2 Empirical Study**

Since this research dealt with understanding how primary school educators are affected by the HIV/Aids pandemic, a qualitative research design was considered to be the most appropriate, as it aimed at gaining an in-depth insight into how educators experience the impact of HIV/Aids on their lives. This study therefore, needed to understand how the affected educators experienced the impact of the HIV/Aids pandemic, both professionally and personally and what their subsequent support needs were.

#### **1.4.2.1 Qualitative research**

Qualitative research is a methodological paradigm which studies phenomena in their everyday settings and in all their complexity (Leedy & Ormrod, 2005:133; Nieuwenhuis, 2007a:47). Qualitative research is used to respond to questions regarding the nature of phenomena and is used to describe and understand phenomena from the participants' point of view rather than from the researcher's view (Leedy & Ormrod, 2005:94). In this study, qualitative research was used to understand how educators experience the impact of HIV/Aids on their lives.

Qualitative research consists of the following types of designs (Fouché, 2005:269; Nieuwenhuis 2007b:70-71):

- ❖ Case Studies.

- ❖ Phenomenological Study.
- ❖ Grounded Theory Study.
- ❖ Content Analysis.
- ❖ Ethnography.

For the purpose of this study, the researcher followed a phenomenological approach.

#### **1.4.2.1.1 Phenomenological study**

A phenomenological study aims at understanding people's perceptions, views and understanding of a particular situation or phenomenon that they have experienced (Leedy & Ormrod, 2005:139). In this study the researcher tried to understand how the HIV/Aids pandemic impacts on affected educators in primary schools and what their subsequent support needs were. In order to achieve the objective of this study, interviews were conducted with a suitable sample of participants (in this case primary school educators affected by the HIV/Aids) (Leedy & Ormrod, 2005:139).

#### **1.4.2.2 Participants**

The population in this study consisted of all primary school educators affected by HIV/Aids pandemic in South Africa. Due to potential logistical problems, the population was limited to participants working in the Vaal Triangle. In a phenomenological study a sample is generally limited to a size of 5 -25 persons who are directly affected by the phenomenon under investigation (Leedy & Ormrod, 2005:144). In this study, the participants were primary school educators affected by the HIV/Aids pandemic in the Vaal Triangle area. It was not difficult to find volunteers. Fifteen affected educators participated in the study. The sample was purposive. It was not necessary to do further interviews

because the same themes kept emerging in the participants' responses (Merriam, 2007).

The researcher recruited participants by means of snowball sampling (Babbie, 2007:84; Schurink, 2001a:254). Their ages ranged from 29 to 57 years. Eleven were women and four were men. The purpose of the research was explained to participants beforehand. They all participated in an informed consent procedure.

#### **1.4.2.3 Data collection**

Data was collected through semi-structured interviews. Phenomenological interviews are generally not very structured (Tesch in Leedy & Ormrod, 2005: 139). In this research, semi-structured interviews were used. The researcher asked questions related to participants' experiences regarding the impact of HIV/Aids on their lives and how they would like to be supported. Addendum B provides questions asked to participants. In response to participant answers the researcher asked further questions. In some instances the researcher followed up on unclear responses at a later stage.

Individual interviews were arranged with educators who agreed to participate in the study at venues and times most suitable to the participants. The interviews were recorded with the participants' permission and then transcribed.

#### **1.4.2.4 Data analysis**

The aim of this study was to describe the experiences and support needs of educators affected by the HIV/Aids pandemic. In order to do this, participants' responses were content analysed. Content analysis is a thorough and methodical examination of the contents of a particular body of data in order to identify patterns with the overall view of understanding the phenomenon in question from the participant's point of view (Leedy & Ormrod, 2005:142). In this study, the transcribed interviews formed the data and were analysed question by question.

The analysis was influenced by the literature study on how educators are affected. The researcher grouped similar responses together and made a point of looking for and interpreting responses that were different (De Vos 2005:340; Gilgun, 2007; Leedy & Ormrod, 2005:142-143; Miles & Huberman, 1994:9; Nieuwenhuis, 2007c: 105-113).

In this research, the interviews were transcribed, translated where necessary and then analysed. The content analysed data will be documented in Chapter Five.

#### **1.4.2.5 Ethical aspects**

In this study, ethical guidelines were strictly followed as required and were discussed in more detail in Chapter 4 (Leedy & Ormrod, 2006:101-103; Neumann, 2006:135; Strydom, 2005:57-69). Permission was sought from participants to conduct the interviews. Participants volunteered and consented to form part of the study (*cf* Addendum A). Participant's emotional, physical and psychological well-being was not jeopardized in any manner.

Maree and Van der Westhuizen (2007:42) purport that it is also important for the researcher to be familiar with the ethics policy of the relevant institution. For this particular study, the researcher was familiar with the ethics policy of North-West University (NWU) and the study received ethical clearance from the NWU's ethical committee (Number: NWU-00013-07-A3).

#### **1.4.2.6 Soundness of research**

According to Marshall and Rothman (*in de Vos*, 2005:345), the soundness or the validity of research is viewed as the criteria against which the trustworthiness of the research can be evaluated or assessed. Trustworthiness is of great importance in qualitative research and heightens belief in the analysis of data, findings and conclusions (Nieuwenhuis, 2007c:113).

Lincoln and Guba (*in de Vos, 2005:345-347*) refer to the criteria of validity of research as the “truth value” of the study. Soundness or validity of research includes the following:

- ❖ Credibility.
- ❖ Transferability.
- ❖ Dependability.
- ❖ Confirmability.

- **Credibility**

In qualitative research, data are credible or valid when the findings reflect an in-depth description showing the complexities of codes and interactions (de Vos, 2005: 346). This means the researcher should take care to give a rich, adequate description regarding the setting, participants, procedures, interaction and so on, so that the findings are credible and can be believed (De Vos, 2005:346). In this study, the researcher interacted with 15 affected primary school educators to gather information on their experience concerning the HIV/Aids pandemic and how it impacted on them. That was documented in detail in Chapter Five.

- **Transferability**

In qualitative research, transferability is when gathered information or findings can be generalised to another situation (De Vos, 2005:346). Qualitative research does not aim at generalisation (Merriam, 2007), but it can lead to working hypotheses that allow some transferability to other similar situations. Because the researcher indicated that the participants were primary school educators, what their ages were and how they were affected, other researchers working with similar participants might be able to transfer this study’s findings to the setting in which they are working.

- **Dependability**

Dependability is about the extent to which the study's findings might be found again (Merriam, 2007). For this reason, the researcher must describe the context and circumstances fully (De Vos, 2005:346). For this reason the data collection process will be described in Chapter Four. The data were thematically analysed and are represented in Chapter Five.

- **Confirmability**

Confirmability is about whether other people agree with the findings of the study (De Vos, 2005:347). One way to do this is to use stakeholder checks and also by asking participants to verify the analysis and conclusions reached (Nieuwenhuis, 2007c:114). In this research, participants were given back transcribed and translated, and later analysed data, to check as to whether their data were not misconstrued.

## **1.5. RESEARCH PARADIGM**

A research paradigm is a frame of reference used to organise a researcher's observations and reasoning about what has been observed or about the data that were gathered (Babbie, 2001:42). It relates to the researcher's beliefs about why things are the way they are (Henning, 2005:14). It can also be called a mental window (consisting of a set of concepts and assumptions) through which the researcher views the world and her research (Bailey, 1982:494; Nieuwenhuis, 2007a:47-48).

In this study the researcher followed an interpretive paradigm where the researcher has to interpret data from participants' point of view (Nieuwenhuis, 2007a:61 & 62). Choosing an interpretive paradigm relates to believing that human life and human experience need to be understood from within or from an insider perspective (from the experience of an individual or group of people), so it focuses on people's subjective experiences and how meaning is constructed

as people interact in a social world and as they share meaning (Nieuwenhuis, 2007a:58-60). In other words, an interpretive paradigm acknowledges that subjective experience (which might be different from person to person and context to context) rather than cold facts will be focused on. In this study, the affected educators' interpretations of how the pandemic impacts on them will be focused on. Because it is not possible to separate a researcher from that which she is researching, the researcher's personal beliefs or assumptions about the phenomenon may influence how she draws conclusions (Henning, 2005:22). For this reason it is important for a researcher to be aware of what her assumptions are. As an educator herself, the researcher had been affected by the HIV/Aids pandemic experiencing the trauma of dealing with infected and affected family members, colleagues and learners. The researcher had to perform multiple roles and deal with high workloads when her colleagues were absent either because of sick relatives, or when they attended funerals of their beloved ones. It is important to note these assumptions as they may have influenced the researcher to pay more attention to experiences of participants that were similar to those that the researcher has had. Therefore the researcher must pay close attention to what participants had said, rather than to what she expected to hear.

## 1.6 CLARIFICATION OF KEY CONCEPTS

### HIV

HIV stands for Human Immunodeficiency Virus. The Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS), mostly attacks T-4 lymphocytes, a vital part of the human immune system. As a result, the body's ability to resist opportunistic infections is greatly weakened. HIV is transmitted sexually, through contact with contaminated blood, tissue, or needles, and from mother to child during birth or breast-feeding. Full-blown

symptoms of AIDS may not develop for more than ten years after infection (Microsoft ® Encarta ® 2006; Watson in Theron, 2006:70).

### AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a clinical syndrome (a range of illnesses that together portray a disease) resulting from damage to the immune system caused by the Human Immunodeficiency Virus (HIV). After infection, the virus progressively damages the white blood cells (which protect the body from infections) so that they cannot protect the body from infections. When these infections occur, the person is said to have AIDS (Microsoft ® Encarta ® 2006; Soul City & Khomanani, 2004:5; Van Dyk 2001: 5; Watson in Theron, 2006:70).

### COPING

Coping is associated with both risk and resilience and usually denotes struggling or dealing with difficulties/adversity (Boyden & Cooper, 2007; Theron, 2007a: 176). The impact of HIV/Aids on the affected educator presents difficulties as educators are expected to offer support to infected and affected loved ones including learners and colleagues and are also expected to cope with the situation. Coping therefore suggests handling or managing challenges, in this case the challenges of the HIV pandemic. In reality, many educators struggle to cope with these challenges (Shisana, *et al*, 2005a:135; Theron, 2007a:175).

### SUPPORT

Support can be defined as an arrangement given to someone facing difficulties to succeed. It is an encouragement enabling someone to do better (Corsini, 2002:956). It is a provision offered by another person to ensure wellbeing, happiness and coping in difficult circumstances (Reber & Reber, 2001:726).

Studies indicate that educators affected by HIV/Aids require support to enable them to cope well even in adverse circumstances.

## **RESILIENCE**

Resilience is defined as the positive capacity of individuals to cope with stress, adversity or catastrophe without developing maladaptive outcomes (Theron, 2004:317; Ungar, 2007). In South Africa, many affected educators are burdened by the adversity of the impact of HIV/Aids on their lives and are expected to remain resilient despite their difficulties.

### **1.7. CHAPTER DIVISION**

A preview of the chapters in this study is as follows:

#### **CHAPTER 2: HIV and AIDS and EDUCATORS**

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

#### **CHAPTER 3: SUPPORT FOR AFFECTED EDUCATORS**

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

#### **CHAPTER 4: EMPIRICAL RESEARCH DESIGN**

Chapter Four contains the research methodology to be used in the empirical study, including the problem, the aims and the actual research design to be followed.

## **CHAPTER 5: DATA ANALYSIS AND FINDINGS**

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

## **CHAPTER 6: CONCLUSION AND RECOMMENDATIONS**

Chapter Six will serve as a conclusion to this study, incorporating findings of the literature study, findings of the empirical study, limitations and contributions of this study, as well as recommendations for further studies

Chapter Six will be followed by a Bibliography and thereafter addenda.

### **1.8. CONCLUSION**

In this chapter an overview of what this study entails was provided. The motivation and problem statement were also discussed.

The following chapter will sketch the pandemic globally and will also outline the impact of the pandemic on affected educators.

## CHAPTER 2

### HIV / AIDS AND EDUCATORS

#### 2. 1. INTRODUCTION

In this chapter the following aspects will be covered:

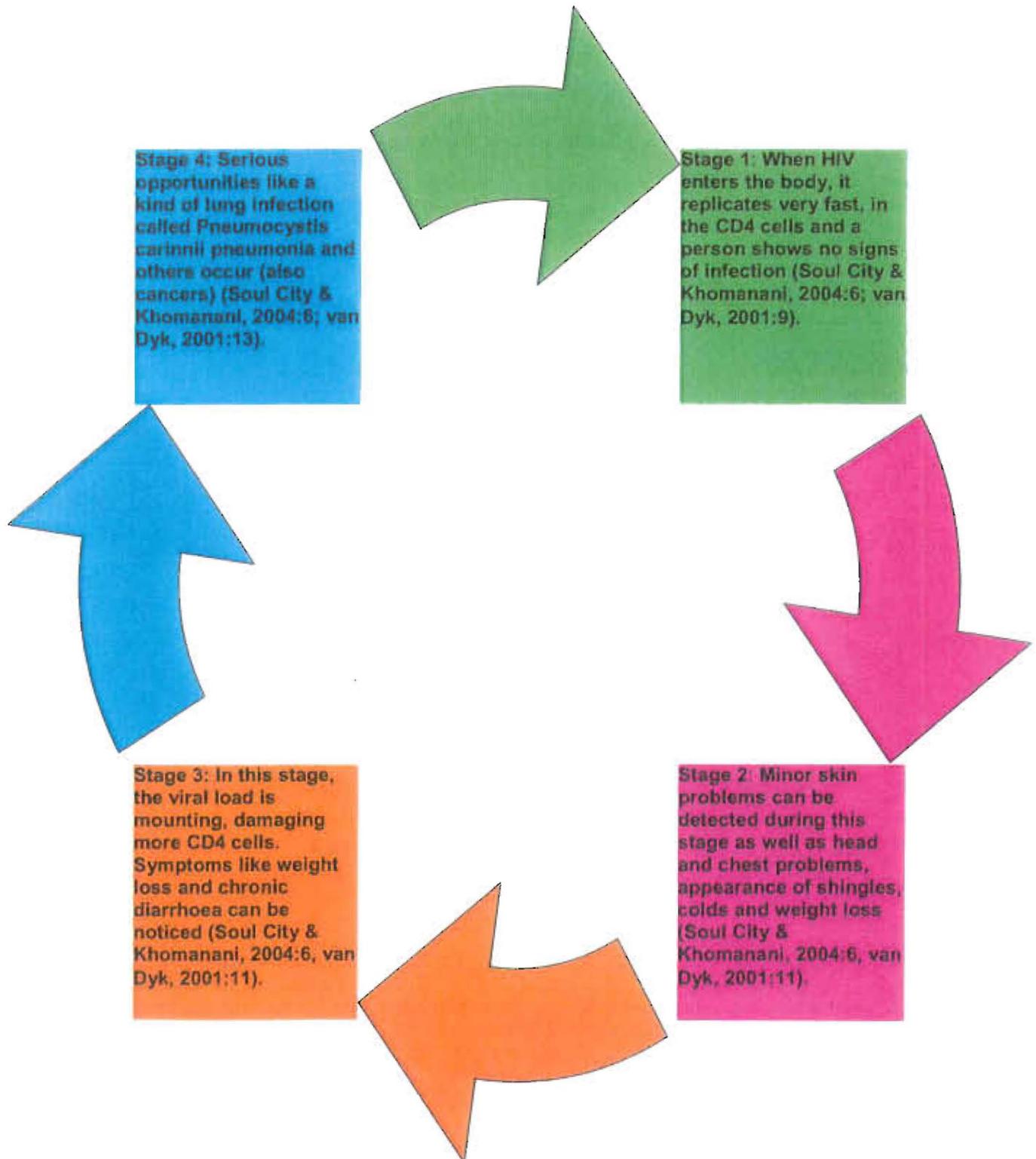
- The HIV/Aids pandemic
- The HIV/Aids pandemic in South Africa
- HIV/Aids and education:
  - the impact of HIV/Aids on the supply and quality of education;
  - the impact of HIV/Aids on the demand for education; and
  - the impact of the pandemic on affected educators.

#### 2. 2. THE HIV/AIDS PANDEMIC

Before discussing the HIV/Aids pandemic it is necessary to define HIV/Aids.

HIV is the Human Immunodeficiency Virus, which is transmitted through blood, semen and vaginal fluids (Soul City & Khomanani, 2004:5; Tonks, 1996:37&38; van Dyk, 2001:4). It uses the CD4 cells of the body's immune system, to duplicate itself and in so doing destroys the body cells (De Jong, 2003:3; Shire, 1998:1). Immunodeficiency refers to the body's immune system, the cells that fight infection to defend the body from communicable diseases (Shire. 1998:11). The term "Human" is added to emphasize that the virus lives in people. HIV infection is divided by the World Health Organization (WHO) into four stages (Soul City & Khomanani, 2004:6; van Dyk, 2001:9-13). Figure 2.1 illustrates the four stages of HIV infection as follows:

Figure 2.1: Four stages of HIV infections as divided by the World Health Organisation (WHO) (Soul City & Khomanani, 2004:6; van Dyk, 2001:9-13)

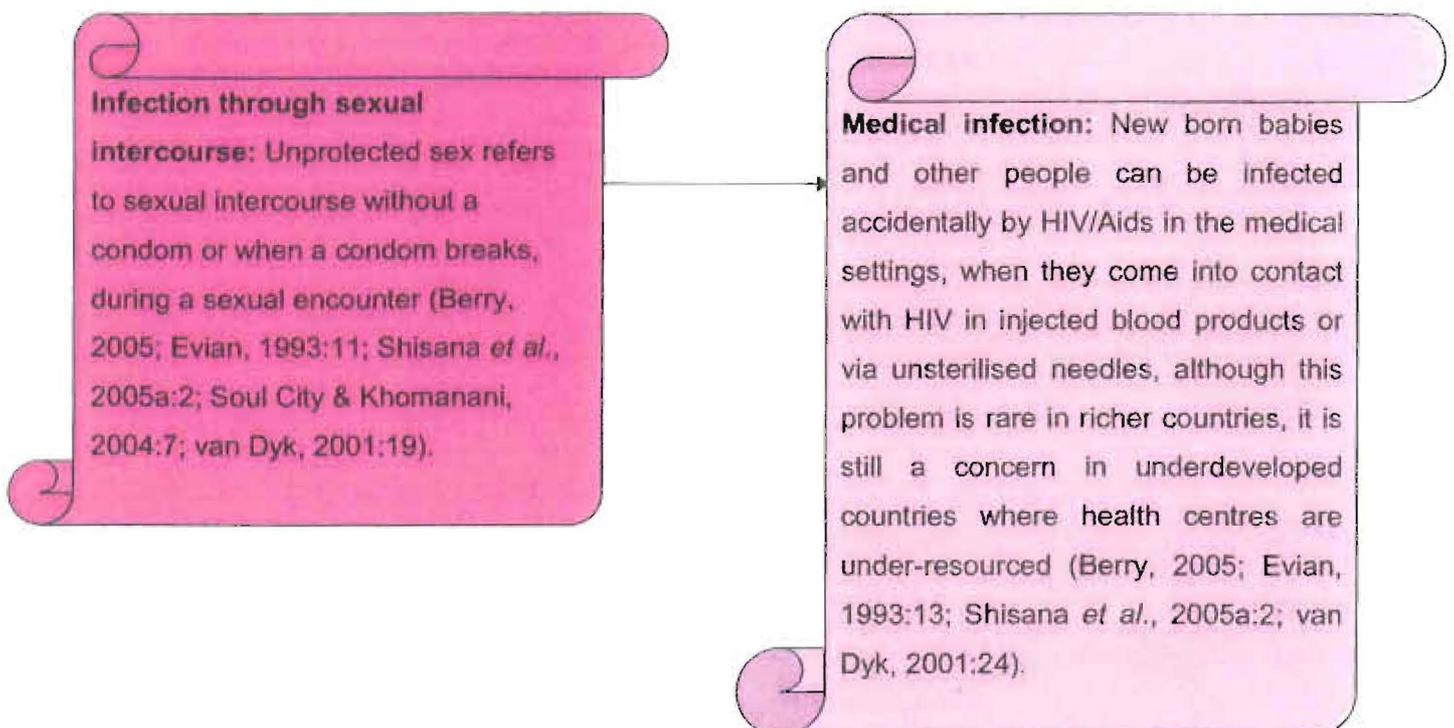


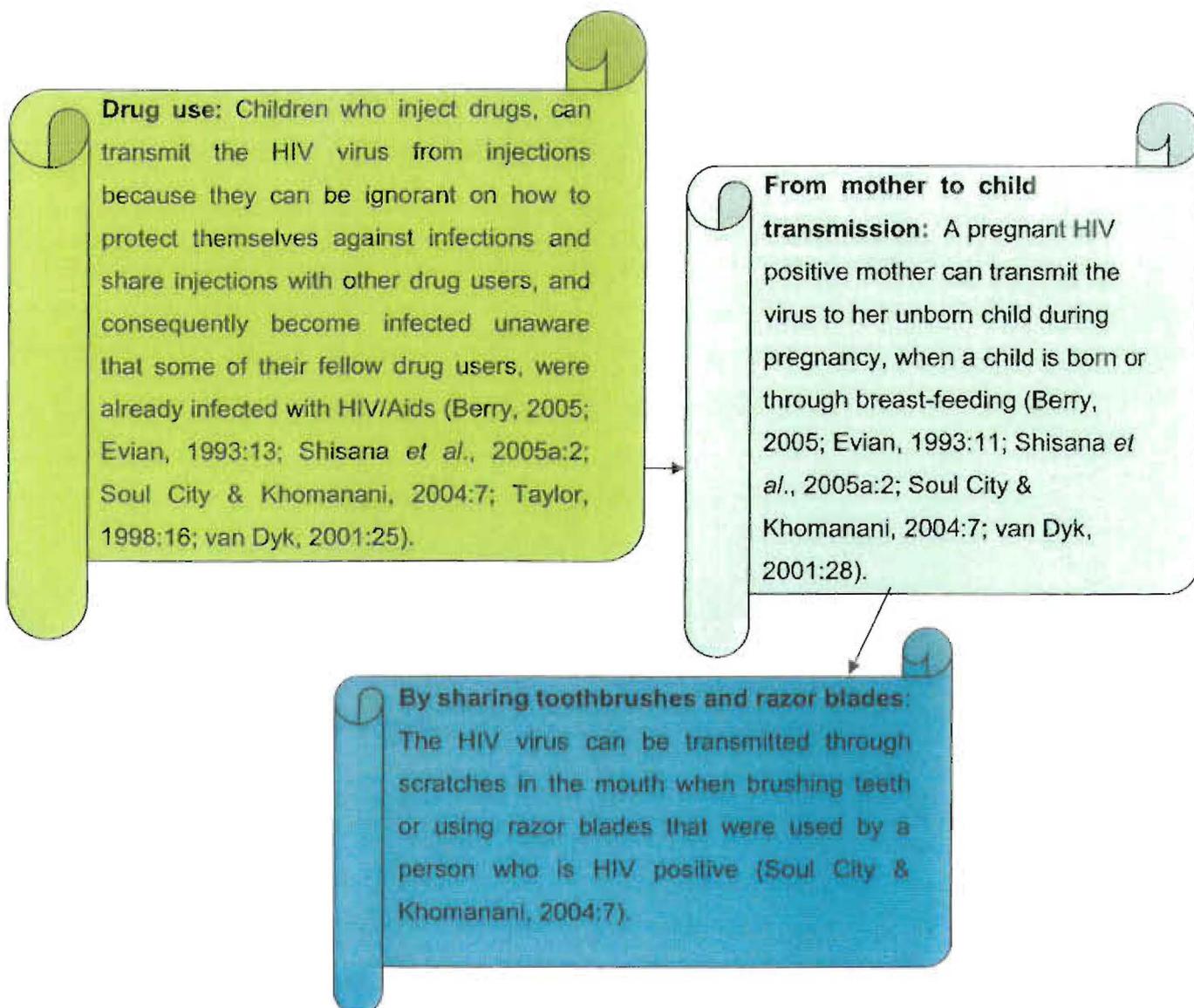
During the fourth stage, progression from HIV to Aids takes place. This happens because the immune system is so damaged that it cannot fight off opportunistic infections and cancers (Soul City & Khomanani, 2004:6; van Dyk, 2001:13). In the end, the person will die.

### 2. 2. 1 The Transmission of HIV

Figure 2. 2 lists the ways in which HIV can be transmitted. A person can become infected with HIV/Aids in the following ways:

#### Transmission of HIV





**Figure 2.2 HIV transmission**

Soul City Institute and Khomanani (2004:9) outlined simple ways on how a person cannot get HIV.

They are the following:

- through social contact (shaking hands, hugging and kissing);
- through other body fluids (urine, saliva and sweat because they contain small amounts of it ); and

- HIV cannot live in the digestive system of a mosquito, in that way, a person cannot get HIV from a mosquito (Evian, 1993:15; Soul City & Khomanani, 2004:9).

HIV can be prevented if people:

- know their status;
- abstain;
- have one sexual partner;
- treat all sexually transmitted infections;
- use condoms; and
- never share needles, toothbrushes or razor-blades (Quackenbush & Villarreal, 1988:106; Soul City & Khomanani, 2004:7-9).

## **2. 2. 2 AIDS and Opportunistic Infections**

AIDS is an Acquired Immune Deficiency Syndrome (Soul City & Khomanani, 2004:5; van Dyk, 2005:3). AIDS includes a number of sicknesses known as opportunistic infections that are acquired from HIV when the immune system is unable to protect the body from illnesses (Soul City & Khomanani, 2004:5; van Dyk, 2005:3-4). The person with HIV suffers a number of illnesses because of the body's inability to fight these off until a person's immune system becomes so weak that life threatening illnesses take over and she/he is alleged to have Aids (Soul City & Khomanani, 2004:5; van Dyk, 2001:4). When the medication taken against these infections is no longer working, the person will eventually die (Soul City & Khomanani, 2004:5; van Dyk, 2001:5; van Dyk, 2005:3-4).

As discussed in Stage 4 (*cf.* Figure 2.2) these diseases include:

- Tuberculosis;
- Pneumococcal disease;
- Pneumocystic carinni pneumonia;
- Toxoplasmosis;

- Candidiasis;
- Cryptococcosis; and
- AIDS-associated cancers (Gifford, Lorig, Laurent & Gonzalez, 1996:187; Soul City & Khomanani, 2004:6).

### **2. 2. 3 The Reality of HIV / AIDS as a Pandemic**

According to Vorster (2003:345), the spread of HIV-infection needs an urgent attention of researchers in the medical and sociological field to rather talk about a pandemic than an epidemic, because the death-rate world-wide is very high. UNAIDS/ WHO (2007) revealed that 33, 2 million people are living with HIV in the world, whilst 2; 5 million people are newly infected with HIV and 2,1 million died from an Aids-related illness in 2007. Though the estimated number of persons living with HIV worldwide has a reduction of 16% compared to the estimate published in 2006, the HIV/Aids pandemic remains the most serious communicable disease that threatens the public well-being because, UNAIDS/ WHO (2007) revealed that 6800 persons become infected with HIV everyday and 5700 persons die from Aids because of inadequacies of HIV preventative and treatment measures (UNAIDS/WHO 2007).

Sub-Saharan Africa is the most affected region globally because more than two thirds (68%) of all people who are HIV positive, reside in this region, where more than three quarters (76%) of deaths in 2007 took place (UNAIDS/WHO, 2007). It is estimated that 1,7 million people were newly infected with HIV in 2007 leading to 22,5 million, the total number of people living with HIV/Aids and the majority of people living with HIV, in Sub-Saharan Africa (61%), are women (UNAIDS/ WHO 2007).

Globally, the number of children living with HIV increased from 1,5 million in 2001 to 2,5 million in 2007 (UNAIDS/WHO, 2007). Although the estimated new infections among children declined from 460 000 in 2001 to 420 000 in 2007,

Aids-related deaths among children increased from 330 000 in 2001 to 360 000 in 2005 and declined from 360 000 in 2005 to an estimated 330 000 in 2007. Ninety percent of all HIV positive children live in Sub-Saharan Africa (UNAIDS/WHO, 2007). There is an estimation of 11,4 million orphans in sub-Saharan Africa due to HIV/Aids (UNAIDS/WHO, 2007).

In a City Press (2005, Feb, 27), a headline said it all about the HIV/Aids as a pandemic, "The Aids place where all just wait to die" (Anon, 2005). At the moment there is no cure for HIV/Aids. Governments and international communities have to come up with strategies to deal with the worldwide pandemic (De Jong, 2003:4).

### **2.3 THE HIV / AIDS PANDEMIC IN SOUTH AFRICA**

South Africa, has the largest number of HIV infections in the world (UNAIDS/WHO, 2007). Prevalence data collected from the latest round of antenatal clinic surveillance indicates that the HIV infection levels, among pregnant women were estimated to be 30% in 2005 and 29% in 2006 (Department of Health South Africa 2007). It is reported that there is a decrease in the prevalence among pregnant women (15 -24 years) and that suggests a slight decline in the annual number of new infections (UNAIDS/WHO, 2007). Based on the sample of 33.033 women attended 1,415 antenatal clinics across all nine provinces, the South African Department of Health Study (2007) estimates that 29,1% of pregnant women were living with HIV in 2006 and the province noted the highest HIV prevalence rates were in KwaZulu-Natal, Mpumalanga and the Free State (Info please, 2007).

In the middle of 2007, the antenatal survey, the Department of Health (together with UNAIDS/WHO and other groups) presented an updated estimate prevalence of 18,34% in people aged 15-49 years in 2006 and this correlates to approximately 5,41 million people living with HIV in 2006 including 257,000

children, predicting that the number will exceed 6 million by 2015 (Info please, 2007).

The South African National HIV Survey (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connolly, Jooste, Pillay, *et al*, 2005a) estimated that 10,8% of all South Africans over two years old, were living with HIV in 2005 and for the people aged 15-49 years, the estimated prevalence was 16,2% (Info please, 2007). The Head of Medical Research Council of South Africa (MRC) reported that HIV/Aids killed around 336,000 South Africans between mid 2005 and mid 2006 (Info please, 2007).

Because of a high prevalence rate and AIDS deaths, there are large numbers of orphans in South Africa (Shisana, *et al.*, 2005a:112). The South African National HIV Prevalence, HIV Incidence, Behaviour and Communication Survey (Shisana *et al.*, 2005a) revealed that 92, 8% of orphans were Africans followed by 4, 8% who were coloured and the rest were from the other ethnic groups. The provinces with a higher number of orphans were KwaZulu Natal and Eastern Cape Province and the provinces with the lowest number of orphans, were Western Cape and Northern Cape Provinces (Shisana, *et al.*, 2005a:112).

### **2. 3. 1 Factors contributing to the rapid spread of HIV/Aids**

In South Africa several factors have been identified, including:

- **Age** – In South Africa, women in their twenties make up over half of the adult HIV positive population probably because young adults are the majority of sexually active people (van Donk, 2003:6). Infants and younger children are increasingly at risk mostly through mother to child transmission or sometimes through early sexual activity (de Jong, 2003:4-5; HIV and Aids statistics in South Africa, 2005; van Donk, 2003:6).

- **Patterns of sexual networking** – In South Africa there are different patterns of sexual behaviours (Guest, 2003:4). There are some cultural practices that have contributed to the spread of HIV/Aids. Men in some places are obliged to marry and provide for their deceased brother's widow. If the man died of Aids, the virus can be passed from his infected wife to his brother and sister-in-law (Guest, 2003:6; Vorster, 2003:346). Older men sometimes have intimate relationships with young school girls by bribing them with gifts or their status symbols – younger girls then engage in risky sexual activities (Guest, 2003:4-6; Shisana *et al.*, 2005a:2; Soul City & Khomanani, 2004:7; van Donk, 2003:8).
- **Gender** – Biological factors contribute in exposing women to HIV/Aids infection and gender inequality is a significant factor as they often cannot negotiate safe sex, due to their inferior position in the society (Soul City & Khomanani, 2004:15; van Donk, 2003:7). HIV prevalence rate is highest in females between 25-29 years old and among males, the peak is in age 30-39 (Info please, 2007). The HIV prevalence by sex and age showed increases among young females (33,3%) in the 25-29 age group while in males it is lower (23,3%) in the age group 30-34 and 35-39. From this age group onwards HIV prevalence is higher in males than in females (Shisana *et al.*, 2005a: xxv).
- **Poverty** – In South Africa the high level of poverty makes society more vulnerable to HIV/Aids because poor women participate in sex-work to get money and they cannot always practice or negotiate for safe sex. Poverty and gender inequality are related (van Donk, 2003:7; Vorster, 2003:346). When people relocate to urban areas in search of work; they are removed from their families, and often find new partners and so become vulnerable to HIV infection (Soul City & Khomanani, 2004:19).

- **Labour migration** – Migration and resettlement contribute to the spread of HIV/Aids pandemic in South Africa, because migrants leave their regular partners for a long time, in search of work, and this creates the possibility of unfaithfulness which makes them more vulnerable to HIV/Aids infections (Shisana, *et al.*, 2005a:1; Soul City & Khomanani, 2004:19; van Donk, 2003:7; Vorster, 2003:346).
- **Violence against women and children** – In South Africa, rape and sexual abuse are common. This is worsened by the myth that a man can get rid of HIV by sleeping with a virgin (Guest, 2003:6). It is said that almost a third of girls who are raped, are attacked at school. At schools girls are often discriminated against and there is violence - school children (including school boys) are reported to be raped by some teachers (Coombe, 2003:12). Because of such violence against women and children, the chance of girls and young women being infected with HIV/Aids is three to four time higher than that of boys and young men.

### **2. 3. 2 HIV increases poverty**

Not only does poverty contribute to the spread of HIV/Aids, but the pandemic is also worsening poverty in South Africa, which further complicates the impact of the pandemic. HIV/Aids increases poverty in a number of ways:

- absenteeism from work may lead to job losses, thereby depriving families of their source of income (Coombe, 2003:8);
- people who are HIV positive spend their money on health needs at the expense of basic needs (Soul City & Khomanani, 2004:18-19);
- children, especially girls, are forced to leave school to care for relatives who are ill, denying them education and future employment (Guest, 2003:7-8);

- children and woman may be denied their rights to their inheritance and may be forced out of their homes once their fathers or husbands die (Coombe, 2003:4; Guest, 2003:11; Soul City & Khomanani, 2004:19).
- when breadwinners lose their jobs or die of HIV/Aids, elderly people use their pensions to care for their children who are ill, and orphaned (Guest, 2003:11);
- orphans experience the loss of parental love, care and support when their parents die, resulting in social problems that maintain poverty. In child-headed households children (girls in particular) who are forced to drop out of school, may experience insecurity and vulnerability to abuse which may force them into sex work in order to survive. This results in further poverty (Coombe, 2003:6-8; Shisana *et al.*, 2005a: xxxvi); and
- homes may be repossessed by banks when someone has died of HIV/Aids, leaving children without a roof over their heads (Soul City & Khomanani, 2004:18).

All the above, impact negatively on education and place burdens on teachers, learners and school communities. In other words, the HIV/AIDS pandemic is harming education, especially in poorer communities.

## **2.4 THE IMPACT OF HIV ON EDUCATION**

The survey focusing on HIV/Aids in South African public schools highlighted the very important point about children as our hope and future, but they (and their educators) are at risk in so many ways, because of the HIV/Aids pandemic (Shisana, *et al.*, 2005b:viii).

The HIV/Aids epidemic has the potential to undermine the ability of the education sector to deliver quality education and support economic growth and human development (Schierhout, 2003). The workforce is particularly affected, especially the age group from 15-49 years of age, from which most workers are generated.

This means, lots of skills are lost through mortality because of HIV/Aids and it will be difficult to replace them (Kelly, 2000; Kraak, 2004:46; van Donk, 2003:6-7). While there is a general consensus about the likely negative impact of HIV/Aids pandemic on education, Bennell (2005:441-442) argues the fact that governments in Africa do not keep vital registration statistics which accurately record information on all deaths including educators, but he does concur that the pandemic does pose a threat to educators in countries (like South Africa) where HIV prevalence is high (Bennell, 2005:462; Kinghorn & Kelly 2005:497; Theron, 2007a:175).

Both supply and demand in education is affected creating poor quality of education (Shisana *et al.*, 2005b: viii; The World Bank, 2002:11).

#### **2. 4. 1 Impact on supply and quality education**

Educators are the suppliers of the education. If there are not enough educators or if they are often absent, the supply of education is threatened. Also, if educators are sick or often worried, or inadequately trained, the quality of education is threatened. HIV/Aids has a negative impact on the supply of educators and the quality of education, including the following ways:

- **Mortality and educators**

HIV/Aids affects the supply of education when qualified educators die because of the HIV/Aids pandemic (Hall, Altman, Nkomo, Peltzer & Zuma, 2005:1; Kelly, 2000). In 2004, four thousand South African educators died because of HIV/aids pandemic of which 80%, were under the age of 45 (De Capua, 2005). Hall *et al.*, (2005:23) and Shisana *et al.*, (2005b: xvi) revealed that 12, 7% of educators who participated in their 2005 survey were estimated to be living with HIV/Aids in 2005.

In Shisana *et al.*'s study (2005b: xvi-xvii), male and female educators had equal rates of HIV infection, when age and race were not considered. African educators had the highest rate of infection (16, 3%) and their infection rates were significantly higher than educators in other races (their prevalence levels were 1%). One reason for this may be that many African educators could be found in the high risk age groups of 25-34 years and 35-44 years.

- **Loss of managerial skills**

Education personnel like finance and planning officials, inspectors and managers are dying because of HIV/Aids (Kelly, 2000; The World Bank, 2002:11). This means it is going to be difficult to plan, implement and manage policies, programmes, finances and projects (Kelly, 2000; Simbayi *et al.*, 2005:41).

- **Impact of HIV/Aids on gender**

The supply and quality of education is affected because most educators are African females. In a limited survey of women and men aged 25-34 years, African women had a higher prevalence rate than men, because of their vulnerability to HIV /Aids infection in part because of their biological make up, and in part because of low economic status (Shisana *et al.*, 2005b:xvii). African female educators are concentrated in this high risk group age of 25-34 year olds (Shisana *et al.*, 2005b:xvi-xvii).

- **Geographical impact of HIV / Aids**

A 2004/5 survey of HIV/Aids in South African public schools, (Shisana *et al.*, 2005b) revealed that KwaZulu Natal, Mpumalanga and Eastern Cape had districts with an HIV prevalence among educators that was higher than 20%, while other districts in the Western Cape, Northern Cape and Gauteng had an HIV prevalence of less than 5%. Overall the metropolitan districts had low HIV

prevalence among educators, whereas rural schools showed higher prevalence levels (Kgosana, 2005; Shisana *et al.*, 2005b: xvii). The geographical and socio-economic locations of schools, and the composition of their learner population, means that some will confront bereavement on an almost daily basis as schools in poorer or rural areas mostly lack resources (Bhana *et al.*, 2006:6).

KwaZulu Natal and Mpumalanga had the highest prevalence (more than 19%) of infected educators when compared with all provinces, followed by Eastern Cape, the Free State and North West (more than 10% and less than 19%). The provinces with less than 10% were Limpopo, Gauteng and Northern Cape. The Western Cape had the lowest HIV prevalence at 1, 1% (Kgosana, 2005; Shisana *et al.*, 2005b: xvii).

- **Attrition in educators**

HIV/Aids contributes to attrition among educators because morbidity and mortality contribute to stressful working conditions caused by increased workloads when some educators are frequently absent or have passed away (Hall *et al.*, 2005:23; Peltzer *et al.*, 2005:112; Theron, 2007a:175; Theron, Geyer, Strydom & Delport, 2008:forthcoming).

HIV positive or affected educators may be leaving school because of:

- medical grounds or early retirement;
- relocation from rural to urban areas where medication is accessible; and
- stressful working conditions, because of colleagues, learners and relatives living with HIV/Aids (Boler, 2003; Esterhuizen, 2007:37; Hall *et al.*, 2005:23; Kinghorn & Kelly, 2005:493).

The above has led to a shortage of Maths and Science educators more especially in rural areas (Coombe, 2003:11).

- **Absenteeism**

The rate of absenteeism increases due to educator HIV/Aids related challenges. When HIV/Aids affects an educator's family members, educators will be absent from work because they will be attending funerals of the deceased or be at home taking care of those who are suffering from HIV related illnesses which means there will be less time for teaching, leading to poor quality of education (Simbayi *et al.*, 2005:41; Theron, 2007a:175; The World Bank, 2002:13).

In addition, Bennell (2005:450) highlighted other reasons for absenteeism among educators, as sickness of self, school-related (i.e. attending workshops) but, also confirmed funeral attendance as the main reason (Bennell, 2005:450; Kinghorn & Kelly, 2005:493).

- **Stress, depression and poor performance**

Educators can perform poorly, because of psychological effects, distress and grief, when family, loved ones, learners or colleagues are ill and dying because of HIV/Aids (Boler, 2003; Coombe, 2003:11; Simbayi *et al.*, 2005:41; Theron, 2005:58; Theron, 2007a:175; Theron, 2008a:29; Theron, 2008b:90; Theron *et al.*, 2008: forthcoming; The World Bank, 2002:13).

Schools reported a low performance and morale among educators and learners who are affected/infected by HIV/Aids pandemic (Coombe, 2003:11).

- **Stigma and discrimination**

Stigma and discrimination, may contribute to absenteeism. Because of the role teachers hold in the communities they might want to hide their status, because they fear the people around them and death because of HIV/Aids (Coombe, 2003; Health and Development Africa, 2004:56; Simbayi *et al.*,

2005:92). This concealment can cause poor health and stress which diminish the quality of education.

The reason for stigmatization includes (amongst others) moral thinking, i.e. thinking that if a person is HIV positive it is because of her bad moral behaviour leading to someone not to disclose, for fear of being marginalised or seen as an outcast (Vorster, 2003:351). When educators are prejudiced against colleagues who are infected or affected, collegiality suffers and this impacts negatively on staff wellness (Theron, 2005: 58).

- **Availability of resources and content of education**

The need to incorporate HIV/Aids education in the curriculum to promote safer sexual behaviours is needed. In the Civil Society Survey (CSS) report (UNESCO, 2006a:41), the civil society confirmed that HIV/Aids curricula received universal support from ministries of education and all countries surveyed had designed a comprehensive HIV/Aids syllabus, but educators and community groups were not involved, and lack of adequate training and support for educators to teach the new curriculum contributed to implementation failure (Bhana *et al.*, 2006:8; UNESCO, 2006a:41).

Some educators are not aware of different HIV/Aids policies available that can help them cope with the HIV/Aids crisis (Shisana *et al.*, 2005a:25; Simbayi *et al.*, 2005:103). Other educators report that they do not have enough resources to teach about HIV/Aids (Theron *et al.*, 2008: forthcoming).

A review focusing on HIV/Aids (Simbayi *et al.*, 2005) revealed that only 48, 4% of educators indicated that they previously taught a class about HIV/Aids, while 50, 9% did not, and 0, 7% responded that they did not know (Simbayi *et al.*, 2005:104).

Some educators find guidance, counselling and life skills teaching problematic because they lack expertise (Bhana *et al.*, 2006:8; Coombe, 2003:10).

All the above will make it hard to provide quality education.

#### **2. 4. 2 The impact on demand for education**

HIV/Aids affects the demand for education because of the following:

- **Decline in enrolment**

The school - age population will be smaller than in the absence of HIV/Aids (The world Bank, 2002:14). This will be created by the high prevalence rate among adults of childbearing age due to HIV/Aids and lower fertility among surviving adults (Campbell, 1999:8; The World Bank, 2002:14). There will be fewer children entering school for the first time because those who contracted the HIV virus from their parents may be dying even before they start schooling (Maritz & Lessing, 2004:108; Visser, 2004).

There may be fewer youth to complete their schooling or complete their studies given the high prevalence rate in the age group 15 – 49 (Simbayi *et al.*, 2005:35). This means when they pass matric they may be already ill and dying because of HIV/Aids. Enrolment, retention and completion rate are expected to drop as results of the HIV/Aids pandemic (Coombe, 2003:8).

- **HIV/Aids and orphans**

Vorster, (2005:346) claimed that the HIV/Aids pandemic has created a new generation of children with HIV/Aids and Aids orphans. Some HIV/Aids orphans may have younger siblings and since there are no traditional community support mechanisms, a number of households are headed by children (Berry, 2005;

Catholic Relief Service, 2005; Guest 2003:131; Kinghorn, Coombe, McKay & Johnson, 2001). This causes stress for educators and learners (Bhana *et al.*, 2006:6; Boler, 2003; Coombe, 2003:7-8), and means that many of these learners drop out.

School-age orphans may experience:

- abuse;
- economic stress in their household;
- stigma and discrimination because of HIV/Aids;
- new responsibilities to take care of sick, or young siblings; and
- loss of parental guidance (Guest, 2003:131; Kinghorn *et al.*, 2001:6; Shisana *et al.*, 2005a:114).

This means there may be an increase in orphan attrition as orphans drop-out or are regularly absent from school (Coombe, 2003:2-8) and negative behaviours that can create barriers in learning affecting educators and learners psychologically and morally and affecting the quality of education (Boler, 2003; Jackson & Rothmann, 2005:119; Pe;tzler *et al.*, 2005:109; Simbayi *et al.*, 2005:49; Theron, 2005:59; Theron, 2008b:90-91).

- **School girls are more vulnerable**

Girls and young teenagers are vulnerable to HIV/Aids because they lack the necessary education on how to handle themselves morally and how to practice safe sex (Coombe, 2003:4; The World Bank, 2002:20). The South African Medical Research Council noted that some school girls had been forced to have sex by educators, which means that they are at risk of contracting HIV/Aids (Coombe, 2003:12). This may also affect the demand for education negatively.

## **2.5 THE IMPACT OF THE HIV PANDEMIC ON AFFECTED EDUCATORS**

Many educators are affected by HIV/Aids in many ways (Bhana *et al.*, 2006:5-6; Coombe, 2003:11; Hall *et al.*, 2005:23; Kinghorn & Kelly, 2005:493 Shisana *et al.*, 2005b:xviii; Simbayi *et al.*, 2005:44; Theron, 2007a:175; Theron, 2008a:29; Theron, 2008b:90). They experience the impact personally, professionally and socio-culturally.

### **2.5.1 Personal impact**

Educators are personally affected by HIV/Aids when members of their families, colleagues and / or learners are living with or have died from HIV/ Aids. The subsequent personal emotions of educators affected in these ways, result in low morale which affects their job and their personal functioning (Bhana *et al.*, 2006:5-6; Coombe, 2003:9-10; Hall *et al.*, 2005:23 & 25; Kinghorn & Kelly, 2005:493; Theron, 2005:59; Theron, 2007a:177; Theron, 2008b:90; Visser, 2004). Many educators affected by HIV report depression and sadness (Hall *et al.*, 2005:23).

In the surveys conducted by Bennell (2005:450), educators confirmed that their personal lives outside school had a greater impact on their low morale. When the impact of the pandemic was added, these educators experienced more stress.

Jackson and Rothmann (2005) confirmed that exhaustion of educators is linked to overload, pressure of attending too many things at a time and being confronted by mentally upsetting conditions in schools (Jackson & Rothmann, 2005:119). This means, HIV/Aids-related stresses are adding to the challenges educators already have (Theron, 2007a:175).

Many educators bury loved ones and learners and this means they are often traumatised and grieving (Bhana *et al.*, 2006:5; Coombe, 2003:11; Kinghorn & Kelly, 2005:493; Theron 2007a:177; Theron, 2008a:29; Theron *et al.*, 2008).

Because of the pandemic many educators are experiencing:

- negative emotional experiences (i.e. stress, tension, grief, sadness and fear);
- negative spiritual experiences (i.e. spiritual disillusionment, regarding HIV/Aids as punishment);
- negative physical experiences (i.e. poor sleeping and eating patterns); and
- negative social experiences (i.e. social isolation, fear of stigmatization, to be cautioned because of HIV/Aids) (Theron, 2007a:177-180).

The 2005 study “Potential Attrition in Education” (Hall *et al.*, 2005) revealed that 16% of educators who participated in the survey were emotionally affected because of colleagues who were living with or had died from HIV/Aids. Thirteen percent (13%) were emotionally affected because of HIV positive and/or affected learners and 11% experienced feelings of sadness and unhappiness because of relatives who passed away or were living with HIV/Aids (Hall *et al.*, 2005:23).

Emotional impact appears to be more among African educators since there is a higher prevalence among black people compared to other racial groups (Shisana *et al.*, 2005b: xvii).

### **2.5.2 Professional impact**

Educators are professionally affected for a variety of reasons.

In a country-wide survey it was noted that at least 12, 7% of participating South African educators were HIV positive (Hall *et al.*, 2005:23-25; Shisana *et al.*, 2005b:xvi). There seems to be a relationship between HIV/Aids and longer periods of absence from work (Hall *et al.*, 2005:24). Educator absenteeism is associated with stress and high workloads among colleagues (Hall *et al.*, 2005:23; Shisana *et al.*, 2005b:xvi; Theron, 2007a:177; Theron, 2008b: 90). When educators are absent the remaining educators often have to teach extra learners and so affected educators have to cope with overcrowded classes - this may disrupt work activities and increase dissatisfaction among educators (Hall *et al.*, 2005:23).

The challenges of the HIV/Aids pandemic seem to be greater for educators who are considering leaving the teaching profession than those who do not consider leaving (Hall *et al.*, 2005:23). Educators who are ill and require treatment sometimes move away to areas where there is more easily accessible medical care. This leads to schools in urban centres with a higher proportion of chronically ill educators which impacts on school performance, housing, stock and general morale (Coombe, 2003:11).

Some educators who are not HIV positive and come into contact with colleagues who are HIV positive report that they experience stress, either because it is an effort to support these colleagues or because they try hard to rather avoid contact with these colleagues (Theron, 2005:59).

Because of collegial and learner absenteeism some educators are reporting poor quality of work (Coombe, 2003:11; Theron, 2007a:180). School performance is predicted to decline when educators, officials and learners are ill, and lack morale and are unable to concentrate on learning and professional matters because their lives are touched by HIV/Aids (Coombe, 2003:15). Theron (2007a:180) reported that some educators who were affected by the pandemic related that their quality of work was poorer because they had less time and

energy to prepare, their daily professional routine was stressful and they had been given extra responsibilities.

Some educators experience distress because they need to cope with Aids-orphans in their classes (Boler, 2003; Theron, 2007a:181). In 2005, the total number of Aids-orphans in South Africa was 14, 4% of all children between the ages of 2 and 18 (Shisana *et al.*, 2005a:112). These learners may perform poorly in the classroom because they may be ill disciplined or unsocial because extended family members may not discipline or encourage them adequately (Coombe, 2003:6). Some educators may be disheartened when learners perform poorly in the classroom or when they experience stigma and discrimination (Coombe, 2003:8). Many educators (especially those in poorer communities) try to take care of orphans; some even do so in their own homes (Bhana *et al.*, 2006:14-15; Coombe, 2003:13-14). Some educators report that they are burdened by their experiences with orphaned and vulnerable learners and that some become emotionally over-involved with these learners (Theron, 2007a: 181).

Education is considered a fundamental means of preventing new HIV infections; therefore educators are expected to provide preventative education. Many educators cannot cope with this additional professional role and with providing care and counselling to learners affected by the pandemic as there are few policies and guidelines for educators on care and counselling and educators become exhausted (Coombe, 2003:10). Many educators feel they lack knowledge, training and support in this regard (Bhana *et al.*, 2006: 8; Coombe, 2003: 10).

### **2.5.3 Socio-cultural impact**

Educators may be socio-culturally affected by HIV/Aids because of their role in the community. They may find it difficult to talk about taboo subjects like death

and sexuality, even though they are expected to, because parents may find sexual terms offensive (Coombe, 2003:10). HIV/Aids has brought challenges to educators to develop social skills like looking for and reading signs of anxiety and anger, as well as sudden changes in behaviour, that suggest that the learner needs assistance for a particular problem. Not all teachers are able to interpret the signs and decide upon appropriate strategies for care and this may be stressful (Bhana *et al.*, 2006:8). Such skills have traditionally been understood as women's work and women are more likely to grow up caring for others than men. This might impact on what is expected of female teachers as compared to male counterparts. Nevertheless, men's involvement in care work is increasing (Bhana *et al.*, 2006:16-17).

## **2.6 CONCLUSION**

HIV/Aids is regarded as an additional reason for attrition and stress among educators, because morbidity and mortality contribute to stressful working conditions (Hall *et al.*, 2005: 4; Theron, 2007a:177). Educators are personally and professionally affected. Education as a whole should attend to the stressors of educators, such as their workload, large classes and lowered morale. Although there are many useful HIV/Aids related policies already developed by both the DoE and two educators unions, Sadtu and Naptosa, a major concern is the poor implementation of policies and the monitoring and the evaluation of their impact (Peltzer *et al.*, 2005:111).

Even if as Bennell (2005:445) suggested, education sector mortality rates are very low compared with larger populations and research reporting on educator impacts based on small samples, it is necessary to take steps to support educators to cope with the pandemic (Bennell, 2005:445; Kinghorn & Kelly, 2005:490).

In the next chapter possible forms of educator support aimed at coping with the HIV/Aids pandemic will be discuss.

## CHAPTER 3

### EDUCATOR SUPPORT SYSTEMS

*"It is easier to discover a deficiency in individuals, in states, and in Providence, than to see their real import and value."*

*George William Friedrich Hegel-*

#### 3.1 INTRODUCTION

The HIV pandemic is one of the most challenging issues faced by South Africans today (van der Walt, Bowman, Frank & Langa, 2007:206). As outlined in Chapter Two, one sector affected by the pandemic is education. Coombe (2004:106) reports that in countries with high HIV prevalence (including South Africa) the HIV/Aids pandemic affects the supply, the demand, the quality and the way education is managed. According to UNESCO (2006b), education can play a critical role in preventing future infections and can also assist learners and educators to avoid future infections. However, an effective response will require that all stakeholders be on board including education, labour and health sectors, educator unions, civil society organizations, especially networks of people living with HIV (PLHIV) and parent/educator associations (UNESCO/EFAIDS, 2006).

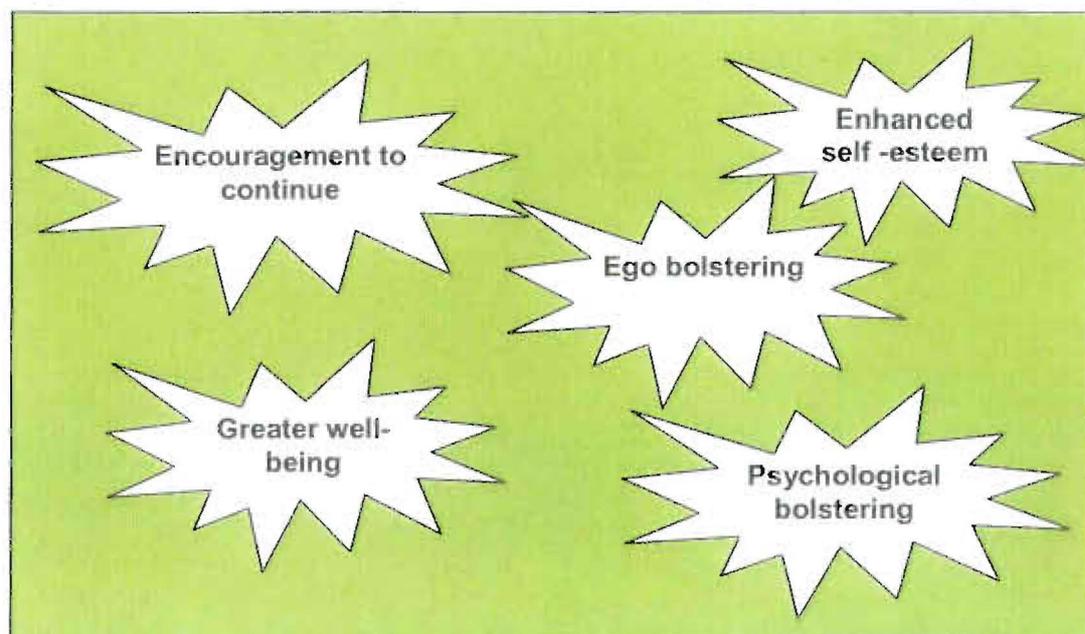
Literature on HIV/Aids indicates that educators are mostly overwhelmed by the impact of the HIV/Aids pandemic on their lives (Hall *et al.*, 2005:23; Simbayi *et al.*, 2005:41; Theron, 2005:56; The World Bank, 2002:11). The impact of HIV/Aids on educators can be experienced in person and at the professional, societal and universal levels (UNESCO & Education International, 2006). Educators are regarded as an important stakeholder in education to see to it that the goals of Education for All (EFA) are achieved (Coombe, 2003:13; Coombe, 2004:109; Theron, 2005:59).

To avoid loss of this important stakeholder, support for educators then has to be provided.

### 3.2 SUPPORT DEFINED

Support is a provision offered to someone with the aim of giving comfort and encouragement (Esterhuizen, 2007:47). The aim of support is to ensure a better well-being and wellness (Reber & Reber, 2001:726). When people maintain wellness and continue with life despite risks involved, they are thought to be resilient. Resilience can be defined as the dynamic process that shows positive adaptation in the presence of challenging situations i.e. coping with difficulties (American Psychological Association, 2006; Boyden & Cooper, 2007; Gu & Day, 2006:1304; Theron, 2004:317; Theron, 2007a:175). If educators are to remain resilient in the face the HIV/Aids pandemic, they need to be supported. Figure 3.1 summarizes benefits of support.

**Figure 3.1: Benefits of support** (Reber & Reber, 2001:726; Theron, 2005:59)

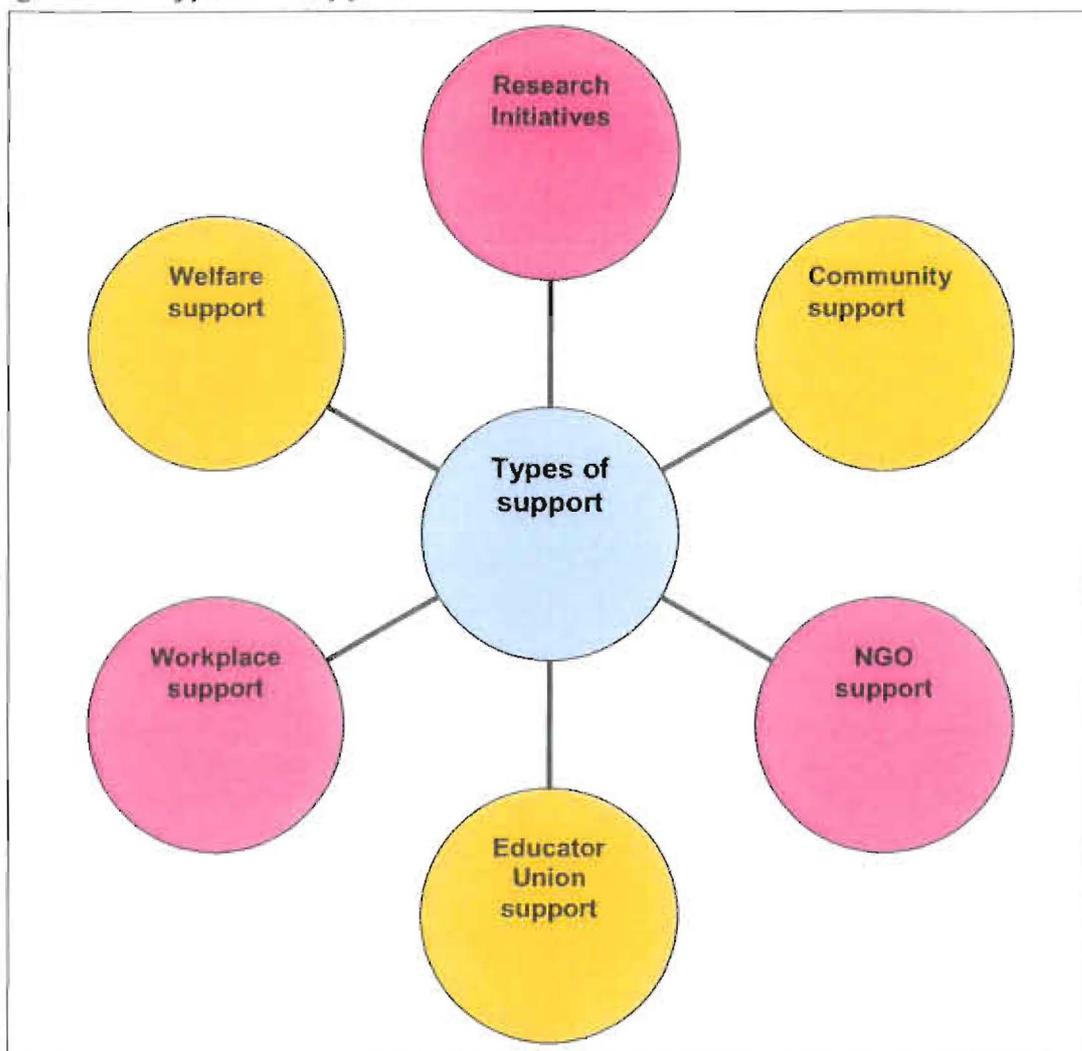


This chapter will focus on support needed by educators affected by the HIV/Aids pandemic.

### 3.3 TYPES OF SUPPORT

There are various forms of support ranging from practical to legal support to psychological support. In this section, the following forms of support that are available to educators are summarised in Figure 3.2:

**Figure 3.2: Types of support**



Each of these types of support will be discussed in detail, as it relates to affected educators.

### 3.3.1 Community support

Schools do not function in segregation; they are components of communities where they are situated (Donald, Lazarus & Lolwana, 2007:172; Education International, 2006). Support needed and required by the affected educator should include community support (Education International, 2006). Support available for people infected and affected by the pandemic has often been to the exclusion of educators. This exclusion has had a negative impact on the education sector, whose objective is to produce national human resources for our country (Simbayi *et al.*, 2005:139).

Community support is comprised of structures like the Non-Governmental Organizations (NGO's), Faith Based Organizations (FBO's) and Community Based Organizations (CBO's). The above mentioned structures are informal in nature. These structures provide service where government and private sector cannot (Kinghorn *et al.*, 2001:14; Esterhuizen, 2007:50). They mostly provide service and support to vulnerable and poor people in the community. Government projects like BANA PELE and Khomanani work together with communities to deal with the inadequacies presented by the pandemic (Esterhuizen, 2007:50).

Community support can be defined as resources that can enhance and achieve both collective and individual well-being, based on such principles as inclusiveness, mutual respect among community members, collective participation and equity (Roos & Temane, 2007:280). One form of support where communities address the challenges they face by relying on existing assets and local resource can be described as asset-based coping (Eloff, 2006:20; Ferreira, 2007:281). The affected educator needs to cope in order to remain resilient in the

face of the pandemic (Ebersöhn & Eloff, 2006:5). Table 3.1 provides examples of South African community support structures for people infected and affected by the HIV/Aids pandemic.

**Table 3.1: South African community support structures for people infected and affected by HIV and AIDS (Esterhuizen, 2007:50).**

South Africa	Gauteng	Vaal Triangle
Aids Helpline	Aids Helpline	Aids Helpline
Hospice	Hospice	Wide Horizon Hospice
Provincial Hospitals	Provincial Hospitals	Kopanong Hospital
Department of Social Development	ATICC	Sebokeng Hospital
Department of Health	Hope worldwide	Bophelong Clinic
Black Sash	NAPWA	Busy Bee Hospice
	Safe Care	Lifeline
	TAC	Social Services
	Aids Consortium	North West University
		ATTIC Stanley Rangaza

As can be deduced from the above, most community support services are not specifically aimed at educators who are affected by the pandemic. Nevertheless, educators can benefit indirectly from these services.

### 3.3.1.1 Benefits of community support for the affected educator

Table 3.1 provides educators with information on South African community support structures (which include CBO's, NGO's and Government structures) for people infected and affected by HIV/Aids. CBO's can embark on community education about the spreading of the HI virus, prevention and care of the affected/infected loved ones. Expertise of local skilled people can be used to assist poor communities to initiate self sustaining projects like sewing and knitting

(Ebersöhn & Eloff, 2006:98-99). CBO's can help orphans and vulnerable children to acquire identity documents, birth certificates and apply for Child Support Grants from the Department of Social Development (Gauteng Provincial Government, 2004:5). These structures can assist in the distribution of food parcels, clothing and other material needs to orphaned vulnerable children (OVC) and needy families.

In this manner, the educator's responsibility of having to assist learners and their families who are made vulnerable by the pandemic will be shared, which in turn might allow the educator to feel supported.

### **3.3.2 NGO support**

Non Governmental Organizations (NGO's) are structures which operate independently from government. They survive with funds channelled by outside donors. A wide diversity of NGO's has responded to the HIV/Aids crises. They engage in a number of activities including research, training, advocacy, education, welfare and health service provision, caring for orphans, counselling and other activities (AIDS FOUNDATION South Africa, 2005:3). Forming partnerships with NGO's will benefit people living with the HIV/Aids pandemic. NGO networking ranges from regional, provincial, national and international level.

#### **3.3.2.1 South African NGO support structures**

There are a number of South African NGO structures which support people affected by the pandemic. The following are an example of NGO's providing such support (Esterhuizen, 2007:53):



TAC.



Action AIDS.



AVERT.ORG.

-  Centre for Disease Control and Prevention.
-  Clearinghouse.
-  DFID (UK) Department for International Development: British Development: Clearinghouse.
-  Irish Aid.
-  Nurturing orphans of AIDS for Humanity.
-  Save the Children
-  The European Union.
-  The Organization of African Union.
-  The World Health Organization (WHO).
-  UNAIDS (United Nations).
-  USAIDS (US) (United States).
-  Development Cooperation Ireland.

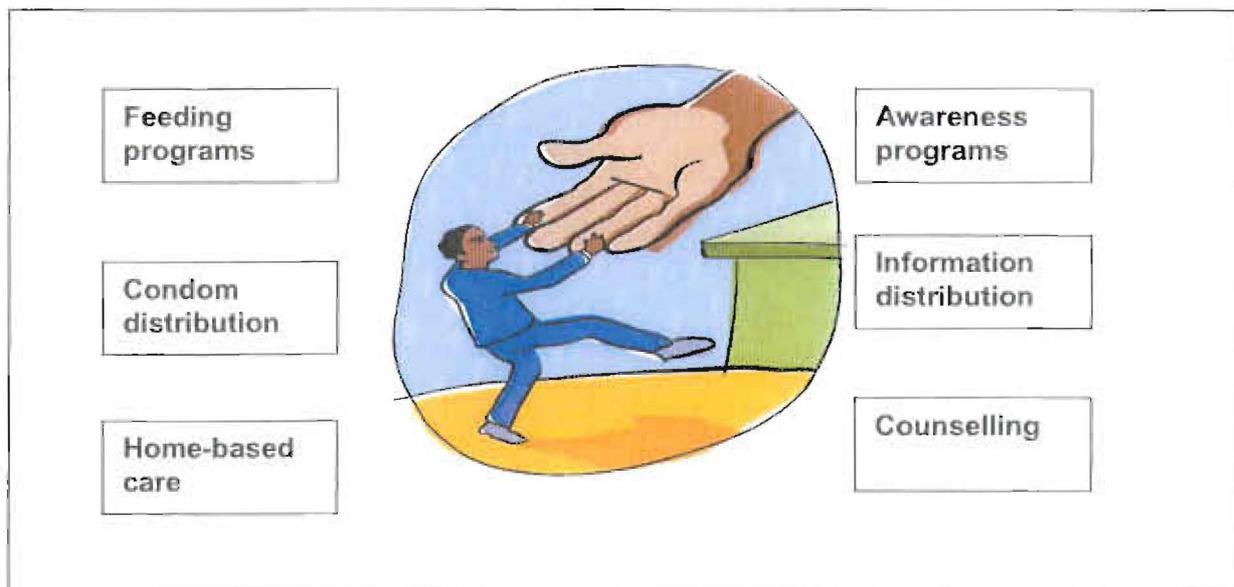
The following are examples of international donors channelling funds to South African NGO's (Esterhuizen, 2007: 53):

-  Bill and Melinda Gates Foundation.
-  BP.
-  Coca Cola.
-  Ford.
-  International Monetary Fund.
-  Mercedes Benz.
-  World Bank.
-  Old Mutual.

### 3.3.2.2 Benefits of NGO support for the affected educator

The involvement of NGO's strengthens the quality of HIV/Aids services meant for the community. With the funds contributed by donors, NGO's can mobilise and train volunteers how to provide home based care and counselling services for people in need. Volunteers from these structures can then visit households and support those who are infected and affected by the pandemic. Orphans and vulnerable children can be helped with bursary schemes (AIDS FOUNDATION South Africa, 2005; Esterhuizen, 2007:55). NGO's can assist with the distribution of condoms, ARV's and food parcels, amongst others as shown in Figure 3.3:

Figure 3.3: Examples of NGO assistance



Family members may also receive information from NGO's which will provide them with coping skills in situations like (Esterhuizen, 2007:55; Soul City & Khomanani, 2004:47; Theron, 2006:5):

 giving and gaining support;

- 🚶 coping with stigma;
- 🚶 management of stress;
- 🚶 venues where HIV tests are done;
- 🚶 nutrition;
- 🚶 ARV's;
- 🚶 treating illnesses related to HIV and AIDS;
- 🚶 dealing with death and dying; and
- 🚶 applying for grants.

If affected educators become aware of support provided by NGO's, they will feel that their burden is shared.

### 3.3 3 Workplace support

Current studies indicate that educators are still dying of HIV related illnesses and therefore there are calls on ministries of Education to introduce comprehensive AIDS programmes which will support educators in the workplace (Bennell, 2005: 460; Theron, 2007a:175). These programmes are to prevent HIV infection among teaching and other staff and create a supportive environment for all employees, both those who are living with AIDS and those who are not (Bennell, 2005:460). Workplace programmes should include information such as (Bennell, 2005:460-462; Cape Gateway, 2005):

- 🚶 awareness programmes;
- 🚶 counselling services and support groups;
- 🚶 HIV education and prevention;
- 🚶 creation of accepting environments;
- 🚶 referral procedures;
- 🚶 ARV's; and

 voluntary testing.

According to Peltzer *et al.*, (2005:112), support should not be limited to HIV/Aids only, it should be broad-based covering a range of wellness initiatives, such as drug and alcohol avoidance, stress reduction, smoking cessation, counselling, and management of chronic diseases like hypertension and diabetes. Such a broad-based programme can enhance acceptability by employees and reduce possible stigma that may be associated with a dedicated HIV/Aids programme.

A supportive environment can then be defined as an environment where teaching and learning are advanced, including the right to education, a safe environment, freedom from discrimination, recognition of the dignity of those who are infected and care for those who are affected, an environment which focuses primarily on the best interests of learners and educators (Esterhuizen, 2007:61; Simbayi *et al.*, 2005). If educators are expected to function optimally, they need to do so, within supportive environments (Theron, 2007a:177).

### **3.3.3.1 Examples of workplace support structures**

Hoadley (2007:251), Simbayi *et al.*, (2005) and Xaba (2006) list the following Department of Education (DoE) policies and structures:

-  National Education Policy on HIV/Aids for Learners and Educators in Public Schools, and Students and Educators in Further Education Training Institutions of the Department of Education;
-  The HIV/AIDS Emergency: Guidelines for Educators;
-  Education White Paper 6, Special Needs Education: Building an Inclusive Education and Training System;
-  HIV and AIDS: Care and Support of Affected and Infected Learners: A Guide for Educators;

- 🚶 National -School Nutrition Programme;
- 🚶 National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS;
- 🚶 National School Health Policy and Implementation Guidelines;
- 🚶 Implementation Plan for Tirisano;
- 🚶 Education Laws Amendment Bill;
- 🚶 Health Advisory Committee (HAC);
- 🚶 School Governing Bodies (SGB);
- 🚶 School Management Teams (SMT); and
- 🚶 Educator Support Teams (EST).

Through workplace support, educators, learners and other staff members who cannot perform their duties because they are ill, will be covered, new HIV/aids infections in the education sector will potentially be prevented and the rights and responsibilities of affected educators, will also be protected (Bennell, 2005:460; Simbayi, *et al.*, 2005:134). Workplace support potentially protects educators, learners and other staff members against discrimination, violence and enables educators to follow the referral procedure to refer affected/infected learners to various stakeholders, creating an accommodating environment in schools (Simbayi, *et al.*, 2005:39 & 57; Xaba, 2006:56).

### **3.3.3.2 Benefits of workplace support for the affected educator**

According to Xaba (2008:99-101), a supportive work environment for educators affected by HIV/Aids can:

- 🚶 Create an open school where staff model positive relationships for learners.
- 🚶 Create an environment that makes people feel able to disclose.
- 🚶 Assist educators who deal with death and grief in the school.

- ✚ Address educator stress.
- ✚ Promote support and respect among staff at school.
- ✚ Promote supportive and appreciative leadership.
- ✚ Scaffold awareness and knowledge with regard to HIV/Aids.
- ✚ Promote educator awareness of the physical, medical, emotional and social needs of the ill educator.
- ✚ Promote educator awareness of human rights.
- ✚ Combat depression.
- ✚ Lessen any form of discrimination.

Educators will be able to function more resiliently if they work within a supportive work environment. Theron (2007a:177) purports that strenuous work environments deplete educator health and so places educators at risk for incompetent functioning. But if educators feel that they are supported and equipped with coping skills, they will be encouraged to function more resiliently.

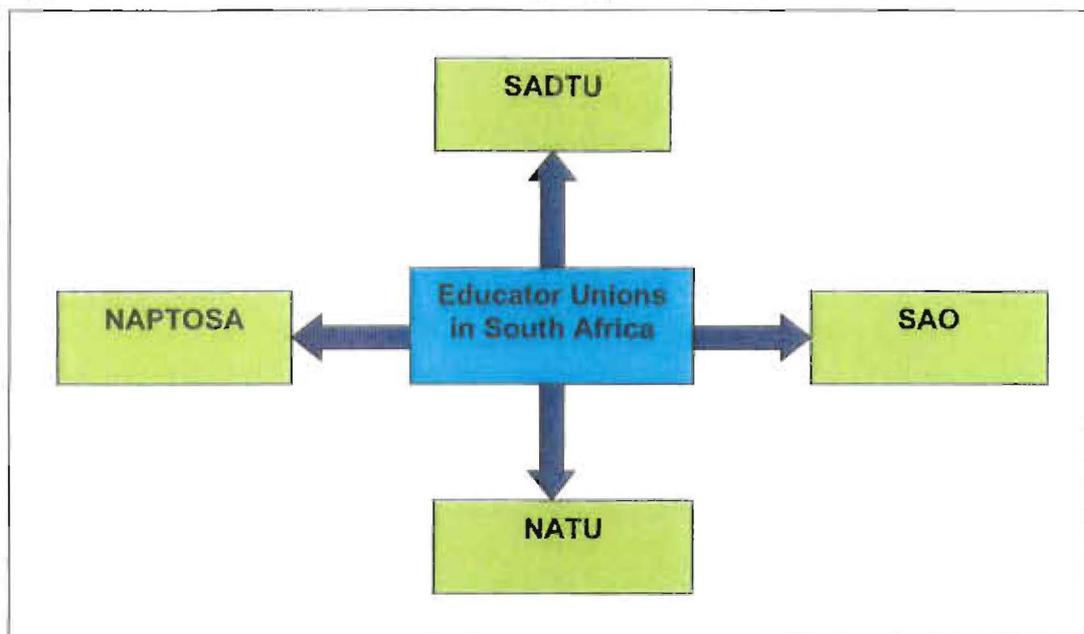
### **3.3.4 Educator union support**

Educator union support can be defined as policies which strive to equip educators with some practical competencies that would enable them to respond to current social and educational problems with particular emphasis on the issues of violence, drug abuse, poverty, child and women abuse, environmental degradation and especially the challenges posed by HIV and AIDS (Simbayi *et al.*, 2005:66-69). Workplace policies for HIV/Aids are aimed at providing guidelines for all employees on how to manage HIV/Aids within the workplace and the main objectives are to create a supportive work environment for employees living with HIV/Aids or affected by HIV/Aids, to eliminate discrimination against persons with HIV/Aids, inform employees about their rights, and protect persons potentially exposed to HIV at work (Simbayi *et al.*, 2005:34).

### 3.3.4.1 Examples of educator union support in South Africa

Figure 3.4 below depicts the South African Unions supporting educators affected by HIV and AIDS.

Figure 3.4: SA educator unions offering support



The educator unions support educators to cope with the HIV/Aids pandemic in the following ways:

- South African Democratic Teachers Union (SADTU), National Professional Teachers Organization of South Africa (NAPTOSA), National Teachers Union of South Africa (NATU) and SUID Afrikaans Onderwysers Unie (SAO), aim at empowering their members with regard to HIV/Aids Prevention, care and support (Kaiser Family Foundation, 2005).
- Naptosa's policy on HIV/Aids focuses on infected and affected Naptosa members and learners and on awareness and support programmes (Simbayi *et al.*, 2005:35). Their policy wanted to make

sure that members and learners affected or infected by HIV/Aids would not be discriminated against (Simbayi *et al.*, 2005:35).

- Sadtu's policy on HIV/Aids focuses on the negative impacts of HIV/Aids on the socio-economic development of the country, as well as prejudice, stigmatisation and ignorance that go with the pandemic (Simbayi *et al.*, 2005:35). The policy wanted to raise HIV awareness among its members and promote health promotion and it wanted to lessen discrimination against its members who were infected / affected by HIV/Aids (Simbayi *et al.*, 2005:35).

#### **3.3.4.2 Benefits of educator union support for the affected educator**

The aim of union policies is to fight for dignified treatment for all educators and for educator rights to be protected as well as encouraging an enabling environment for HIV infected and affected educators and learners. Educators will be empowered with the knowledge that unions give them the opportunity of lodging any possible grievances with regard to HIV/Aids. Educators who are affected or infected with HIV/Aids will be protected from any form of prejudice such as discrimination (Simbayi *et al.*, 2005:35).

When affected educators are provided with information regarding union support, they will probably feel empowered and supported.

#### **3.3.5 Welfare support**

Welfare support can be defined as governmental provision of economic assistance to persons in need (Esterhuizen, 2007:57; The Free Dictionary, 2003). Unemployed persons and aged people are given social insurance financed by government revenue. The Department of Home Affairs assists orphans and vulnerable children (OVCs) to secure documents like identity documents and birth certificates and the Social Welfare Department assists

households in accessing grants, especially the Child Support Grant, the Care Dependency Grant and Foster Care Grant (Hoadley, 2007:257). As noted by Jet Club Social Grants Supplement (2006) the child support grant is helping people to support their own children; the Care Dependency Grant is helping persons who are looking after someone else's children and the Care Dependence Grant is helping people who are taking care of physically or mentally disabled children.

The following social structures which include government departments and welfare societies contribute to aiding people in need:

- ⌘ Department of Social Development Office;
- ⌘ Department of Social Welfare;
- ⌘ Department of Home Affairs;
- ⌘ Department of Health;
- ⌘ Verulam Child; and
- ⌘ Family Welfare Society (VCFWS) (Esterhuizen, 2007:58).

Social Welfare services offer the following types of support:

- ⌘ identification of families and children who are in need;
- ⌘ provision of clothing, shelter, social grants and referrals to health services of learners in need;
- ⌘ burial arrangements for destitute families;
- ⌘ alternative care for vulnerable children in the community e.g. Foster care;
- ⌘ social grants such as foster care grants, disability grants for terminally ill adults,
- ⌘ child support grants for children under 14 years and care dependency grants;
- ⌘ training volunteers in the community for home based care;
- ⌘ community education about the impacts of HIV/Aids in the community,
- ⌘ including how to reduce stigma and discrimination; and

- ⌘ all children between the ages of 0-6 years in Gauteng receive access to free Primary Health Care (PHC) at clinics and hospitals run by the Department of Health and receive exemption from paying school fees. They also receive free meals at school. All children who qualify for the Child Support Grant are also entitled to free screening and free psychosocial support by social workers (Bana Pele, 2006).

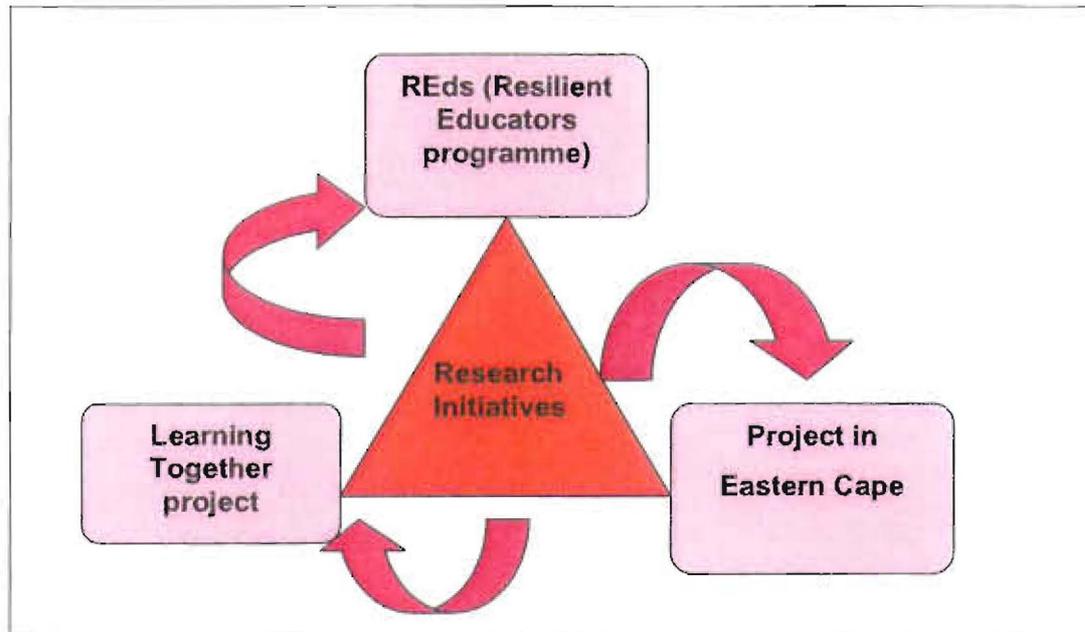
### **3.3.5.1 Benefits of welfare support for the affected educator**

Affected educators are being supported indirectly by welfare services because they can refer cases of families and children in need (e.g. like grants, clothes and counselling). By helping orphans or OVCs and loved ones, the burden caused by HIV/Aids pandemic on affected educators, is lessened (Bhana *et al.*, 2006:8; Coombe, 2003:11; Esterhuizen, 2007:58). All children between the ages of 0-6 years in Gauteng receive access to free Primary Health Care (PHC) at clinics and hospitals run by the Department of Health and receive exemption from paying school fees. They also receive free meals at school. All children who qualify for the Child Support Grant are also entitled to free screening and free psychosocial support by social workers (Bana Pele, 2006). In this manner, Gauteng educators' work of having to screen and offer psychological support to learners in need, will be shared.

### **3.3.6 Research Initiatives**

In South Africa, there have been research projects which have focused on supporting educators who are challenged by the HIV/Aids pandemic. Three of these projects that have been published in journals or textbooks, will be discussed below. Figure 3.5 summarises the research projects that will be discussed.

Figure 3.5: Research projects in South Africa



### 3.3.6.1 REds (Resilient Educators programme)

Resilient Educators (REds) is a support programme for educators who are affected by the pandemic (Esterhuizen, 2007:105-107; Theron, 2008a:34). It has been implemented with groups of teachers who volunteered to participate in four provinces of South Africa, namely Gauteng North-West, Mpumalanga and the Free State. About 100 educators have participated in REds so far (Theron *et al.*, 2008: forthcoming).

REds consists of nine sessions (as summarised in Table 3.2) and covers the following:

**Table 3.2: Sessions / themes included in REds**

SESSION	THEME
•	Introduction: Meeting with participants. REds and core concepts introduced.
•	HIV/AIDS manual for educators, part 1.
•	How to gain and give support.
•	HIV/AIDS manual for educators, parts 2-4.
•	Work place policies for educators (Guidelines for educators).
•	How to remain psychosocially well - coping with stigma.
•	How to cope with stress and fatigue (personal and professional impact of the pandemic).
•	Resilient in the face of the pandemic (educator empowerment).
•	Finale – attendance certificates handed out.

All of the above sessions aim to support educators to cope more resiliently with the personal and professional impacts and challenges of the pandemic. Because the REds programme is ongoing research, final results have not yet been published (Theron, 2008a:41-42). The early results suggest that participants in REds functioned more resiliently after taking part in REds, they felt more confident in their ability to cope personally and professionally with the pandemic, more in control of their emotions, more capable to help their affected learners and more aware of the need to help affected and infected people in their community (Esterhuizen, 2007:173-174; Theron, Esterhuizen & Mabitsela, 2006; Theron, 2007b; Theron, 2008a:41-42).

### 3.3.6.2 Learning together project

The Learning Together project is an initiative funded by the National Research Foundation (NRF) based in the Vulindlela district, a 90 minutes drive from Durban (Mitchell, DeLange, Moletsane, Stuart & Buthelezi, 2005: 257-270). The project was implemented with teachers and health workers. Each group worked with the same group of youth, to see for themselves what the issues are with regard to HIV/Aids, to look at each others work in a new light and most importantly to 'learn together'.

About 18 community health workers attached to the Mafakatini Clinic and 18 teachers from three secondary schools fairly close to the clinic participated in the project.

The Learning Together project consisted of four sessions (see Table 3.3) and covered the following:

**Table 3.3: Sessions covered in Learning Together** (Mitchell, *et al.*, 2005:259-260)

Session	Themes
1	Health workers and educators drew pictures of one another that mirrored their roles in the community. The contents of these pictures were used to explore their community roles, using symbolic work and photo – voice work.
2	Participants had a practice session focused on taking pictures with cameras from different angles in groups of five or six. They were encouraged to reflect critically on their photographs.
3	Cameras were given to participants for a week, to take pictures of objects and places that showed how their communities were

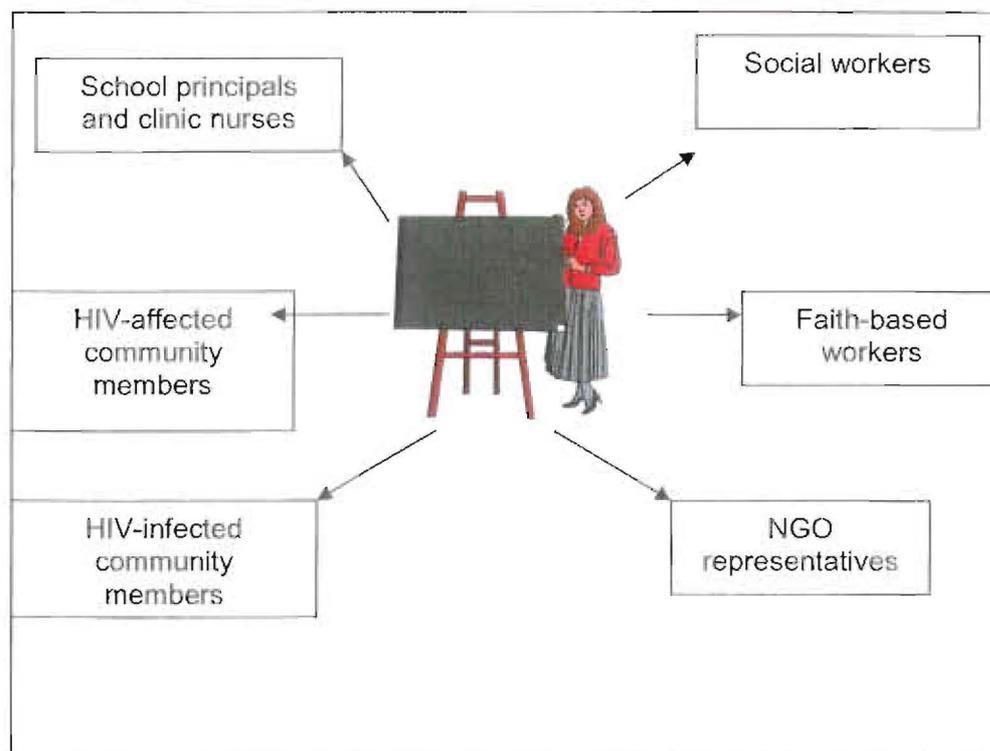
	impacted by HIV. No pictures taken without authorization by participants and the prospective photo – subjects were allowed.
4	The participants compared their photos and formed a picture collection.

Through the use of cameras, teachers were given an opportunity not only to see for themselves but also to show others how HIV/Aids were changing their communities. The research outcomes indicated that teachers were empowered by the project. Teachers and health workers began to work together in exploring other ways of addressing HIV/Aids issues in the community. Some schools embarked on a visual display of the photographs. One group of teachers decided to set up a photo-voice project with learners around stigma (Mitchell *et al.*, 2005: 267). All of this suggests teacher empowerment which seemed to spill over into community empowerment too.

### 3.3.6.3 Project in Eastern Cape

The Eastern Cape project is based on a study in an informal settlement community in South Africa (Ebersöhn, Eloff & Ferreira, 2007:137). The project involved ten primary school educators as participants. Fieldwork was initiated in November 2003 and data collection and analysis activities were based on the principles of participatory action research (Ebersöhn *et al.*, 2007:137). Other participants involved in the case study are shown in Figure 3.6:

**Figure 3.6: Participants involved in the case study in the Eastern Cape**  
(Ebersöhn *et al.*, 2007: 137)

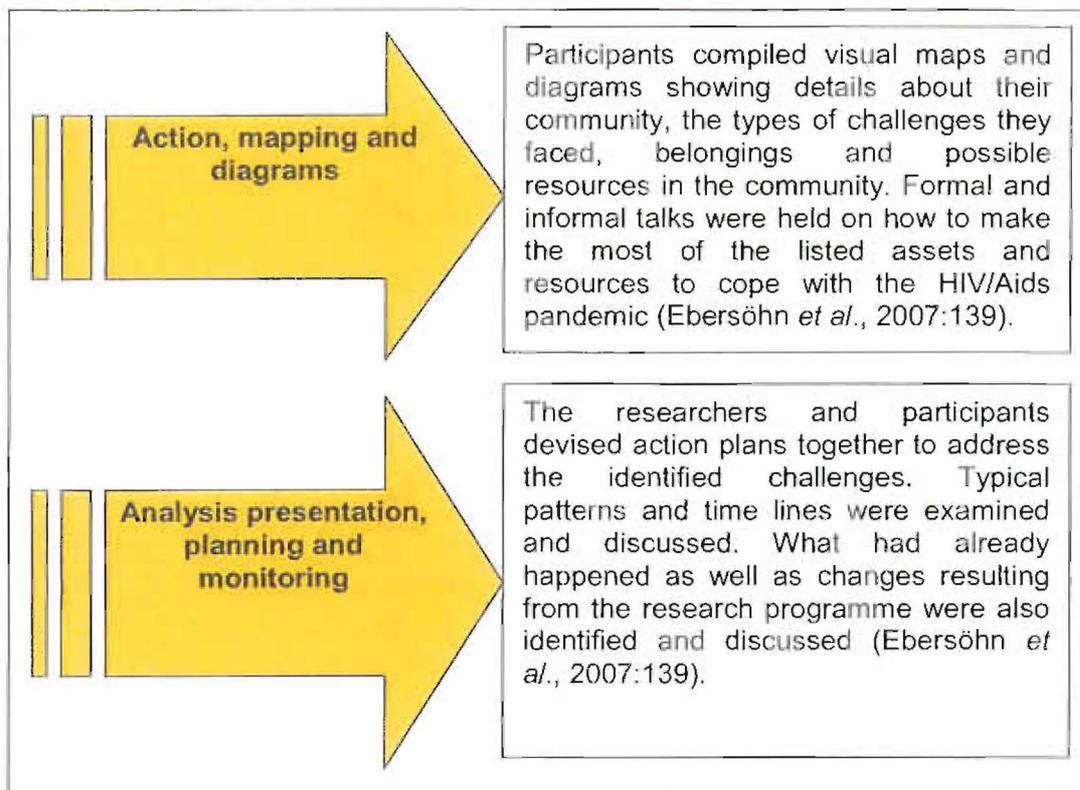


The main objective of the project was to find out how the selected community members were coping with HIV/Aids pandemic and how they were using existing strengths and assets to cope.

Data collection and recording are summarized in Figure 3.7 below:

**Figure 3.7: Data collection and recording in the Eastern Cape project**

(Ebersöhn *et al.*, 2007:139)



Because the participants were actively involved in planning and executing the intervention research process, they bought into the process and its aims and helped determine its progress and eventual outcome. This helped participants to take charge and so they planned and initiated three school-based projects in order to assist the community in coping with HIV/Aids, namely a school-based vegetable garden, an information centre and a support service for people infected and affected by HIV/Aids (Ebersöhn *et al.*, 2007:139). The educators' involvement in the research process resulted in community development initiatives and in their own empowerment.

### 3.4 EDUCATOR SUPPORT PREFERENCES

In order to be able to reach beyond the learning environment educators affected by the pandemic report that they want support. The following table (Table 3.4.), summarises the support preferred by and recommended for affected educators with regard to challenging situations caused by the HIV/Aids pandemic in schools as presented by the following studies.

**Table: 3.4 Support needed by educators** (Bennell, 2005:460-462; Coombe, 2003:13-14; Esterhuizen, 2007:76; Simbayi *et al.*, 2005:121-123; Theron, 2006:27-28; Theron, 2007a:183 -184).

Bennell	Coombe	Simbayi <i>et al</i>	Theron
<ul style="list-style-type: none"> <li>❖ Introduction of comprehensive HIV/Aids workplace programmes</li> <li>❖ Prevention and education to be conducted</li> <li>❖ Counselling</li> <li>❖ Additional teaching staff</li> <li>❖ Medical support</li> <li>❖ Information on staff employment</li> </ul>	<ul style="list-style-type: none"> <li>❖ Information to take care of learners</li> <li>❖ Comprehensive measures and precautions at schools</li> <li>❖ Working together with CBOs, NGOs and with community at large</li> <li>❖ Development of policies</li> <li>❖ Provision of learning and teaching material</li> </ul>	<ul style="list-style-type: none"> <li>❖ Prevention of new HIV/Aids infection amongst learners and educators</li> <li>❖ Caring for ill learners and educators</li> <li>❖ Access to ART</li> </ul>	<ul style="list-style-type: none"> <li>❖ Support for educator wellness.</li> <li>❖ Access to workplace policies.</li> <li>❖ To improve education environment</li> <li>❖ Empowerment towards a flexible curriculum and teacher replacements</li> <li>❖ Support with regard to multiple roles played by affected educators</li> <li>❖ Knowledge of referrals and basic counselling</li> </ul>

The above emphasizes the support needed by affected educators, due to the HIV/Aids pandemic. Research initiatives like Reds (Theron, 2007b), Learning Together project (Mitchell *et al.*, 2005) and the project in the Eastern Cape (Ebersöhn *et al.*, 2007) were initiated to support affected educators to cope with the strenuous situations caused by the HIV/Aids pandemic. Sadly, as indicated in this chapter, there are very few support structures aimed at fulfilling the above support needs of affected educators.

### 3.5 CONCLUSION

In this chapter, the focus was on support that is available to educators who are affected by the HIV/Aids pandemic. A review of literature showed that affected educators could be supported by NGO's, workplace policies and support mechanisms, by teacher unions, the welfare, research initiatives which support educator empowerment and possibly by their communities. However, except for research initiatives there is very little support which is directed specifically at affected educators. In most cases, the support which is available is meant for learners or for the infected or is meant to prevent new infections. Educators do benefit indirectly from this support (e.g. when Aids-orphans are fed by NGO's, educators will not have to worry about feeding these learners), but it is worrying that there is so little support directly meant for affected educators.

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

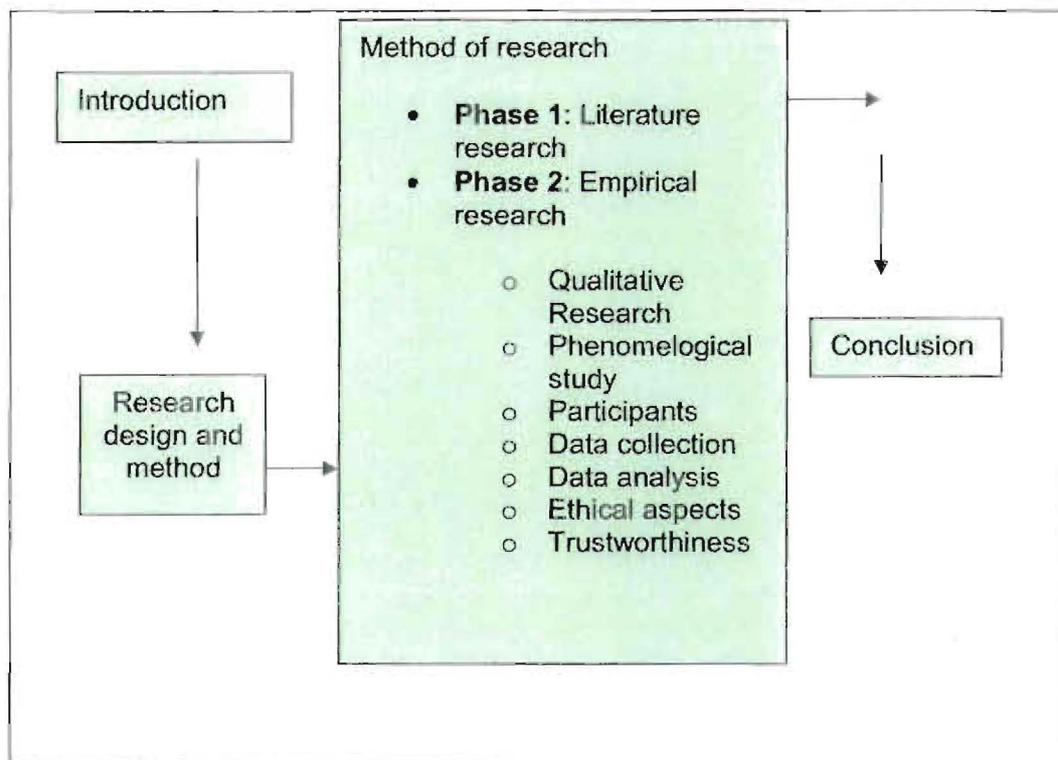
## CHAPTER 4

### RESEARCH METHODOLOGY

#### 4.1 INTRODUCTION

This chapter outlines the research method employed in this study. The chapter will focus on the aim, research design and method, data analysis techniques and the ethical aspects followed. Figure 4.1 provides an overview of Chapter 4.

Figure 4.1 Overview of Chapter 4



## 4.2 AIMS OF THE STUDY

The overall aim of the study was to determine how primary school educators affected by the pandemic experience the impact of HIV and AIDS and also to investigate the support needs that arise from this.

In order to achieve the objective of the study, the following specific aims are proposed:

-  To conduct a literature study on the impact of HIV/Aids on affected educators and to determine what forms of support are available for affected educators.
  
-  To conduct an empirical investigation to find out how HIV/Aids impacts professionally on primary school educators.
  
-  To conduct an empirical search to determine how HIV/Aids impacts personally on primary school educators.
  
-  To determine what the support needs are of primary school educators affected by the HIV/Aids pandemic.
  
-  To present brief guidelines for addressing these support needs.

## 4.3 RESEARCH DESIGN AND METHOD

A qualitative empirical investigation will be conducted. The investigation will be conducted in two phases.

**Phase 1:** A literature study will be conducted in order to provide a theoretical framework.

**Phase 2:** Phenomenological research will be done.

Outlined below, is the procedure used in each phase:

### 4.3.1 Phase 1: Literature Research

Primary and secondary literature sources, as well as the Internet, were studied to collect information on relevant themes as summarised in Table 4.1:

**Table 4.1 Summary of literature themes in Chapter 2 and 3**

<p><b>CHAPTER 2</b></p> 	<ul style="list-style-type: none"> <li>🚫 The HIV and AIDS pandemic globally</li> <li>🚫 The AIDS pandemic in South Africa.</li> <li>🚫 Education and the pandemic.</li> <li>🚫 Quality of Education.</li> <li>🚫 Demand for Education.</li> <li>🚫 Children as caregivers.</li> <li>🚫 Children orphaned by HIV/Aids.</li> <li>🚫 Impact on educators.</li> <li>🚫 Infected educators.</li> <li>🚫 Infected/Affected Learners in class.</li> <li>🚫 Affected educators (Personal and Professional impact).</li> </ul>
<p><b>CHAPTER 3</b></p> 	<ul style="list-style-type: none"> <li>🚫 What support do educators want?</li> <li>🚫 Types of support:               <ul style="list-style-type: none"> <li>• Community support.</li> <li>• NGO support.</li> <li>• Educator union support.</li> <li>• Workplace support.</li> <li>• Welfare support.</li> </ul> </li> </ul>

The results of the literature research were documented in Chapters 2 and 3. These results were used to inform the data analysis reported on, in Chapter 5.

#### **4.3.2 Phase 2: Empirical research**

The focus of this research is on the experience of primary school educators affected by HIV/Aids, therefore, a qualitative research design was considered as suitable, primarily because this would provide an in-depth insight into the impact of HIV/Aids on affected primary school educators, and in so doing, help achieve the aim of this study that seeks to understand how primary school educators are affected by the HIV/Aids pandemic both personally and professionally and what support needs arise.

The qualitative design is discussed in more detail below.

##### **4.3.2.1 Qualitative Research**

Qualitative studies are conducted when a researcher attempts to collect rich descriptive data in respect of a particular phenomenon, with the intention of developing an understanding of what is being observed or enquired about (Leedy & Ormrod 2005:133 Nieuwenhuis, 2007a:50). Qualitative research is used to respond to an inquiry about an incident and its nature to understand how participants experienced the phenomena in question (Gilgun, 2005:44-45; Henning, 2005:3; Leedy & Ormrod, 2005:94). Qualitative research includes a number of different approaches like, case studies, phenomenological studies, grounded theory, action and applied research, historical method and ethnographic studies, aimed at understanding phenomena (Denzin & Lincoln,2000:20; Denzin & Lincoln, 2008:30).

Characteristics of qualitative research are summarised in the Table 4.2: below:

**Table 4.2: Characteristics of qualitative research** (Denzin & Lincoln, 2000:10; Denzin & Lincoln, 2008:33; Henning, 2005:3; Janesick, 2000:385-386; Leedy & Ormrod, 2005:95; 133; McMillan, 2000:252; Miles & Huberman, 1994:10; Neuman, 2006:459; Nieuwenhuis, 2007a:54)

Shared characteristic	Description of characteristic
Natural setting	Qualitative research includes several approaches to research that in some cases are different from one another, but all of them focus on phenomena that arise in natural settings and involve studying those phenomena in all their complexity.
Direct data collection	Data collection consists of gathering words and/or information from a small number of persons. This information might include data like case studies, narration of personal experience, introspection, life stories, interviews, cultural texts and/or narratives of meanings in persons' lives.
Thick narrative description	Qualitative data is comprehensive and detailed so that it can shed light on complex issues. This is done by providing adequate or detailed descriptions that are not vague, found in a real life context and that are convincing and so, have a strong impact on the reader.
Process orientation	In qualitative research, research design represents an adjustable set of guidelines that connect theoretical paradigms, including strategies for inquiry and methods for empirical

	data collection. In other words, as the research process progresses, it is possible that the design may be adjusted.
Inductive data analysis	Many qualitative researchers analyse the data that they have gathered by doing content analysis that is inductive or looks for themes within the gathered data. This is different from researchers that use deductive analysis because inductive analysis is more interpretive. The interpretation is guided by the literature review informing the study.
Participant perspectives	Qualitative researchers rely on participants' understanding of phenomenon under investigation.
A researcher being a research instrument	The researcher must be a good observer and have skills to conduct interviews.

Qualitative research has strengths and weaknesses. A summary of some of the advantages and disadvantages is presented in Table 4.3 below:

**Table 4.3: Strengths and weaknesses of qualitative research** (Creswell 2005: 215-216; Leedy & Ormrod 2005:96; 100; 140-145; McMillan, 2000:53; Miles & Huberman, 1994:10).

<b>Advantages of Qualitative Research</b>	<b>Disadvantages of Qualitative Research</b>
Qualitative research normally involves a few participants to shed light on the phenomenon being explored. The benefit of this is that participants get the opportunity to relate or convey	Qualitative research is time consuming and exhaustive especially if researchers are inexperienced (e.g. hand written notes and tape recordings have to be converted into

<p>their subjective experience and this in turn emphasises that qualitative research is not bound by the idea of a single truth.</p>	<p>analyzable text).</p>
<p>The qualitative literature plays a minor role at the beginning of the study; this means it does not provide major direction for the research question, as qualitative designs are focused on understanding a given social setting not just making predictions about that setting.</p>	<p>The presence and actions of the researcher may influence participant responses (for example the way that the researcher handles emotional outbursts may encourage participants to show emotion or not) and so the findings may be biased because of possible emotional situations during interviews.</p>
<p>A qualitative approach focuses on ordinary events that occur naturally in real-life settings, to understand what is happening in the real life of individuals, groups and organisations. This is different from experimental research, for example, which might manipulate the setting.</p>	<p>Audio taped interviews are not always dependable because of background noises which make conversations partially inaudible. Participants may feel anxious when video cameras and tape recorders are present.</p>
<p>Qualitative research is very flexible and accommodates numerous perspectives. The fact that data are collected over a longer period makes them commanding for studying any process.</p>	<p>The researcher may collect different information from different participants and it can then be difficult to make comparisons, or draw general conclusions.</p>

#### 4.3.2.2 The Phenomenological Study

The choice of empirical design in this research is phenomenology. A phenomenological study is aimed at understanding people's views, including their point of view, to understand a certain situation or phenomenon (Leedy & Ormrod, 2005:139).

In this study the researcher tries to understand how the HIV/Aids pandemic impacts on the affected primary school educator and what the resulting support needs of these educators are. In order to realise the objective of this study, interviews were conducted with a suitable sample of participants (in this case primary school educators affected by HIV/Aids) (Leedy & Ormrod, 2005:139). Participants' responses will be content analysed to produce themes that are examined for their underlying meaning (*cf.* 4.3.2.6).

According to (Gilgun, 2005:18) phenomenological research comes from the phenomenological tradition, which argues that meaning occurs through subjective experiences or phenomena. In other words, to understand the human experience, it is necessary to understand an individual's experience. Gilgun (2005:44) comments that this meaning is influenced by the contexts in which people find themselves.

In this study, the phenomenon of the impact of the HIV/Aids pandemic on the personal and professional functioning of primary school educators affected by the HIV/Aids pandemic will be researched. Therefore, the researcher will ask participants questions, which relate to their personal and professional experience of the HIV/Aids pandemic's impact.

In qualitative research, the researcher is the research tool through which information is collected and passed on, meaning that the role of the researcher is to play a neutral role when conducting interviews (Fontana & Frey, 2000:650;

Janesick, 2000:386). In addition the researcher has to direct the participants to give required information without manipulating or leading the participants towards a certain answer (McMillan, 2000:167). This means the researcher herself is an instrument in the research, as outlined below:

### **Use of self**

The use of self is important in phenomenological research because the researcher has to react skilfully to responses of the participants in order to encourage the participant to provide detailed information, so, it is important for the researcher to listen more and talk less to conduct interviews thoroughly (Greeff, 2005:288). In addition the researcher needs to know what types of questions (e.g. open-ended, follow-up) to ask (Merriam, 2007). In this regard, it helps when the researcher has the following skills: good memory, logical thinking, punctuality, tolerance and sensitivity (Schurink, 2001b:308). It helps when the researcher does not rush the participant and gives the participant time to think (Greeff, 2005:289).

### **Communication techniques of the researcher**

Greeff (2005:289) and Merriam (2007) noted interviews are not just about asking questions and recording responses, but more about attentive listening and sensitivity to what was said. To do this, the researcher needs good communication techniques.

The following are communication techniques that a researcher should ideally include:

- ❖ the researcher has to talk less and listen attentively;
- ❖ questions should be asked one by one and chronologically. Preferably broad questions should be asked first. These questions narrow, as the researcher asks for detail related to the responses;
- ❖ questions should be easily understandable and to the point (not long, wordy questions);

- ❖ the researcher should use minimal responses like “, I see, mm”. This proves the researcher is listening without interrupting the participant or taking over the talking;
- ❖ the researcher should check the meaning of unclear statements (e.g. by asking follow-up questions that encourage the participant to make the meaning clear);
- ❖ the researcher should reflect on something important a participant said to encourage expansion of that idea; and
- ❖ the researcher should encourage participants to give detailed answers by probing or by asking for examples or for stories relating to their answers.

### **Creation of a relaxed atmosphere**

It is the duty of the researcher to make sure that the place to conduct the interviews in is a hassle-free atmosphere to enable the interviewee to reply freely (Leedy & Ormrod, 2005:147).The creation of an undisturbed atmosphere includes:

- ❖ A researcher should show admiration for what a participant says. If a participant does not feel respected the inclination to answer questions honestly may be restricted (Greeff, 2005:295).
- ❖ The researcher should arrange an appropriate venue and time beforehand. The venue could be the participant's home or a silent place in which the participant will feel comfortable and where there will not be many commotions or disruptions (Greeff, 2005:294; Leedy & Ormrod, 2005:147).
- ❖ The participant should know what the interview will be about (Greeff, 2005:295) and the researcher must take care to build rapport with the participant and be compassionate and interested, both verbally and non-verbally (Leedy & Ormrod, 2005:147).

#### 4.3.2.3 Participants

In this study, the population of all possible participants was primary school educators affected by the HIV pandemic in South Africa. Due to potential logistical and practical constraints, the sample was limited to primary school educators affected by HIV/Aids in the Vaal Triangle.

Researchers should work with a sample representing the population being studied (Maree & Pietersen, 2007:178). In phenomenological studies the typical number of participants is from 5 to 25 individuals, all of whom have had direct experience of the phenomenon being studied (Leedy & Ormrod, 2005:144; MacMillan, 2000:269). However, it is acceptable to interview until the data is saturated or the researcher does not receive new or different information (Merriam, 2007). Fifteen participants participated in this study.

Participants had to be educators affected by HIV/Aids, meaning:

- ❖ Participants had to have loved ones, colleagues or learners who are infected by HIV.
- ❖ Participants' loved ones, colleagues or learners may have died from AIDS-related diseases.
- ❖ Participants had to have AIDS orphans and vulnerable children in their classes.
- ❖ Participants had to be qualified educators teaching at township primary schools in the Vaal Triangle.

Participants were recruited by word of mouth. The researcher recruited fellow colleagues verbally, from the school where she is working, by telling them about her study and asked them to suggest who else might be willing to talk to her, including colleagues at neighbouring schools and colleagues at cluster meetings and workshops. In this sense, a type of snowball sampling was used (Babbie,

2007:184 Schurink, 2001a:254; Strydom & Delport, 2005:330). When these teachers heard about the researcher's study, they agreed to tell about their experiences on how the HIV/Aids pandemic has impacted on them personally and professionally. Their ages ranged from 29 to 57 years. Eleven were women and four were men. The purpose of the research was explained to participants before hand. All volunteers participated in a voluntary consent procedure.

The researcher is aware that this form of sampling is not random, and is an example of sampling bias (Babbie, 2007:188-189; Leedy & Ormrod, 2005:209). This limitation will be noted in the interpretation of data and as one of this study's limitations.

#### 4.3.2.4 Data collection

Data will be collected through semi-structured interviews. An interview is a directed conversation (Greeff, 2005:287). Interviews usually have either information-gathering or healing purposes (Reber & Reber, 2001:367). In this study, the purpose of the interviews was to gain a deeper, informed understanding of the personal and professional impact of the HIV/Aids pandemic on affected educators and what their subsequent support needs are. Interviews are not always advantageous, there are some weaknesses as summarised in Table 4.4. below.

**Table 4.4: Strengths and weaknesses of interviews** (Creswell, 2005:215-216; Fontana & Frey, 2000:655; Greeff, 2005:299; Henning, 2005:74-76; Leedy & Ormrod, 2005:146-150).

Strengths of interviews	Weaknesses of interviews
The aim of interviews is to allow the researcher to establish rapport with	One on one interviews are time consuming and costly, because the

participants.	researcher asks questions and records answers from only one participant in the study at a time.
Interviews provide more unplanned information about the phenomenon according to participants' beliefs and perceptions.	Good interviews require interviewer skill which may be difficult for a student / beginner researcher (i.e. listen more than talking, repeating key questions if necessary).
Interviews are a practical way of getting depth in data.	Participants may be reluctant to participate, or a researcher may ask questions that do not encourage desired responses from participants.
The content of the interview is what the participant is saying.	The responses given by participants may be fictitious at times.

#### 4.3.2.4.1 Phenomenological interview

A phenomenological interview is a fairly lengthy interview which attempts to understand people's perception and understanding of particular situations by encouraging them to answer questions about that particular situation (Leedy & Ormrod, 2005:139). A phenomenological study describes the meaning given to a specific phenomenon by several individuals, or their lived experience. In this way a phenomenological interview asks participants to talk about their experiences related to the phenomenon being studied and so, explores participant experience and how they remember and interpreted this experience (Creswell, 1997:54). The researcher wanted to understand the experience of primary school educators affected by the HIV/Aids pandemic. The researcher must listen attentively as educators describe their everyday experiences related to the pandemic and be alert to subtle, but meaningful cues given by the participants as

to their experience of the phenomenon (Creswell, 1997:55; Leedy & Ormrod, 2005:139).

In a phenomenological study, a researcher depends on unstructured or semi – structured interviews that are sometimes one to two hours in length (Leedy & Ormrod, 2005:139; MacMillan 2000:269). The researcher may need to conduct several interview sessions with different participants (Leedy & Ormrod, 2005: 139; MacMillan, 2000:270). In this study, the interviews were semi-structured. The questions related to how the pandemic had affected the participants personally and professionally and what support they needed to cope with these impacts. The interviews were tape-recorded and transcribed verbatim. Some interviews (three) were conducted in Xhosa, (two) Southern Sotho and (four) Zulu since they were languages interviewees preferred. These were translated. The others (six) were in English. The transcribed interviews are included in Addendum C. The researcher interviewed each participant individually and interviews generally lasted for one hour. The researcher conducted brief follow-up interviews with some of the participants to clarify what they said in the first interview or to get more detail from them on certain experiences.

#### **4.3.2.5 Data analysis**

Data analysis refers to the interpretive effort in qualitative research which needs thorough planning, an understanding of the human knowledge and an understanding that views of participants and that of a researcher can differ at times (Gilgun, 2005:17). In this study data analysis refers to the process of content analysis.

Content analysis is a thorough examination of the contents of specified data that tries to identify patterns, themes or even preconceived notions or bias in order to better understand the phenomenon being researched from the participant's point of view (Gilgun, 2007; Leedy & Ormrod, 2005:142; Nieuwenhuis, 2007c:101;

Reber & Reber, 2001:152). In this research, the content of the fifteen transcribed interviews will be analysed to see if educators experience the pandemic in similar ways, how the pandemic impacts on personal and professional functioning and what support educators need, to feel supported.

In order to understand data, it needs to be analysed. In order to analyse data, the researcher reads the transcripts a number of times and in the course of this, she codes parts of the data. This means the researcher labels parts of the data that relate to or answer her original research questions (Merriam, 2007).

The following are major types of coding ( De Vos, 2005:340; Gilgun,2005:16).

- ❖ Open coding: This is the initial code given to parts of the data that can meaningfully answer the research questions.
- ❖ Axial coding: This is when the researcher groups or links the open codes. In this way connections are made between coded segments of data and this is often guided by literature reviewed in the literature study.
- ❖ Selective coding: This is when the researcher identifies a core category to which the other codes relate and is mostly used in grounded theory (Merriam, 2007).

In this study the data will be inductively coded after transcription of interviews, the codes that define statements will come from the data itself.

Themes that are repeated will be grouped together into categories, where each category will be named accordingly. Themes that do not fit in groups will be summarised individually. Themes will be influenced by the researcher's knowledge of related literature (Bhana *et al.*, 2006; Bennell, 2005; Coombe 2003 & 2004; Coombe, 2000; Hall *et al.*, 2005; Kelly, 2002; Shisana *et al.*,2005; Simbayi *et al.*, 2005; Theron, 2005; Theron 2007a) and her personal experience as an educator affected by the pandemic.

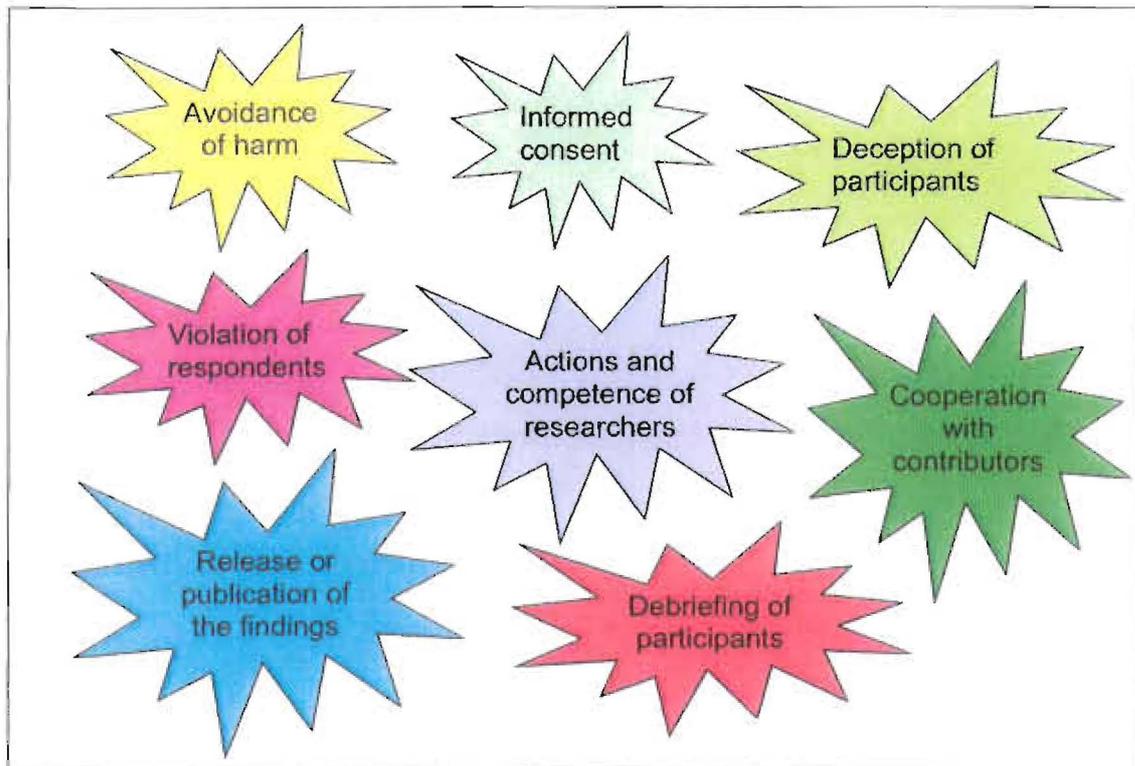
The analysed data will be summarised and be related to the background of existing theory to show its collaboration and provision of new insight (De Vos 2005:340; Gilgun, 2007; Leedy & Ormrod, 2005:140-142; Miles & Huberman, 1994:9; Nieuwenhuis, 2007c:105-113).

#### **4.3.2.6 Ethical Aspects**

Since the study involves human participants, ethical considerations were adhered to as required (Corey & Corey, 2002:52; Leedy & Ormrod, 2005:101-103; Neuman, 2006:135; Strydom, 2005:57-69). Permission was sought from various participants to conduct the interviews. Participants volunteered and consented to form part of the study. Participant's emotional, physical and psychological well-being was not jeopardized in any manner.

It is also important for the researcher to be familiar with the ethics policy of the relevant institution (Maree & van der Westhuizen, 2007:42). For this particular study, the researcher made it her business to be familiar with the ethics policy of North-West University (NWU) and the study received ethical clearance from NWU's ethical committee (Number: NWU-00013-07-A3). Figure 4.2 summarizes the ethical considerations followed in this research (Creswell, 2005:12; Denzin & Lincoln, 2000: 139-140; Leedy & Ormrod, 2005:101; Neuman, 2006:135; Strydom, 2005:58- 59).

**Figure 4.2: Summary of ethical considerations in the study** (Creswell, 2005:12; Denzin & Lincoln, 2000:139-140; Leedy & Ormrod, 2005:101; Neuman, 2006:135; Strydom, 2005:58- 59).



Detailed explanations of ethical considerations are provided below:

#### **⚠️ Avoidance of harm**

Researchers have to ensure that human participants are not emotionally or physically harmed (Strydom, 2005:58). In this study, participants were not emotionally or physically harmed. The researcher informed the participants they were at liberty to withdraw from the study if they felt uncomfortable or if the interview made them recall unpleasant events about their experiences regarding HIV/Aids (Neuman, 2006:135). In the case of the latter, participants were advised to consult

local counsellors. However, no participants were troubled by telling their stories in the interviews.

### **Informed consent**

The participants have the right to be informed in detail about the research and should also be given a choice of participation or not in the study and should also be informed that they have the right to withdraw if not comfortable with the process of research (Leedy & Ormrod, 2005:101; Strydom, 2005:59). According to Denzin & Lincoln (2000:139-140) and Creswell (2005:12), participants have the right to refuse to be part of the study and if they agree, their anonymity should be protected at all costs. In this particular study, participants consented to form part of the study and agreed to interviews. Participants were not coerced into giving information about how they experience the impact of HIV/Aids on their lives. Participants were also informed in time about where the interviews will be conducted and they also agreed to being tape-recorded during the interviews.

### **Violation of privacy**

Neuman (2006:138-139) purports that survey researchers have a tendency to invade persons' privacy, disclose participants identity after information is gathered and compromise their confidentiality. However, in any study where human participants are involved, their privacy/anonymity/confidentiality should be respected (Leedy & Ormrod, 2005:102; Neuman, 2006:139; Strydom, 2005:61). In this study, participant's privacy was neither invaded nor compromised in any manner. These were ensured by not linking gathered data to their names and the participants were informed when a researcher needed clarity, when their responses were vague.

### **Deception of participants**

Deception involves withholding information or offering incorrect information in order to ensure participation of subjects when they would otherwise possibly have refused it (Corey *et al.*, in Strydom, 2005:60). According to Denzin and

Lincoln (2000:139-140), de Vos (2001:27) and Strydom (2005:60), deception occurs when the researcher deliberately misleads subjects by way of written or verbal instructions, the actions of other people, or certain aspects of the setting. In this study, participants were not deceived and were informed about the aims and purpose of the study beforehand.

### **Actions and competence of researchers**

Strydom (2005:63) purports that researchers are ethically obliged to ensure that they are competent and adequately skilled to undertake the proposed investigation. In the research proposal, the researcher has to vividly state the reasons for the study and indicate in what manner she will be able to honour ethical guidelines (Strydom, 2005:63). In this study, the research topic was proposed (the impact of HIV/Aids on primary school educators) and reasons for the study were also clarified. In addition, the researcher attended various research workshops and colloquia to help build her competence as a researcher.

### **Cooperation with contributors**

A research project involves monetary responsibilities and can present serious problems for the researcher in the absence of funds and might end up not completing the project at all (Strydom, 2005:64). As a result, the researcher may require financial assistance from sponsors and a formal contract has to be in place to avoid any misunderstanding between the two parties (Strydom, 2005:64). The researcher is humbled by the invaluable financial assistance from National Research Foundation (NRF) to ensure the success of the study. She notes that the NRF is exonerated from how she interpreted data and the conclusions that she has reached.

### **Release or publication of the findings**

Findings of the study have to be in written form and must be released for public consumption, if not the research will not be regarded as research at all (Strydom, 2005:65). The research report should be as accurate as possible and

unambiguously conveyed to avoid or minimise misappropriation by subjects, the general public and even colleagues (Strydom, 2005:65). In this study, the researcher is obliged to the NRF, North West University, research world, participants and general public to publish the findings of the study. In fact the purpose of the study is to highlight the plight of educators affected by the HIV/Aids pandemic, and that being the case the researcher owes this important stakeholder (the affected educator) feedback of the findings.

#### **⚠ Debriefing of participants**

Participants have to be debriefed after the study to solicit their feelings on how they have experienced the process of interview sessions, this is one way the researcher can assist the participants and minimise harm (Strydom, 2005:66). Participants were afforded an opportunity after interviews to listen to the tape recorded conversation and clarify any misunderstandings. Participants were given possible local contacts and resources for further debriefing if needed, but this was not necessary.

#### **4.3.2.7 Trustworthiness**

It is important for a researcher to do her utmost to ensure that her findings are trustworthy. Typically, when the researcher pays attention to issues of trustworthiness, it is easier for other researchers to believe the researcher's findings and conclusions (Nieuwenhuis, 2007c: 113).

According to Lincoln and Guba (In de Vos, 2005:345-347) there are four central issues that contribute to the trustworthiness of a study and these are:

- ❖ Credibility.
- ❖ Transferability.
- ❖ Dependability.
- ❖ Confirmability.

What each of these means and how they were observed in this study will be briefly discussed below:

- **Credibility**

Credibility relates to the degree of confidence in the findings of the research or how believable the findings are. Believability is made easier when the researcher provides a rich, thick description regarding the setting, participants, procedures, interaction and so on (De Vos, 2005:346). In this study, the researcher interacted with 15 affected primary school educators to gather information on their experience concerning the HIV and AIDS pandemic and how it impacted on them. This provided multiple sources of data. The researcher includes all their interviews and also provides background on each participant. This is documented in detail in Chapter Five.

- **Transferability**

Transferability refers to instances when research findings can be applied or generalised to another situation (De Vos, 2005: 346). Typically, qualitative research does not aim at generalisation because it wants to provide a deeper understanding of a specific phenomenon (Merriam, 2007), but qualitative studies can lead to working hypotheses that allow some transferability to other, similar situations. Because the researcher indicates that the participants are primary school educators, what their ages are and how they are affected, other researchers working with similar participants might be able to transfer this study's findings to the setting in which they are working. By including direct quotes from the interviews with participating primary school educators, the researcher also made it easier for other researchers to decide whether transferability would be possible.

- **Dependability**

Dependability refers to the degree to which the study's findings might be found again or about how consistent the findings are (Merriam, 2007). To help determine such consistency, the researcher must describe the context and circumstances fully and describe the data collection process and analysis clearly (De Vos, 2005:346). The data collection process is described in Chapter Four and how the data were thematically analysed is represented in Chapter Five. Although it might seem quite painstaking to have analysed each interview question by question and record the quotes that support the themes that were identified, this does help prove the dependability of the findings. In addition, the researcher asked some of the participants to check that she had documented and interpreted their interviews dependably.

- **Confirmability**

Confirmability is about whether other people agree with or the findings of the study or whether the findings can be confirmed (De Vos, 2005:347). One way to do this is to reread the interview transcripts repeatedly to check whether the same themes keep coming up and whether there are maybe themes that contradict those that were identified. Another is to use stakeholder checks and ask participants to verify the analysis and conclusions reached (Nieuwenhuis, 2007c:114). In this research, participants were given back transcribed and translated, and later analysed, data to check as to whether their data was not misconstrued. In this research, the researcher double checked whether there were contradictory themes. By interviewing 15 participants the researcher could be quite sure that the same themes were coming up (i.e. data saturation which suggested confirmability).

Leedy and Ormrod (2005:154-5) suggest that the worth of qualitative research should be judged according to nine general criteria. The application of these criteria is outlined in the following table.

**Table 4.5: Assessing worth in qualitative research** (Gilgun, 2005:20-22; Leedy & Ormrod, 2005:154-5)

Criterion	Definition of terms	Application in this research
Purposefulness	The methods used to gather information and direct analysis are decided by the research question.	The researcher conducted 15 interviews. Questions were designed to enable affected educators to give in depth information about their experiences on how the HIV/Aids pandemic impacted on them.
Explicitness	Assumptions, beliefs and biases that can manipulate data and analysis are recognised and communicated.	In this study, the researcher followed an interpretive paradigm where the researcher has to interpret data from participants' way of understanding. The danger exists that the researcher's personal beliefs or assumptions about the phenomenon may influence how she draws conclusions and so these assumptions were communicated. To make sure that she didn't pay more attention to experiences of participants that were similar to what she believed she would hear, the researcher went back to particular participants for more clarity if the response was unclear.
Rigor	The researcher used rigorous methods to	The researcher followed steps as indicated in Chapter One. Data

	collect record and analyse data.	were collected through semi-structured, audio taped interviews. The transcribed interviews formed the data and were analysed question by question. The analysis was influenced by the literature study on how educators are affected by the HIV/Aids pandemic. The researcher grouped similar responses together and made a point of looking for and interpreting responses that were different.
Open-mindedness	The researcher is flexible enough to change her interpretation of data when new data contradicts emerging hypotheses.	The researcher content analysed the data. No findings emerged that contradicted previously gathered data or suggested findings and so there was no need to modify emerging interpretations.
Completeness	The researcher provides a comprehensive description of the participants and of the phenomenon under investigation. She also spends enough time in the field collecting data.	Primary and secondary literature sources were studied to gather information. Fifteen interviews were conducted. The literature was used to help identify relevant themes and these were coded accordingly. Participants' responses endorsed the literature study regarding the impact HIV/ Aids pandemic has on affected primary school educators. Their responses provided a rich

		description of how HIV affected primary school educators.
Coherence	Dependable findings are formulated from the gathered data resulting in consistent conclusions. The final findings would have reconciled contradicting data.	In general, the literary sources in literature used and participants' responses didn't contradict, so, the findings were coherent because responses confirm what is documented in current literature (i.e. negative impact of HIV/Aids pandemic).
Persuasiveness	The researcher presents a convincing argument with one comprehensive interpretation	The researcher shows that the weight of collected evidence suggests that educators are truly negatively affected by HIV/Aids professionally and personally in terms of experiences they have noted.
Consensus and harmony	Other persons (participants and other scholars) see eye to eye with the researcher's understanding and findings.	The researcher went back to the participants to clarify their statements if they were unclear. She also discussed her understanding of the data with her peers and her supervisor. The formal examination of this dissertation is a further attempt at consensus.
Usefulness	The study provides conclusions that encourage better understanding of the phenomenon being	As there are limited qualitative studies which facilitate the understanding of impact of HIV/Aids on primary school educators, the findings of this study

	studied. This should help to suggest interventions that promote quality life.	are useful for a deeper understanding of how HIV affects primary school educators and can be used to make recommendations for the support of affected educators.
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#### **4.4 Conclusion**

This chapter has clearly outlined the qualitative research method that will be followed. Phenomenological interviews were conducted with a purposive, snowball sample in order to reach the objectives of the study. The results of the interviews are documented in Chapter 5.

## CHAPTER 5

### RESULTS

#### 5.1 INTRODUCTION

In this chapter, the researcher will provide and discuss the results of the interviews. In order to make meaning of the interview data, participants' responses were content analysed, as outlined in Chapter Four.

#### 5.2 BACKGROUND OF THE EDUCATORS INTERVIEWED

The participants in this study were limited to educators in the Vaal Triangle area as stated in Chapter Four. Fifteen township primary school educators were interviewed. The background information of educators gathered can be summarised as follows:

**EDUCATOR 1** is a female educator, 41 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1 in the Intermediate phase, with 12 years experience and has an Advanced Certificate in Education. She is included in the sample due to the fact that she was affected by HIV/Aids in that she lost a cousin who died due to an HIV/Aids related disease.

**EDUCATOR 2** is a female educator, 45 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, a remedial educator (Junior, Intermediate and Senior phases) with 8 years experience and has an Advanced Certificate in Education. She was affected by HIV/AIDS in that she lost a cousin and her best friend due to HIV/Aids.

**EDUCATOR 3** is a female educator, 29 years of age, who teaches at a primary school in Sebokeng. She is a qualified educator post-level 1, senior phase with 7

years experience and has an Advanced Certificate in Education. She lost a cousin due to HIV/Aids.

**EDUCATOR 4** is a female educator, 47 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, Intermediate and Senior Phase with 7 years experience and has an Advanced Certificate in Education and is currently doing her Honours in Education (Management). She has been affected by HIV/Aids because there are people in her family who died and orphans in her classes who have lost their parents.

**EDUCATOR 5** is a female educator, 49 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, Intermediate and Senior Phase with 27 years experience and has an Advanced Certificate in Education. HIV/Aids has been the reason for her sister's death and has affected her immensely.

**EDUCATOR 6** is a female educator, 42 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, Intermediate and Senior Phase with 9 years experience and has an Advanced Certificate in Education. She lost her younger brother due to HIV/Aids.

**EDUCATOR 7** is a female educator, 53 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, Junior Phase with 31 years experience and holds a 3 year qualification. She is affected because she has orphans in her class who have lost parents.

**EDUCATOR 8** is a female educator, 49 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, Junior Phase with 23 years experience and has an Advanced Certificate in Education. She is affected by HIV/Aids because she has neighbours that are infected by HIV/AIDS, orphans and infected and affected learners in her class.

**EDUCATOR 9** is a female educator, 42 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 2, Junior Phase with 11 years experience and has an Advanced Certificate in Education. She is affected by HIV/Aids because she has orphans in her classroom and in her neighbourhood.

**EDUCATOR 10** is a female educator, 36 years of age, who teaches at a primary school in Bophelong. She is a qualified educator post-level 1, Junior Phase with 10 years experience and has a 3 year qualification in Education. She was affected by HIV/Aids because she lost her cousin.

**EDUCATOR 11** is a female educator, 38 years of age, who teaches in a primary school in Bophelong. She is a qualified educator post-level 1, Junior Phase with 6 years experience and she has a three year diploma in Education. She is affected because of affected learners in her class (learners' parents and neighbours are infected with the HIV/Aids pandemic).

**EDUCATOR 12** is a male educator, 34 years of age, who teaches in a primary school in Bophelong. He is a qualified educator post-level 1, Intermediate and Senior Phase with 6 years experience and has a three year qualification in Education. He is affected by HIV/Aids because his sister died of an HIV/AIDS related disease.

**EDUCATOR 13** is a male educator, 52 years of age, who teaches in a primary school in Bophelong. He is a qualified educator post-level 1, Intermediate and Senior Phase with 27 years experience and has a three year qualification in Education. He is affected by HIV/Aids because his sister has died because of HIV/Aids and he teaches infected learners at school.

**EDUCATOR 14** is a male educator, 56 years of age, who teaches in a primary school in Bophelong. He is a qualified educator post-level 3 (Deputy Principal),

Intermediate and Senior Phase with 33 years experience and has BEd degree. He is affected by HIV/Aids because the parents of learners are dying so, they become orphans.

**EDUCATOR 15** is a male educator, 47 years of age, teaches in a primary school in Bophelong. He is a qualified educator post-level 2 (HOD), Senior Phase with 22 years experience and has a BA degree in Education. He is affected because his uncle who is sick because of HIV/Aids and he teaches affected learners (learners' parents infected).

### 5.3. RESULTS

The results will be discussed question by question by documenting themes emerging from the questions.

#### Question 1

#### How has the HIV/AIDS pandemic affected you?

Question 1 attempted to determine in what way the pandemic had impacted on the educators (i.e. whether exposure to the pandemic was as a result of infected loved ones, colleagues, acquaintances or learners). The responses to Question 1 can be grouped under the following themes in Table 5.1. below:

**Table 5.1: Responses and themes to Question 1**

THEMES	NUMBER OF EDUCATORS
<p><b>Affected because of an ill and/or dead family member.</b></p>	<p><b>11 educators</b> verbalised this theme:            "Yes, it affects me; a cousin of mine had it and now is dead".            (Interview 1, L. 23)            "I don't only see on T.V. but I also have my niece who</p>

died because of Aids.”

(Interview 2, L. 23-24)

“Yes, I have cousins who have died from it. Even though I didn’t see them personally, but I know of them. And you never think it may happen to your family but it does.”

(Interview 3, L. 25-27)

“Yes there are members of my family who are infected by HIV/Aids.”

(Interview 4, L. 30)

“Yes, my younger sister is infected by this disease, and I think this disease is not fair, because she was so sweet, and looking after her family, but through the unfaithfulness of her husband, today she is a victim.”

(Interview 5, L. 28-30)

“I believe that because one of my younger brothers actually died of an HIV related disease.”

(Interview 6, 20-21)

“Yes I do agree with that because, I see many people dying, even in my family I’ve got one who was struck by this disease.”

(Interview 10, L. 17-18)

“I can say it affected me because some of the people who are killed by the HIV/Aids are our loved friends, our relatives, our loved ones. So, in that case, I am affected.”

(Interview 11, L. 22-24)

“It affected me because I have a sister who passed away because of the disease.”

(Interview 12, L. 24-25)

“My sister passed away, I buried her because of the HIV/Aids pandemic.”

(Interview 13, L. 25-26)

	<p>“Yes, I’ve been through that situation, my uncle had this disease, it’s very sad and hurtful, it’s very sad for the family too. And also for him personally, knowing that you have this disease and how it will affect you personally.” (Interview 15, L. 22-24)</p>
<p><b>Orphans</b></p>	<p><b>8 respondents</b></p> <p>“Yes, it affects me because the learners at my school, most of their parents are dead because of HIV/Aids and they are now orphans.” (Interview 1. L. 25-26)</p> <p>“As an educator it affects me because, the children are in front of me and most of them are orphans now because of this disease, it affects me and also the children are affected.” (Interview 4, L. 33-35)</p> <p>“Hey, as an educator it affects me a lot, because now I’m dealing daily with these orphans.” (Interview 5, L. 39-40)</p> <p>“It affects me badly, because it leaves orphans in people’s families, those families who are affected and infected. So it is sad.” (Interview 7, L. 30-31)</p> <p>“I’m really hurt because of the orphans as there are so many of them.” (Interview 8, L. 26-27)</p> <p>“I see mostly here at school we have a lot of orphans. And here at school, I have many orphans in my class, because of this disease.” (Interview 9, L. 19-20)</p> <p>“As an educator, the children I teach some of their parents have passed away, they are orphans.”</p>

	<p>(Interview 14, L. 29-30)</p> <p>“At school it affects me when I see young children who don’t have parents.”</p> <p>(Interview 15, L. 29-30)</p>
<p><b>Learners are infected and affected (ill learners with HIV/Aids &amp; Learners who have sick parents because of HIV/Aids).</b></p>	<p><b>5 respondents</b></p> <p>“What affects me more as an educator is what we see and hear about parents of our learners who are dying of HIV/Aids. In that way, it does affect me as an educator.”</p> <p>(interview 2, L. 31-33)</p> <p>“And even as an educator, there are learners in my class who are infected or affected with HIV/Aids and it’s really sad.”</p> <p>(Interview 8, L. 27-28)</p> <p>“It affected me because we are working with different children, whose relatives are HIV positive and whose neighbours are HIV positive, so when you are dealing with people you must be aware if they are HIV positive or not.”</p> <p>(Interview 11, L. 26-28)</p> <p>“It’s hard and it affects me. I could say it affects me because already in the school, there are students who are sick and infected with HIV/Aids so, I could say it affects me because when those children are sick, they end up dead because of HIV/Aids.”</p> <p>(Interview 13, L. 28-31)</p> <p>“And some of them, their parents are sick, and I see those poor kids having a very hard time. They are getting sick and they don’t know how to handle it.”</p> <p>(Interview 15, L. 30-32)</p>

<b>Neighbours who are ill/died</b>	<b>1 respondent</b> “Many families who are my neighbours are affected and you hear from other people about other families who are also affected.” (Interviewee 8, L. 21-22)
<b>Affected because of ill/dead friends</b>	<b>1 respondent</b> “Yes, I am, my friend also died because of AIDS, my best friend.” (Interviewee 2, L. 26)

From the above five themes emerged how HIV/Aids has impacted on affected educators:

- For this sample, educators were most affected (11 respondents) when **their loved ones were HIV positive or died of AIDS-related diseases**. Current literature confirms that some educators are affected by the HIV/Aids pandemic because their loved ones are HIV positive (Hall *et al.*, 2005:23; Theron, 2008a:29; Theron, 2008b:90).
- More than half of this sample (i.e. 13 educators) was affected because **their learners are infected or orphaned**. Current literature confirms that educators are taking care of orphans (Coombe, 2003:11) and that educators are affected by their learners who are infected or orphaned (Bhana *et al.* 2006:6; Simbayi *et al.*, 2005:49; Theron, 2008b:91).
- Educators are affected in more than one context (i.e. 6 educators); **they have ill / deceased loved ones and/or ill learners and /or orphans in their classes**). Current literature tells us that being affected in more than one area raises the risk of stress and not coping (Theron, 2007a:175).
- Few educators noted that they were affected, when **a neighbour or a friend was HIV positive or died of Aids-related diseases** (1 respondent each). Current literature confirms that some educators have experienced the HIV/Aids pandemic because they have a friend, a colleague or a family member who is sick (Visser, 2004).

## Question 2

### How has the HIV/AIDS pandemic affected you emotionally?

Question 2 attempted to determine in what way the pandemic had impacted on educators emotionally. The responses to Question 2 can be grouped under the following themes in the Table 5.2. below:

**Table 5.2: Responses and themes to Question 2**

Themes	Number of educators
<b>Emotionally disturbing</b>	<b>11 respondents</b> “Yes it affects me, because when you see someone who has full blown Aids, they cannot do anything for themselves, and it is very heartbreaking.” (Interview 1, L. 28-29) “Emotionally I was affected, especially when my friend passed away because of HIV/Aids. I could not do anything; I felt down almost every day.” (Interview 2, L. 35-36) “It’s emotionally draining and it hurts a lot. And their parents lost their children at a very young age, and it’s terrible that we cannot help them and they didn’t know much about it when they become infected. So emotionally, it affected me a lot. It’s sad.” (Interview 3, L. 30-33 ) “...he didn’t say he was HIV positive, we just took care of him and became very sad. The doctors did not even tell him, he only knew when he was in his last stage that it was HIV/Aids.” (Interview 6, L. 39-41) “It affects me very badly, because I also think when you

	<p>are in that situation how sad it must be. And I also think of how sad it must be for our children, since we have given birth to them and think of how we will not be able to live a happy life with them.”</p> <p>(Interview 8, L. 36-39)</p> <p>“It makes me feel bad, it disturbs me. I see these children, and there are many of them. It’s something I see with my own eyes, it’s not something I only hear on radio and see on TV. I experience it daily.”</p> <p>(Interview 9, L. 28-30)</p> <p>“I was so down and sad because I couldn’t do anything to help my cousin.”</p> <p>(Interview 10, L. 30-31)</p> <p>“It affected me emotionally because, at the very beginning when my sister fell sick, I became very sad most of the time, I think emotionally, it affected me.”</p> <p>(Interview 12, L. 33-35)</p> <p>“It hurts, because it reminds me of my late sister because those people will also end up dying because at the moment there is no cure for AIDS, you see, that’s what upsets me most.”</p> <p>(Interview 13, L. 38-40)</p> <p>“It affects me a lot, when I see a sick person. It has an impact, it hurts me, it breaks my heart and I don’t know how to help them. It affects me emotionally.”</p> <p>(Interview 14, L. 34-36)</p> <p>“It hurts me, now that I know, how it works like how a person gets sick, how they die. It hurts me a lot.”</p> <p>(Interview 15, L. 34-35)</p>

<b>Fear</b>	<p><b>3 respondents</b></p> <p>“I am scared and also angry.” (Interview 5, L. 36-37)</p> <p>“It scares me because I haven’t heard that there is a cure, for the Aids pandemic. There is no help close by for affected people.” (Interview 7, L. 26-27)</p> <p>“I was so stressed and fearful.” (Interview 11, L. 37)</p>
<b>Minimal emotional impact</b>	<p><b>1 respondent</b></p> <p>“After I talked about it, it doesn’t affect me much. It affects me if I don’t talk about it.” (Interviewee 4, L. 38-39)</p>

From the above three themes emerged how educators are emotionally affected:

- For this sample, educators were **emotionally disturbed** and experienced feelings of sadness and disillusionment (11 respondents). Respondents often used the word “hurt”. Current literature emphasises that educators affected by the pandemic, do experience sadness and depression because of relatives who passed away or were living with HIV/Aids or because they witnessed learners suffering (Hall *et al.*, 2005:23; Theron, 2007a:175).
- Three respondents reported experiencing **fear**. Sometimes this fear was accompanied by anger. Current literature confirms that some educators have reported sadness, anger, loneliness, hopelessness and anxiety because of the HIV/Aids pandemic (Theron, 2007a:182; Theron, 2008b:90).
- In this sample one educator indicated that the **emotional impact was limited** when there was opportunity to talk about the impact. Previous research has indicated that when educators can talk about the impact of the pandemic, they seem to cope better (Theron, 2007a:183).

### Question 3

#### How has the HIV/AIDS pandemic affected you spiritually?

Question 3 attempted to determine in what way the pandemic had impacted on educators spiritually. The responses to Question 3 can be grouped under the following themes in the Table 5.3. below:

**Table 5.3: Responses and themes to Question 3**

Themes	Number of educators
<b>Spiritual disillusionment</b>	<b>8 respondents</b> "Spiritually it is draining because you don't understand how God can let this disease get to people and let so many people die so much. But people blame God, and say its part of "the plan". So it became quite a spiritual debate." (Interview 3, L. 40-43) "I ask myself why God is not stopping this pandemic; my trust in Him is now tested." (Interview 4, L. 43-44) "People are asking themselves; when will God stop this pandemic? I don't know what to believe spiritually." (Interview 5, L. 49-51) "Now I don't know who to trust, either God or the ancestors. I am now in the middle, my spirit is in between." (Interview 7, L. 31-33) "Ai... It affects badly, because you think if God is there, what He must be saying about this disease killing so many people. We think of praying to God at times to fix it and protect us, but as it goes on, it's getting worse." (Interview 8, L. 41-43) "...some of them feel that they don't know where God was when this

	<p>happened. They don't know why He lets this happen to them and not to other people.”</p> <p>(Interview 9, L. 41-43)</p> <p>“It affects me spiritually because at some stages I really don't know what to believe... Spiritually I cannot blame God because he wrote the Ten Commandments to protect us but we didn't obey them so now the disease is unstoppable there's nothing we can do.”</p> <p>(Interview 12, L. 38-39 &amp; 42-43)</p> <p>“My spirit is disturbed now; I don't know who to blame, God or the situation we find ourselves in, concerning the HIV/Aids pandemic.”</p> <p>(Interview 15, L. 50-52)</p>
<b>Not having peace</b>	<p><b>3 respondents</b></p> <p>“Well, I may say it affected me spiritually because my spirit will not have peace once I've seen or heard that people are dying and suffering of this disease. Since I have said that I have seen it, I don't have peace and joy when people are suffering of this disease.”</p> <p>(Interview 10, L. 34-37)</p> <p>“Every time when I pray, I become stressed and hope that my prayers will be answered. The rate of people infected is increasing every day but, yet we pray.”</p> <p>(Interview 11, L. 39-41)</p> <p>“It upsets me greatly ma'am, as I've already said, there is no cure for it, and my spirit doesn't rest because I feel for those people. Because I know they will end up dying, it hurts me when I talk about it.”</p> <p>(Interview 13, L. 43-45)</p>
<b>More devout</b>	<p><b>2 respondents</b></p> <p>“Spiritually, yes I was nearly affected, but I prayed to God that He be with me to cope spiritually, because I could not cope, my spirituality was affected therefore, I prayed that God will help me to cope.”</p> <p>(Interview 2, L. 38-41)</p> <p>“Spiritually I'm one of those people who can pray for them although</p>

	<p>we know that for the time being there is no cure but spiritually we have to say something. “</p> <p>(Interview 6, L. 47-49)</p>
<p><b>Empowered via church teaching</b></p>	<p><b>2 respondents</b></p> <p>“Spiritually no, it does not affect me much, because at church we are taught about it, the youth is encouraged not to have sex before marriage.”</p> <p>(Interview 1, L. 31-32)</p> <p>“Spiritually it does not affect me because at my church the HIV/Aids pandemic issues don’t affect us, because we know how to deal with it. It depends on how persons take care of themselves. HIV has no power we can beat it. It’s curable spiritually.”</p> <p>(Interview 14, L. 38-41)</p>

From the above four themes emerged how educators are spiritually affected:

- For this sample, educators were most affected by being **spiritually disillusioned** (i.e. 9 respondents). Current literature confirms that some educators are affected in such a way that their trust in God is challenged by the HIV/AIDS pandemic (Theron, 2007a:182).
- The remainder of the participants reported divergent responses:
  - three educators reported **not having peace**;
  - whilst two others reported becoming **more devout**; and
  - another two reported that **their churches had taught them how to cope with HIV** thus there was no spiritual impact on them.

In the above instances there was no uniformity of responses although most reported disillusionment. Current literature confirms that religious belief makes it easier for some people to cope with difficult circumstances (Seidman & Pedersen, 2003: 332) as well as for some educators affected by the pandemic (Theron, 2007:182).

## Question 4

### How has the HIV/AIDS pandemic affected you physically?

Question 4 attempted to determine in what way the pandemic had impacted on educators physically. The responses to Question 4 can be grouped under the following themes in the Table 5.4. below:

**Table 5.4: Responses and themes to Question 4**

Themes	Number of educators
<b>Poor sleeping patterns</b>	<p><b>4 respondents</b></p> <p>“Sometimes I do have sleepless nights because of Aids.” (Interview 2, L. 44)</p> <p>“I sleep badly at night because I think about the affected family and how sad it is, to see the family alone.” (Interview 8, L. 47-48)</p> <p>“I sleep badly, because I think of my friends who are infected and cannot sleep.” (Interviewee 11, L. 44-45)</p> <p>“Yes I have sleepless nights at times, although I still have an appetite.” (Interviewee 12, L. 49-50)</p>
<b>Loss of appetite</b>	<p><b>3 respondents</b></p> <p>“I eat less, when I see those who are infected, or when they get near me.” (Interview 7, L. 36-37)</p> <p>“If a child is sick, the child gets sores and when I think of that child and his/her sores, I don’t eat well.” (Interview 9, L. 51-52)</p> <p>“Physically I’m really affected because every time I think of people who are sick infected with the HIV/Aids pandemic, I</p>

	lose my appetite and I also get tired and feel like I'm the one who's infected, it's physically straining." (Interview 15, L. 56-58)
<b>Both poor sleeping patterns &amp; loss of appetite</b>	<b>3 respondents</b> "Most of the time I think deeply about this disease and I think of someone with full blown Aids, I lose my appetite and I have sleepless nights." (Interview 1, L. 35-36) ".... I sleep badly and my appetite has changed because of this disease." (Interview 3, L. 53-54) "I don't sleep well because I always think about the person I love who is sick with this HIV pandemic and is changing everyday and that makes me always thinking about it. Even my appetite is affected because I cannot eat well thinking about the loved ones who are sick with this HIV/Aids pandemic." (Interview 4; L. 47-50)
<b>Not affected</b>	<b>2 respondents</b> "No, physically it doesn't really affect me much." (Interview 13, L. 48) "I have no problem of sleepless nights and my appetite has not decreased." (Interview 14, L. 43-44)
<b>Stress</b>	<b>2 respondents</b> "...it affects me badly although I sleep well and I have my appetite. I don't socialise as I used to as I'm always stressed because of the HIV/Aids pandemic." (Interview 6, L. 55-56) "...As I said that I'm suffering from stress and to prove that sometimes my body is so painful. Those are after effects of

	<p>this disease.”  (Interview 10, L. 45-47)</p>
<p><b>Fear of physical interaction</b></p>	<p><b>1 respondent</b>  “I know that physically it won’t affect me but still I’m afraid of having physical contact with HIV infected people.”  (Interview 5, L. 57-58)</p>

From the above six themes emerged how educators are physically affected:

- In this sample, most educators suffered from **poor sleeping patterns** (i.e. 4 respondents). Current literature confirms that some affected educators noted poor sleeping patterns (Theron, 2007a:182).
- Three educators reported a **lack of appetite** and three educators reported experiencing **both poor sleeping patterns and a lack of appetite**. Recent studies confirmed that some affected educators noted poor sleeping patterns, loss of appetite and nightmares (Theron, 2007a:182).
- In this sample some educators experienced the physical impact as **stress** (i.e. 2 respondents). They felt this stress physically and one reported experiencing it as pain. Current literature confirms that HIV/Aids might lead to attrition among affected/infected educators. (Hall *et al.*, 2005:4). Current literature also validates that when educators are ill, others are taking over their responsibilities, that increases workload and strain that leads to a stressful social, physical and work atmosphere (Simbayi *et al.*, 2005:41).
- Two respondents differ from the other participants in this sample. They indicated that they are **not physically affected** by the HIV/Aids pandemic. Current literature confirms that some educators reported coping responses even in demanding situations (Theron, 2007a:183). These two educators seem to cope physically with the impacts of the pandemic.

- Becoming fearful of **physical interaction with HIV positive individuals** was least noted by participants in this study (i.e. 1 respondent). Current literature confirms that some educators are cautious in terms of exposure to the epidemic (Theron, 2007a:180).

## Question 5

### How has the HIV/AIDS pandemic affected you socially?

Question 5 attempted to determine in what way the pandemic had impacted on educators socially. The responses to Question 5 can be grouped under the following themes in the Table 5.5. below:

**Table 5. 5: Responses and themes to Question 5**

Themes	Number of educators
<b>Not affected socially</b>	<p><b>4 respondents</b></p> <p>“Personally I interact with other people easily, I don’t have any problem.” (Interview 1, L. 41-42)</p> <p>“My social interaction hasn’t changed because I try to understand every situation concerning the HIV/Aids pandemic.” (Interview 7, L. 43-44)</p> <p>“Like I have already said, I personally have not been affected...” (Interview 13, L. 51-52)</p> <p>“It didn’t impact on how I interact with people because even before, I felt the same way.” (Interview 14, L. 49-50)</p>
<b>Socially withdrawn</b>	<p><b>4 respondents</b></p> <p>“Eh... I was social at first I like people and I like talking to</p>

	<p>people, but after the death of my best friend and my niece, I could not socialise like I used to.”</p> <p>(Interview 2, L. 51-53)</p> <p>“When I think about the orphans I become socially withdrawn.”</p> <p>(Interview 4, L. 59-60)</p> <p>“I don’t socialise as I used to do.”</p> <p>(Interview 8, L. 51-52)</p> <p>“I don’t socialise anymore.”</p> <p>(Interview 12, L. 56-57)</p>
<b>Isolation (personal)</b>	<p><b>3 respondents</b></p> <p>“All in all we as family were isolated because of HIV/Aids.”</p> <p>(Interview 6, L. 63)</p> <p>“I had to change my style of living, especially socialising with friends because I had to spend a lot of time to give her support (my cousin).”</p> <p>(Interview 10, L. 50-51)</p> <p>“Socially, just like other people it affects me a lot, but it affects me a lot, because I’ve seen that when we talk we end up talking about it... Socially it affected me a lot and at times, I isolate myself from people because we end up talking about it almost every day.”</p> <p>(Interview 15, L. 61-62 &amp; 66-68)</p>
<b>Caution</b>	<p><b>3 respondents</b></p> <p>“Yes it did change my social interaction, because now with this pandemic you must be sensitive when you are speaking. You’re not free to make wild accusations... choose your words, so that you don’t offend those who are infected.”</p> <p>(Interview 5, L. 64-67)</p> <p>“It affected me in a very bad way. And you can’t just go</p>

	<p>around talking anything to anyone because you don't know what you'll say that will hurt other people. And you can't just help people who are wounded without wearing gloves, and at times people die because you didn't help them because you didn't have gloves, and you could've saved that person." (Interview 9, L. 57-61)</p> <p>"Sometimes when I talk to strangers, I become scared that - they will say that they are infected, so I am afraid to interact with people." (Interview11, L. 48-49)</p>
<b>Social tolerance</b>	<p><b>1 respondent</b></p> <p>"...But now I've grown more to understand it. I have relationships with people. Socially it gave me more patience and taught me not to judge other people too quickly." (Interview 3, L. 59-62)</p>

From the above five themes emerged how educators are socially affected:

- For this sample, most educators (7 respondents) reported becoming **socially withdrawn and isolated**. Current literature suggests that social isolation may be because of a clash between socialising and caring for infected/affected persons or a fear of being discriminated against and being stigmatised (Theron, 2007a:180).
- In this sample some educators indicated **that their interaction with people is the same** (i.e. 4 respondents). It is possible that educators may continue to socialise as before, either by talking openly about the HIV pandemic or refusing to treat it as a taboo subject (Theron, 2007a:180).
- Some participants in this sample indicated that because of HIV/Aids they are **cautious** about what they say (i.e. 3 respondents). Current literature confirms that some affected educators indicated that their social behaviour was characterised by cautiousness (i.e. social cautiousness) pertaining to

personal relationships and relationships with colleagues and learners (Theron, 2007a:180).

- For this sample, the social impact that was least noted, when one educator became **socially tolerant**. Current literature confirms that coping has to do with counselling, talking freely and to adjust to the truth that the HIV/Aids pandemic is there, and nothing can change that (Theron, 2007a:183).

### Question 6

**How has the HIV/AIDS pandemic affected you professionally and impacted on you as an educator and how has the HIV/AIDS pandemic changed your daily routine as an educator?**

Question 6 attempted to determine how the HIV/AIDS pandemic has affected educators professionally and how it has changed their daily routine. The responses to Question 6 can be grouped under the following themes in the Table 5.6. below:

**Table 5.6: Responses and themes to Question 6**

THEMES	EDUCATORS
Empathy for learners	<p><b>6 respondents</b></p> <p>“As I said it did impact on me especially when I hear that maybe a learner has lost a parent due to this HIV/Aids pandemic. I have 3 orphans in my class.” (Interview 2, L. 57-58 &amp; 59)</p> <p>“As an educator, I deal with children everyday, who are born with HIV/Aids which is an infection given to the child by its mother. And some children are abused at home only to find that they have this disease...</p>

Every time I get to work, I see some of these learners (infected ones) you can see they are tired and sick, it just breaks my heart.”

(Interview 3, L. 65-68 & 76-77)

“And in class we have to look after them and pay more attention to them... give them water and you should understand when they don't finish or do any work.”

(Interview 3, L. 77-80)

“As an educator I'm affected because I'm dealing with children who are suffering from the HIV/Aids pandemic and also educators who are suffering from this disease.”

(Interview 5, L. 74-76)

“It affects me badly, because at school I am dealing with children who are orphans because of the HIV/Aids pandemic. And when I look at them my heart breaks. Some of them don't have parents...I make sure that they eat because I don't know if they are able to eat at their homes.”

(Interview 7, L. 47-49 & 53-54)

“As an educator... it affects me when I see children that are sick here at school, it really upsets me greatly because, when I see a child who is sick, my heart gets hurt.”

(Interview 13, L. 56-58)

” The learners who have this disease, have to be sent home because they are really sick, and sometimes you as an educator, have to let them rest and sleep in the office.”

(Interview 14, L.56-59)

<p><b>Poor attendance (Educators and learners)</b></p>	<p><b>5 respondents</b></p> <p>“Most teachers who are infected don't come to school for long periods of time because they are sick, so there is poor attendance because of this pandemic.” (Interview 1, L. 47-49)</p> <p>“And it affects me really. You will find that when educators' statuses become revealed, those educators are always absent, and it affects me because I must deal with her class or his class ...and when the children are affected with the HIV/Aids pandemic they're always absent from school.” (Interview 5, L. 76-80)</p> <p>“It affects me because there are kids in my class who are affected, their parents are sick and some of them have lost both parents and they're always absent from school.” (Interview 8, L. 57-59)</p> <p>“I had to give my life for her; sometimes I was forced not to go to work as she was feeling bad trying to give her support, taking her to the doctor, trying to give her food. So my daily routine of attending school did change.” (Interview 10, L. 68-71)</p> <p>“Professionally it has impacted on my job. When an educator is affected or infected by the HIV/Aids pandemic, such educator is always absent from school a lot, and this also strains remaining educators.” (Interview 14, L. 54-56)</p>
<p><b>Poor performance (educators and</b></p>	<p><b>4 respondents”</b></p> <p>“...and I cannot cope to cover the work done so, I fall</p>

<p><b>learners)</b></p>	<p>behind with my work.”  (Interview 5, L. 80-81)  “I wished I could leave the job and stay home to assist her. To me everything was useless since I was focusing on her life I wanted to see her happy and get healthy. That is the reason why at work my performance started to decrease.”  (Interview 10, L. 60-63)  “That affects the level of productivity of the child, the level of work the child does in class is minimised. So it affects me in that way.”  (Interview 14, L. 59-60)  “HIV/Aids affects us a lot as educators, it affects mostly the people I work with. When we educators suffer the learners suffer. Our thoughts go to the sick person, whoever it may be, and it distracts us at school.”  (Interview 15, L. 71-73)</p>
<p><b>Addressing HIV/Aids</b></p>	<p><b>3 respondents</b></p> <p>“My daily routine is changed maybe because I have to switch from my learning area to address the HIV/Aids pandemic in the classroom. We swap from what we are supposed to do and then address something else [HIV/Aids pandemic].”  (Interview 5, L. 84-87)  “As an educator it affects me because I have to teach young children about it. Some of them don’t understand it properly; especially when you have to talk about sex. Some of them don’t want to understand. And at times when we teach children about HIV/Aids, parents come to school complaining</p>

	<p>about this. They say we teach children dirty things.” (Interview 9, L. 67-71)</p> <p>“Yes it has changed my daily routine because in my way of thinking, some learners at school their parents have died of HIV/Aids-related illnesses, as an educator this affects my daily routine in terms of being more careful with handling children, who are affected or infected by HIV/Aids, by teaching children about safety when playing with each other in case of injury so that learners do not infect each other.” (Interview 15, L. 75-80)</p>
<b>Caution</b>	<p><b>2 respondents</b></p> <p>“It has a great impact because as an educator I have seen in the media they are talking about it. So in my daily routine I have to play safe. Whatever I do, even if there is a child that has a wound, I have to play by the rules of how to treat that child.” (Interview 6, L. 66-69)</p> <p>“You as a person have to know how to handle these children when they are sick. And also at school children should know that when someone is hurt they should not touch their blood, they should just call a teacher because they are adults and they know what to do when a child is hurt, they can wear gloves and put a plaster on the child’s wound.” (Interview15, L. 81-85)</p>
<b>Increased sensitivity</b>	<p><b>2 respondents</b></p> <p>“As an educator it is very difficult because we teach children from different backgrounds and some think that people who are infected are different to those who are not... when I speak to them I have to be</p>

	<p>sensitive to others' situations concerning HIV/Aids.”  (Interview 11, L. 52-54 &amp; 57-58)</p> <p>“Eish, I become sensitive, as an educator you come across certain individual learners who come from different learning backgrounds and you're supposed to be sensitive to this disease. When you take learners one by one and you handle them like that, you become sensitive to these issues.”  (Interview 12, L. 76-79)</p>
<b>High work load</b>	<p><b>2 respondents</b></p> <p>“It leaves us with a lot of stress because while the person is gone, you have to do your job and their job at the same time...they become sick and then come to school again, when they are absent, you have a high workload.”  (Interview 1, L. 53-56)</p> <p>“...I must deal with her/his class so the work becomes more for me... and I cannot cope to cover the work done so I fall behind with my work.”  (Interview 5, L. 78-81)</p>
<b>Not negatively affected</b>	<p><b>2 respondents</b></p> <p>“No it hasn't affected me...I don't have any problems in the classroom. No; nothing has changed because I am open about HIV/Aids. If you are not open about it...you are going to run away from any topic which is about HIV/Aids in books...you are not going to be able to teach learners because the HIV/Aids pandemic affects you.”  (Interview 4, L. 67 &amp; 69;72-74 &amp; 77-78)</p> <p>“No, it hasn't changed; it doesn't change the work you do, if you do it in a dedicated way. It makes no</p>

	<p>difference, because it's a short period of time that you neglect your work and then you go on with your work.”</p> <p>(Interview 14, L. 63-65)</p>
<b>Multiple roles</b>	<p><b>1 respondent</b></p> <p>“...It is so sad because as a teacher you should be an educator, a mother and a counsellor and everything at once, so...it's become quiet hectic and stressful, So, as an educator you have to stay strong and help those kids.”</p> <p>(Interview 3, L. 69-73)</p>

From the above nine themes emerged how educators are professionally affected:

- Educators in this sample showed a **sense of empathy and compassion** for infected/affected and/or orphaned learners in their classes (i.e. 6 respondents). Current literature confirms that educators are affected by infected / affected or orphaned learners in their classes and that many respond with empathy (Bhana *et al.*, 2006:6; 14-20; Coombe, 2003:8 &11; Peltzer *et al.*, 2005:109; Theron, 2008b:91).
- For this sample educators suffered professionally, when their **colleagues and learners were absent** (i.e. 5 respondents). Current literature confirms the absenteeism of affected educators when they are attending funerals or looking after those who are suffering from HIV/Aids (Coombe, 2003:11; Simbayi *et al.*, 2005:44; The World Bank, 2002:13). Recent studies also confirm that learners with sick families/orphaned and/or who themselves are sick, may be forced to leave the school or be absent constantly because of taking care of their ill families (Coombe, 2003:7-8)

- In this sample educators suffered professionally when their colleagues or their learners' **performance declined** (i.e. 4 respondents). Schools reported a low performance and morale among educators and learners who are affected or infected by HIV/Aids (Coombe, 2003:11; Hall *et al.*, 2005:23).
- **Addressing HIV/Aids** by including it in the classroom curriculum was noted by educators in this sample (i.e. 3 respondents). Current literature confirms that educators in previous studies reported focusing on HIV prevention informing learners about HIV/Aids (Theron, 2007:181).
- Educators in this sample noted **increased sensitivity** (2 respondents). Current literature confirms the sensitivity shown by educators to avoid criticism from parents who find it wrong morally to teach sexuality in the classrooms (Coombe, 2003:10 &13).
- Some educators in this sample noted **high work loads** (2 respondents). Current literature confirms that, due to HIV/Aids -related absenteeism, educators are forced to take added teaching responsibilities and thus more stress is created (Peltzer *et al.*, 2005:112; Simbayi *et al.*, 2005:44).
- Some educators in this sample noted that they were **not negatively affected**, one educator, through talking openly about the pandemic and another through dedication to work as an educator (2 respondents). Current literature confirms that educators do cope through talking freely about the HIV/Aids pandemic and the love of a profession as an educator as the most powerful instrument (Theron 2007:181).
- Educators in this sample also noted that they were very **cautious** concerning how to handle HIV/Aids in the workplace (i.e. 2 respondents). Current literature confirms that educators need training to equip them to teach learners about the HIV/Aids pandemic, how to protect themselves, and to prevent new infections (Coombe, 2003:13; Simbayi *et al.*, 2005:103).
- One educator in this sample noted **multiple roles** that are performed by educators because of the HIV/Aids pandemic. Current literature confirms

that some educators cannot work fruitfully because of the HIV/Aids pandemic and they have to perform the duties that were not originally assigned to them (i.e. tasks like being a counsellor, minister, parent or social worker) (Coombe, 2003:17; Peltzer *et al.*, 2005:109).

### Question 7

**What has helped you cope with teaching whilst the HIV/Aids pandemic rages on?**

Question 7 attempted to determine how the educators cope with teaching whilst the HIV/AIDS pandemic rages on. The responses to Question 7 can be grouped under the following themes in the Table 5.7. below:

**Table 5.7: Responses and themes to Question 7**

Themes	Number of educators
Openness	<p><b>4 Respondents</b></p> <p>“... and I also have a very strong support system my family, where I can voice my opinion. Talking about something really helps, getting it out really helps you get it out of your system. Bottling things up doesn’t help; you have to get it out.” (Interview 3, L. 86-89)</p> <p>“By being open...because if you close everything up, you won’t cope.” (Interview 4, L. 82)</p> <p>“Just talking and being free to talk about it.” (Interview 8, L. 66)</p> <p>“I’m attending activities whereby we speak about the disease. I’m involved in the community where at some</p>

	<p>instances HIV/Aids is the topic of the day where we discuss it with friends. It's an open issue, where all over they discuss it."</p> <p>(Interview 12, 82-85)</p>
<p><b>Increased information (e.g. Media/pamphlets)</b></p>	<p><b>3 respondents</b></p> <p>"...We see on TV that HIV/Aids infected people are given medication."</p> <p>(Interview 2, L. 71-72 )</p> <p>"I can say I cope although it costs me my time because now I must read...and read about HIV/Aids in order to know more about it."</p> <p>(Interview 5, L. 90-91)</p> <p>"There are pamphlets and booklets on HIV/Aids. I always take them and read them and study what's out there related to the HIV/Aids pandemic...There are programmes on TV like "Soul City" on how to deal with people who have HIV/Aids."</p> <p>(Interview 15, L 89-90 &amp; 98-99)</p>
<p><b>Teaching zeal</b></p>	<p><b>3 respondents</b></p> <p>"What keeps me teaching and coping with teaching in my profession is that I'm an LO educator which is a Life Orientation educator. I am familiar with this thing every day, so I'm almost every day teaching it [HIV/Aids] to my children, so I can put it that way."</p> <p>(Interview 6, L. 75-78)</p> <p>"The love of my profession and love for learners keeps me going."</p> <p>(Interview 7, L. 58)</p> <p>"I believe that my duty as an educator is to make children learn in order for them to get better, with or without</p>

	<p>HIV/Aids.” (Interview 11, L. 61-62)</p>
<b>Collegial support</b>	<p><b>2 respondents</b></p> <p>“It’s the support from other educators; we help one other a lot. We stick together.” (Interview 1, L. 59-60)</p> <p>“The support from my colleagues has helped me to cope. My colleagues should work together if there are sick learners at school, it should not be an individual problem.” (Interview 9, L. 75-77)</p>
<b>Empowerment through knowledge</b>	<p><b>2 respondents</b></p> <p>“It is the courage that I have because I know meeting those people and talking with them will not get me infected because you don’t get infected by seeing, touching or just talking with them, that’s what makes me cope with people who are HIV infected or affected.” (Interview 13, L. 68-71)</p> <p>“There are workshops to give you [educators] knowledge about this disease, because many people don’t know about disease so, it really affects us at school because of the fact that they [educators] don’t know about it.” (Interview 15, L. 92-95)</p>
<b>Social Workers</b>	<p><b>1 respondent</b></p> <p>“The social workers have been quite helpful to me.” (Interview 3, L. 89)</p>
<b>Positive attitude</b>	<p><b>1 respondent</b></p> <p>“What has helped me is my spiritual being, if your spirit is always high in your life; you always aim very high rather than getting sick. There are many challenges, so you must take the challenge and face it.” (Interview 14, L. 73-75)</p>

Coping through faith	1 respondent "I give everything to God." (Interview 10, L. 77)
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From the above eight themes emerged how educators are helped to cope:

- For this sample, educators noted **openness** (i.e. having support systems that are open to HIV/Aids discussions, talking freely and openly about HIV/Aids, attending activities in the community about the HIV/Aids pandemic) as encouraging coping (i.e. 4 respondents). Current literature confirms that talking openly about the pandemic provides people with support to cope with difficult times as well as refusing to treat HIV/Aids as an unmentionable topic (Bennell, 2005:461; Theron, 2007a:181).
- For this sample educators are helped by **increased information** that they obtain from sources like, the media, pamphlets, TV programme (3 respondents). Current literature confirms that educators need support like, manuals and guidelines to supply them with knowledge (i.e. learning and teaching materials) (Coombe, 2003:13). The need for increased information is also confirmed by literature (not strictly referring to teachers) but with regard to the youth and all community members to promote sexual health and healthy life styles for young people in South Africa (Education and HIV 2003:106).
- Some educators noted that **teaching zeal** (3 respondents) has helped them to cope whilst the HIV/Aids pandemic rages on. Educators have reported that to love what they are doing (i.e. teaching and guiding learners) helps them cope (Theron, 2007a:181). The attitude educators have about HIV/Aids will impact on their ability to deliver HIV/Aids interventions to learners effectively (Simbayi *et al.*, 2005:103).
- Some of the educators in this sample indicated that **support from colleagues** has helped them to cope whilst the HIV/Aids rages on (2 respondents). Positive collegial support was noted by some educators in current literature as a tool of support to cope with the HIV/Aids pandemic

(i.e. colleagues supported affected educators through difficult times) (Theron, 2007:181).

- Educators in this sample also noted **support through empowerment of knowledge** (2 respondents). Current literature confirms that educators noted the benefits of being knowledgeable about HIV/Aids and learning more about the HIV/Aids pandemic (Theron, 2007a:181).
- One educators indicated that **social workers** have helped with regard to coping by helping orphans and vulnerable children. Current literature confirms that affected educators need to be equipped with referral procedures regarding learners infected and affected by the pandemic and also need to be empowered with how to involve social and health workers to help them cope through difficulties (Coombe, 2003:13).
- One educators in this sample indicated that a **positive attitudes** encouraged coping. Current literature confirms that it is important for educators to be positive about the HIV/Aids pandemic because it will assist them to be able to deal with challenges brought on by the pandemic (Coombe, 2003:17).
- One educator noted **coping through faith**. Current literature confirms coping through faith when some educators depend on faith in God to cope through difficult times (Theron, 2007a:181).

## Question 8

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

Question 8 attempted to determine what support educators need from school management to cope with how the HIV/AIDS pandemic has affected their jobs. The responses to Question 8 can be grouped under the following themes in the Table 5.8 below:

**Table 5.8: Responses and themes to Question 8**

Themes	Number of Educators
<p><b>HIV/Aids education for educators, parents and learners</b></p>	<p><b>7 respondents</b></p> <p>“I think the school should organise some workshops for us or maybe call the Head of the Department of Health to come and explain the do’s and don’ts of this pandemic.” (Interview 2, L. 76-78)</p> <p>“We as affected educators must attend workshops. SMT’s must teach us about this disease and we must learn how to live with this disease.” (Interview 4, L. 93-94)</p> <p>“SMT’s need to organise workshops to help us cope and handle the HIV/Aids pandemic effectively.” (Interview 5, L. 100-102)</p> <p>“The parents living with infected learners should be called and be informed how to take care of them.” (Interview 7, L. 66-67)</p> <p>“They could arrange workshops for us so that we can handle the HIV/Aids pandemic.” (Interview 8, L. 74-75)</p> <p>“The school management must arrange workshops, and at times talk about this disease, because it’s something that’s here, that won’t pass. It’s here with us, it’s here with children. What the school management can do is to invite the Department of Health to come and address these children, and educators, to come every month, to find out how the HIV/Aids pandemic has affected us, and to manage the disease properly.”</p>

	<p>(Interview 15, L.105-111)</p> <p>“The school management should allow activities like “Love life” to come to school every Thursday in Grade 7, to talk about HIV/Aids. Workshops should be arranged for learners and educators to know how to manage the HIV/Aids pandemic.”</p> <p>(Interviewee 15.L. 111-115)</p>
<p><b>Practical support for orphaned vulnerable children (OVC)</b></p>	<p><b>4 respondents</b></p> <p>“And they should hire social workers to come to our schools especially to talk about HIV/Aids and teach the do’s and don’ts.”</p> <p>(Interview 3, L. 96-98)</p> <p>“... Any support of any kind...giving them [affected/infected learners] clothes and food.”</p> <p>(Interview 12, L. 94-96)</p> <p>“I need assistance from school management to help in planting a vegetable garden, to help learners who are hungry and sick because of the HIV/Aids pandemic.”</p> <p>(Interview 13, L. 92-94)</p> <p>“If there is no food at school the children get hungry, SMT’s can decide whether to cook for the child or educators can give affected/infected learners a few slices of bread, to eat at home.”</p> <p>(Interview 14, L. 81-83)</p> <p>“We [SMT’s] should ask a community helper to visit their homes [learners’] and find ways to make their lives easier. To give them food parcels to make sure that they always have food at home. That can help a lot.”</p> <p>(Interview 14, L. 83-86)</p>
<p><b>Medical support (Medication for</b></p>	<p><b>3 respondents</b></p> <p>“There is Aids committee at school. The SGB’s should work</p>

<p><b>educators and learners; first aid kits; mobile clinic)</b></p>	<p>with Aids committee to raise funds for educators and learners to have medication in the offices and classrooms...” (Interview 3, L. 94-96)</p> <p>“...Also to have First Aid Kits in classrooms in case someone gets hurt.” (Interview 3, L. 96 )</p> <p>“A First Aid Kit is needed at a school that is fully equipped for HIV/Aids infected learners.” (Interview 7, L. 63-65)</p> <p>“I think it would be a great help for the school if we could have a mobile clinic... in case of emergencies.” (Interview 9, L. 83-85)</p>
<p><b>Revision of Learning and Teaching Support Material</b></p>	<p><b>3 respondents</b></p> <p>“I need support from the SMT’s to change the learning material which will benefit both infected and affected learners with HIV/Aids.” (Interview 5, L. 99-100)</p> <p>“...the support I need from school management is that they must be able to support me as an LO educator because as I have mentioned that I talk in the class everyday as part of it [HIV/Aids pandemic], they must support me by organising those activities and learning material relevant to this HIV/Aids pandemic.” (Interview 6, L. 87-91)</p> <p>“The management team must make more resources available like books that are about diseases, so that the children can clearly understand.” (Interview 11, L. 65-66)</p>
<p><b>Substitute Educators</b></p>	<p><b>2 respondents</b></p> <p>“...Yes we do need support in teaching. We need financial support. The governing body can raise funds to pay for</p>

	<p>educators who will stand in for educators who are gone, while waiting for the approval from the Department of Education to get a new educator.”</p> <p>(Interview 1, L. 64-67)</p> <p>“The support I need from management is for them to be ready to help if a teacher is gone by organising substitute educators and to advise them on how to cope with the work load of the teacher.”</p> <p>(Interview 14, L. 79-81)</p>
<b>Minimising Workload</b>	<p><b>2 respondents</b></p> <p>“SMT's to advise educators on how to cope with the work load of the educators.”</p> <p>(Interview 5, L.102-103)</p> <p>“I wish they would support me by minimising or reducing some of my workload so that I can be able to adjust and cope with everything concerning HIV/Aids.”</p> <p>(Interview 10, L. 82-84)</p>
<b>Counselling</b>	<p><b>1 respondent</b></p> <p>“...I would please ask the school management, to come together with the district office, to get people who can come and counsel us educators, so that they can help us how to treat the children who are affected by this disease.”</p> <p>(Interview 9, L. 81-83)</p>
<b>Cleanliness</b>	<p><b>1 respondent</b></p> <p>“I need support for the classes to be kept clean. The utensils that are used for preparing the learners food must also be kept clean. The learners food be checked thoroughly and be the food to fight or lessen the sting of this HIV/Aids pandemic.”</p> <p>(Interview 7, L. 62-63 &amp; 65-66)</p>
<b>Team Work</b>	<p><b>1 respondent</b></p>

	“...I need support for all of us [educators] to work as a team together about HIV/Aids so that we can cope.” (Interview 4, L. 87-88)
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From the above nine themes emerged that specify the kind of support needed by educators from school management:

- For this sample, educators need support mostly for HIV/Aids **education, for themselves and for parents and learners** like do's and don'ts of the pandemic; workshops for educators and parents; Department of Health and Love Life activities and similar educative activities (7 respondents). Current literature confirms that there is a need for ministries of Education to introduce comprehensive Aids programmes in the workplace to educate and prevent HIV infection among educators. By doing so, a supporting environment for all employees (educators) both infected and affected by the pandemic would be created (Bennell, 2005:460). Current literature confirms the need for educators to be able to give children information about how to give basic care for those who are ill and to know referral procedures to refer families affected by the HIV/Aids pandemic to provide secure environment (Coombe, 2003:13). NGOs and CBO's are helping the communities to take care of their families affected by HIV/Aids pandemic by providing support to teachers and learners in peer counselling in their communities (Catholic Relief Services, 2005; Coombe, 2003:16; HIV/Aids education, 2003:106)
- Educators in this sample also stated the need **for practical support** to help orphaned and vulnerable children from SMT's (e.g. food, clothes and vegetable garden) (4 respondents). Current literature suggests that some educators spend most of their time taking care of learners (i.e. by providing clothes food and services), therefore, there is a need for ministries of Education to provide adequate support to deal with challenges and training educators to fight the HIV/Aids pandemic (Bhana *et al.*, 2006:20; Coombe, 2003:13).

- Educators in this sample also stated the need for support from SMT's when they indicated **medical support** like raising funds with SGB's to have medication such as first aid kit (i.e. 3 respondents). Current literature confirmed that there is a need for SGB's to ensure that their schools are properly equipped in terms of medical facilities and first aid staff to ensure that preventative efforts are optimised (Simbayi *et al*, 2005:52).
- Some educators in this sample noted **the need for review of learning and teaching support material (LTSM)** (3 respondents). Current literature confirms that educators need teaching and learning material to help children in personal development by being guided by all stake holders in education, (i.e. informed education officers and inspectors, NGOs and CBO's, volunteers, parents, and social sector workers) (Coombe, 2003:13).
- Some educators in this sample noted the need for **substitute educators** to help them cope with their work and that they need the SMT's to assist them in that regard (2 respondents). Current literature confirms that supplementary teaching staff will be required, when educator mortality continues to increase, to ensure that all schools are staffed accurately (Bennell, 2005:462).
- Few educators in this study quoted the need of **workload that to be minimised** from SMT's (2 respondents). Current literature confirms that schools are complaining about high workload where more educators are HIV positive and this leads to dissatisfaction and attrition among some educators (Peltzer *et al.*, 2005:110; Simbayi *et al.*, 2005:48)
- One educator in this sample noted **the need for counselling** arranged by the SMT's (e.g. counsellors from the DoE). Current literature confirms that educators reported that testing and counselling were inaccessible to relieve them and other members of the community from stress (Health and Development Africa, 2004:72-73).

- One educator in this sample indicated the need for **team work** from SMT's. Current literature confirms that there is a need for teamwork and for educators to work together with the community and other stakeholders in education (Coombe, 2003:17).
- One educator in this sample noted **the need of cleanliness** of classrooms. The need for classrooms to be kept clean is not mentioned within the context of the pandemic in current literature.

### Question 9

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

Question 9 attempted to determine what support educators need from colleagues to cope with how the HIV/Aids pandemic has affected their jobs. The responses to Question 9 can be grouped under the following themes in the Table 5.9. below:

**Table 5.9: Responses and themes to Question 9**

Themes	Number of Educators
<b>Team Work</b>	<p><b>11 respondents</b></p> <p>“We must work together as a team to cope with this pandemic.” (Interview 2, L. 82-83)</p> <p>“We should come together as a group; let us form one family, to help those infected kids. We should not make comments about others [affected/infected educators] we should just be role models.” (Interview 3, L. 101-103)</p> <p>“The support I need is for us to support one another and for us to work together...share each other’s pain, for us to</p>

become one...share responsibilities and pain, and not laugh at one another.”

(Interview 4, L. 98-100)

“I think my colleagues are going to play an important role guiding me and giving me advice of how to cope with learners or how to cope with the situation in the classroom dealing with the learners who are infected.”

(Interview 5, L. 110-113)

“...I would like my colleagues to support me in everything I do concerning the HIV/AIDS pandemic by not laughing at me when I have been affected by this, the support from them will keep me going.”

(Interview 6, L. 95-98)

“If there is a problem with a child like sickness, a colleague can come and help if I ask him or her to.”

(Interview 7, L. 71-72)

“My colleagues should work together if there are sick learners at school. It must not be an individual problem. We as educators must work together with social workers where necessary.”

(Interview 9, L. 89-90 & 92-93)

“I wish they could help my learners to be on the same level as theirs since I was not present at all times, my work fell behind, so I wish they could develop me where I need to be developed.”

(Interview 10, L. 88-90)

“...If a colleague is suffering from a disease; there shouldn't be anyone who gossips about such an educator, they are supposed to give good support to that educator.”

(Interview 12, L. 102-104)

“What I need from them [my colleagues] is the assistance to

	<p>distribute the food from the vegetable garden to the sick and hungry children.”</p> <p>(Interview 13, L. 97-98)</p> <p>“The support I need from my colleagues is for them to co-operate enough to take children from a certain class to teach, while the other teacher is absent. A replacement educator should be there for absent teacher if it takes long to come back.”</p> <p>(Interview 14, L. 90-93)</p>
<b>Committees (HIV/AIDS)</b>	<p><b>2 respondents</b></p> <p>“There can be a committee where we can talk about the problem that we face and which support we need to help the affected learners.”</p> <p>(Interview 8, L. 78-79)</p> <p>“There must be a committee responsible for affected and infected learners and making sure that they get support at school and at home.”</p> <p>(Interview 9, L. 90-91)</p>
<b>Teaching HIV/AIDS in Class</b>	<p><b>1 respondent</b></p> <p>“My colleagues must also teach their classes about HIV/Aids so that all learners can understand it.”</p> <p>(Interview 11, L. 69-70)</p>
<b>Prejudice</b>	<p><b>1 respondent</b></p> <p>“The support I need from my colleagues is not to judge this pandemic that much...there are so many diseases like Tuberculosis and other diseases, it’s supposed to be a disease that each and everyone have the knowledge about it.”</p> <p>(Interview 12. 99-102)</p>
<b>Fund Raising</b>	<p><b>1 respondent</b></p> <p>“We need support of funding. We can raise funds as</p>

	<p>colleagues to help other colleagues who are sick because the money in the medical aid runs out after a while...We can help them buy good medicine so that they can feel better.”</p> <p>(Interview 1, L. 70-73)</p>
<p><b>Access and share information</b></p>	<p><b>1 respondent</b></p> <p>“The support I need from my colleagues is to understand that this disease affects everyone, even learners at school. The people I work with, if they could get working plans and programmes and also get manuals. We can read these manuals so that we can take care of infected persons. We can teach the learners and their parents how to take care of one another and the community.”</p> <p>(Interview 15, L. 119-123)</p>

From the above six themes emerged that specify the kind of support needed by educators from their colleagues:

- For this sample, the vast majority of educators indicated that they need more support from their colleagues and are in favour of **team work** (11 respondents). The teamwork included sharing teaching loads, providing emotional support, sharing expertise and not gossiping. Some researchers have argued for teamwork among educators, their communities (e.g. parents, NGO's, churches, businesses etc.) and education stakeholders (e.g. the DoE, unions, etc), (Cohen, 2002:20; Coombe, 2000; Coombe, 2003:16-17), but there is not a specific call for educators to work together.
- Educators in this sample also noted the need for the **formation of HIV/Aids committees at schools** (2 respondents). Current literature confirms that there is a need for school HIV/Aids policy and its implementation plan and HIV/Aids committees to help educators cope at school concerning the HIV/Aids pandemic (Simbayi *et al.*, 2005:136).
- The possible forms of support least mentioned included **raising funds for colleagues, teaching learners about HIV in the class, not treating**

HIV/Aids differently than other diseases and accessing and sharing information (1 respondent each). These possible means of support are not focused on in current literature regarding educators and the pandemic.

### Question 10

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

Question 10 attempted to determine what support the educators need from the community to cope with how the HIV/Aids pandemic has affected their jobs. The responses to Question 10 can be grouped under the following themes in the Table 5.10. below:

**Table 5.10: Responses and themes to Question 10**

Themes	Number of Educators
<p><b>Giving practical support</b></p>	<p><b>4 respondents</b></p> <p>“If the community understands our problem, they can help by making vegetable garden in the school grounds in order for the HIV/Aids infected learners or educators to benefit from that.” (Interview 5, L.123-125)</p> <p>“Parents should come to school to help us to plant vegetables so that the children can have food at school if they don’t have food at home. And the community should come and help us clean the school.” (Interview 7, L. 76-78)</p> <p>“Maybe the community can help by preparing a vegetable garden so that learners can get food from the school and take them home to cook.” (Interview 8, L. 88-89)</p>

	<p>“...At some stage you find family members becomes tired of their sick relatives. That’s where the community is needed; it [the community] must intervene...If the community plays a role to come and assist then, it will be better... so the community must make a big effort to help these affected people.”</p> <p>(Interview 10. L. 94-96 &amp; 99-102)</p>
<p><b>Working Together (educators and community)</b></p>	<p><b>3 respondents</b></p> <p>“We need to stand together.”</p> <p>(Interview 3, L.107)</p> <p>“The community must work together with educators so that they can help these affected people... so that we can come together, the educators, the parents and the children to help these infected and affected people.”</p> <p>(Interview 4, L. 104-108)</p> <p>“What I need from the community, we [educators and the community at large] can come together and discuss ways in which we can help and deal with this disease for the sake of the children.”</p> <p>(Interview 13, L. 101-103)</p>
<p><b>Community Education</b></p>	<p><b>3 respondents</b></p> <p>“The community must come into our shoes so that together with the educators we can eradicate their ignorance...”</p> <p>(Interview 5, L. 118-119)</p> <p>“Eh... whatever I would like my community to do, I would like them to be educated about these things because they have very little information about the HIV/Aids pandemic.”</p> <p>(Interview 6, L. 103-105)</p> <p>“What I need is for people to be involved in the community to develop structures, whereby these issues are discussed [the</p>

	<p>HIV/Aids pandemic], whereby people are supposed to have knowledge of this disease; how you are supposed to take care of yourself, what you should eat. People don't need to say, if they have this disease; no, I'm going to die, no.”</p> <p>(Interview 12, L.107-111)</p>
<p><b>Acceptance (HIV/Aids infected people)</b></p>	<p><b>3 respondents</b></p> <p>“To support me in my initiative to accept HIV/Aids infected people and for us to tell them they are welcome, and to treat them the same as HIV negative people, to accept them not to judge them.”</p> <p>(Interview 1, L. 76-78)</p> <p>“Even in the community, I would like them not to discriminate against me for being affected by the HIV/Aids pandemic.”</p> <p>(Interviewee 6, L. 102-103)</p> <p>“...People are supposed to accept any sickness that there is.”</p> <p>(Interview 12, L.112)</p>
<p><b>Support from community clinics</b></p>	<p><b>2 respondents</b></p> <p>“...We would like if nurses come to schools or a mobile clinic to be in the school yard and children and educators be treated. If they cannot come to school, I would like them to have a day and time maybe at 10h00 on that day to examine educators and learners.”</p> <p>(Interview 9, L. 98-101)</p> <p>“... since we have clinics and councillors and nurses and so on, it would be fine if we could have a meeting, to invite them to talk about the HIV/Aids pandemic at school. We really need them to come and talk about these things [HIV/Aids pandemic challenges]. And advise us on how to look after those kids at school in order to be better educators and also better people.”</p>

	(Interview 15, L. 127-132)
<b>Opportunities for testing</b>	<p><b>2 respondents</b></p> <p>“... And have places where people can go and get tested and get counselling.”</p> <p>(Interview 3, L. 109-110)</p> <p>“I wish that members of the community may take part in especially voluntarily counselling and testing people, because families, at some stage you find that family members becomes tired of their sick relatives.”</p> <p>(Interview 10, L. 93-95)</p>
<b>Taking Care of Orphans</b>	<p><b>2 respondents</b></p> <p>“I think the community eh... should take care of their orphans to minimise the stress.”</p> <p>(Interview 2, L. 95-97)</p> <p>“The community should be able to help those orphans, to keep an eye on them, or just give them moral support to help them where they can, so that they can also feel they have people who love them and feel important and live like any other children. Children should be treated like human beings in order to cope.”</p> <p>(Interview 14, L. 97-101)</p>
<b>Parental responsibility</b>	<p><b>2 respondents</b></p> <p>The parents should be open to educators and talk about their problems concerning HIV/Aids pandemic so that we can come together, the educators, the parents and the children to help these infected and affected people. I think the community is affected too.”</p> <p>(Interview 4. L. 105-108)</p> <p>“I would plead that the community especially the parents should teach their children before coming to school how to behave.”</p>

	(Interview 11, L. 73-75)
<b>Support by talking</b>	<p><b>1 respondent</b></p> <p>“... and have place where people can go for support, support groups or one support group where people who are affected by HIV/Aids can go and talk to counsellors.”</p> <p>(Interview 3, L. 107-109)</p> <p>“There should be a community helpline where people can just pick up the phone and just talk.”</p> <p>(Interview 3, L. 111-112)</p>

From the above nine themes emerged that specify the kind of support needed from the community by educators:

- For this sample some educators noted the need for **practical support** from the community to support ill and affected people in their communities (4 respondents). Current literature confirms that non-government organisations community-based organisations and faith-based organisations need to help by providing support to educators, training educators and learners in peer counselling, teaching lessons of safe sex and working in communities to help prevent any kind of violence and abuse (Coombe, 2003:16).
- For this sample some educators were in favour of their **community working together** (3 respondents) in order to minimise the impact of the pandemic (i.e. planting vegetables, cleaning the school, helping ill and affected people and identifying places of support). Current literature does not confirm the need to work with the community planting vegetables and cleaning the school but confirms the need for helping ill and affected people and identifying places for support (i.e. community NGO's) (Cohen, 2002:20; Coombe, 2003:13).
- For this sample educators are in favour of **community education** (i.e. to be equipped with information of HIV/Aids and be involved in community development structures) (3 respondents). Current literature confirms the

need for educators to be involved in the education of the society in classrooms and in the local community as tutors, role models and working with education officers to develop an HIV education policy and curriculum to fight the HIV/Aids pandemic (Cohen, 2002:20; Coombe, 2003:17).

- Educators in this sample noted the need of support from **community clinics** (2 respondents). Current literature confirms the need for DoE and donor agencies to set up and supervise workplace programmes for prevention and treatment of all diseases including blood pressure, diabetes screening and treatment to reduce stress, and provide an inclusive prevention and treatment centre next to the school (Peltzer *et al.*, 2005:112). The need for mobile clinics was also reported by Simbayi *et al.*, 2005:123).
- Educators in this sample are also in favour of community **supported opportunities to get tested** and get counselled (2 respondents). Current literature confirms that the support regarding voluntary counselling and testing be classified in places where to obtain them (McElligott, 2005).
- Educators in this sample noted the need for **taking care of orphans** by the community (2 respondents). Current literature confirms that educators are taking care of orphans either in their own homes or at schools and that they help families in need to cope with challenging situations caused by the HIV/Aids pandemic ( Bhana *et al.*, 2006:8; Coombe, 2003:11). NGOs, CBO's and faith-based organisations (FBO's) are offering care and support to orphans and other vulnerable children through activities such as counselling (Catholic Relief Services, 2005).
- Educators in this sample also revealed the need for **parental responsibilities** meaning that parents accept the responsibility for their children and disclose (2 respondents). Current literature confirms that educators need parental support from the community so that families may feel free to talk about their problems and not to be afraid to dent their family pride by disclosing (Cohen, 2002:20; Coombe, 2003:13).

- Educators in this sample noted the need for the community **to accept people who are infected with HIV/Aids** (2 respondents). Current literature confirms the negative emotions affected educators have, often because of a lack of acceptance of the HIV/Aids pandemic and HIV positive persons by the community. Therefore, to confront the silence and suppression about HIV/Aids among educators, affected educators and their communities have to create a culture of openness and acceptance, avoiding discrimination and encouraging supportive behaviour for colleagues who are infected and sick (Bennell, 2005:461; Coombe, 2003:13; Theron, 2007a:182).
- Only one educator in this sample noted the need for support by having a **community facilitated space to talk or to vent about experiences**. Current literature confirms that talking openly, provides support to feel free and be able to cope with difficulties created by HIV/Aids and that there are educators who value this (Cohen, 2002:20; Theron, 2007a:181).

### Question 11

**What support do you need from the Department of Education to cope with how the HIV/AIDS pandemic has affected your job as an educator?**

Question 11 attempted to determine what support educators needed from the Department of Education to cope with how the HIV/AIDS pandemic has affected their jobs. The responses to Question 11 can be grouped under the following themes in the Table 5.11. below:

**Table 5.11: Responses and themes to Question 11**

THEMES	Number of educators
Workshops	<p><b>6 respondents</b></p> <p>"I also think that the Department should organise some workshops concerning stress, because when you are</p>

	<p>affected you become stressed maybe something like stress management to help to cope at work.”  (Interview 2, L. 87-89)</p> <p>“The DoE should also organise the Department of Health to have workshops on how to handle this disease.”  (Interview 2, L. 91-92)</p> <p>“They should do anything to spread the message in our communities to help people understand HIV/Aids pandemic, it’s not a dirty and sinful thing, and make them accept it as other diseases.”  (Interview 3, L. 119-122)</p> <p>“We need workshops and counselling.”  (Interview 4, L.112)</p> <p>“They [the Department of Education] must look at us [affected educators] like educators and teach us how to deal with infected learners because we are not trained.”  (Interview 5, L.129-131)</p> <p>“The department must arrange seminars, gather all the teachers and develop them on how to teach about HIV/ Aids.”  (Interview 11, L. 79-80)</p> <p>“I need the greatest support from the Department of Education. The Department can organise meetings and workshops which should be compulsory. They can come to school and tell us about this disease. So, we can have a better understanding of the disease.”  (Interview 15, L.136-139)</p>
<p><b>Active, practical support</b></p>	<p><b>5 respondents</b></p> <p>“The Department could check if these children are being taken care of properly, if they are given love by educators and to see if the school is clean.”</p>

	<p>(Interview 7, L. 82-84)</p> <p>“Maybe the Department of Education should donate money to make a vegetable garden, people who don’t have food can take vegetables from the garden, by doing so, we can help them as a school.”</p> <p>(Interview 8, L. 93-95)</p> <p>“They should also bring professionals to come to schools to check the statuses of the children at school. Sometimes after a child has taken the treatment, we don’t know what’s going to happen, and sometimes they are not able to perform school work. So if professionals could get here at schools, it would be very helpful.”</p> <p>(Interview 9, L.111-115)</p> <p>“The support I need from the Department is for the DoE not to sit in those offices, but to come to school and support educators. They are not supposed to sit back and wait for someone to do their work, they are supposed to come and give guidelines which are necessary to cope in the presence of the HIV/Aids pandemic.”</p> <p>(Interview 12, L. 116-120)</p> <p>“In my opinion, the Department should really assist us, maybe by sending nurses and a testing station to test children and educators. I might be infected and I wouldn’t know. It should be compulsory to be tested for HIV/Aids for us as well as the children.”</p> <p>(Interview 13, L. 114-11</p>
<b>Counselling</b>	<p><b>4 respondents</b></p> <p>“...What is needed is the Department to set out counsellors to work with affected and infected educators. But not too much of that is happening at the moment Employees Assistance Programmes (EAP) is there, but it</p>

	<p>is not working.”</p> <p>(Interview 1, L. 82-85)</p> <p>“We need workshops and counselling. Counsellors must not come to individual educators but to all educators because they are all affected.”</p> <p>(Interview 4, L. 112-113)</p> <p>“Teachers need counselling. They need to be shown by the government that they are important even if they are sick or healthy.”</p> <p>(Interview 7, L. 84-86)</p> <p>“The Department of Education can see to it that educators get support from them; they need counselling.”</p> <p>(Interview 9, L.105-106)</p>
<b>Additional Resources</b>	<p><b>2 respondents</b></p> <p>“... For example gloves to handle sick learners and sick educators.”</p> <p>(Interview 9, L.106-107)</p> <p>“The support I need from the DoE, it should provide more substitute educators and equipment for replacement teachers so that they can be able to do their work properly for the teacher who is absent. The Department should recruit new trained educators so that the Education Department can not suffer because of this pandemic.”</p> <p>(Interview 14, L.105-109)</p>
<b>HIV/AIDS Curriculum</b>	<p><b>1 respondent</b></p> <p>“The Department can adopt a new Aids curriculum for HIV/Aids for every school in the country.</p> <p>(Interview 3, L.116-117 )</p>
<b>NGO’s (Partnership)</b>	<p><b>1 respondent</b></p> <p>“The Department of Education can allow the NGO’s to participate in our school curriculum, that is allowing those</p>

	<p>NGO's to come with their programmes and educate and support the schools with those programmes namely, the "Love Life" Programmes should be part and parcel of the school curriculum because those programmes are also teaching about this pandemic.</p> <p>(Interview 6, L. 114-120)</p>
<b>Special/sick leave</b>	<p><b>1 respondent</b></p> <p>"Well, I think the Department of Education, should have Special Leave for the people who are affected by HIV/Aids and then decrease their workload, because these people when they become sick, sometimes they are forced to come to work and leave their burdens at home."</p> <p>(Interview 10, L.106-109)</p>
<b>Support group</b>	<p><b>1 respondent</b></p> <p>"The Department of Education should coach us on how to form support groups, for HIV positive people</p> <p>(Interview 9, L.107-108)</p>

From the above, eight themes emerged the specific support needed by educators from the DoE:

- For this sample educators were in favour of **workshops** from the Department of Education to equip them on how to handle HIV/Aids at schools (6 respondents). Current literature confirms the need for support in the form of workshops, where educators receive information on HIV/Aids education. Even though the attendance of HIV workshops as well as a professional training programme is relatively high (In 1997 the DoE trained about 10 000 teachers (Peltzer & Promtussananon, 2003:350)), it is said that there is a special need for white educators to be persuaded to be more willing to teach their learners about the use of condoms so as to control the spread of HIV infections (Simbayi *et al.*,

2005:138). Not all educators feel well trained (Peltzer & Promtussananon, 2003:350).

- For this sample educators are also in favour of **active practical support** like children being taken care of, inviting professionals to school, DoE to give guidelines, nurses and testing stations and financial assistance and to make vegetables gardens (5 respondents). Current literature confirms that educators need practical support from the DoE, like managing workplace programmes including counselling, assessment of workload, mobile clinics and access to drugs (medication) (Peltzer *et al.*, 2005:112). Financial support for vegetable gardens is not explicitly recommended in current literature but recent studies confirm that some educators are providing care for affected/infected and/or orphaned learners (like giving them food and clothes) (Bhana *et al.*, 2006:20; Coombe, 2003:11). If the DoE provided or facilitated more active, practical support for vulnerable learners (like vegetables from a school garden), the burden on educators might be less.
- Educators in this sample are in favour of **counselling** facilitated by the DoE (4 respondents). Current literature confirms the need for educators and other staff members to access high quality counselling and be assured of total confidentiality or an AIDS counsellor should be employed to visit schools to meet staff individually (Bennell, 2005:461).
- Educators also noted the need for **additional resources** (i.e. gloves and equipment) (2 respondents). Current literature confirms the need for additional resources that are vital to support and protect educators from accidental exposure to HIV/Aids infections (i.e. First Aids Kit) (Simbayi *et al.*, 2005:55).
- Educators in this sample noted the need **for sick leave/special leave** (2 respondents). Current literature also confirms that the DoE has a policy about sick leave, but it is possible that not all educators are aware of this policy. Awareness of sick leave policy might help affected educators (Simbayi *et al.*, 2005:109).

- One educator in this sample noted the need for an **improved HIV/Aids curriculum**. Current literature confirms that although an HIV/Aids curriculum is developed, it is not always implemented due to educators and community groups not being involved in the designing of the new curriculum and the HIV/Aids curriculum is not regarded by all as a compulsory part of school syllabus (UNESCO, 2006a:41).
- One educator in this sample noted the need **of NGO partnerships from DoE**. Current literature confirms the need of guidance from all stake holders in education like informed education officers and inspectors together with support from NGO's, CBO's, school peer groups, volunteers, parents and other social sector workers (Coombe, 2003:13).
- One educator in this sample noted the need **for support groups**. Current literature confirms that the role players like labour unions, NGO's and national departments should provide peer support for those infected and support groups for the affected educators who need to cope with ill/affected/and or orphaned learners and extra workers because of HIV/Aids related absences and death of colleagues (Bennell, 2005:461; Simbayi *et al.*, 2005:47).

## Question 12

**What else can be done to support educators who are affected by the HIV/AIDS pandemic?**

Question 12 attempted to determine what else can be done to support educators who are affected by the HIV/AIDS pandemic. Only responses not previously mentioned or emphasised are included in the table below. The responses to Question 12 can be grouped under the following themes in the Table 5.12. below:

**Table 5.12: Responses and themes to Question 12**

Themes	Number of Educators
<b>Support Group</b>	<p><b>6 respondents:</b></p> <p>“The government could help affected educators by having a support group for them to support these teachers so that they don’t feel lonely, support groups are very important.” (Interview 4, L. 116-118)</p> <p>“So we should develop each other, and when we get together and talk about helping HIV/Aids infected and affected people. We can form a support group, so that we can talk about our problems and how we can solve each other’s problems.” (Interview 8, L. 102-105)</p> <p>“There should be a support group for those affected educators especially those with affected children in their classes. So they can talk about this pandemic and get it off their chests, especially on how to handle these kids.” (Interview 9, L. 118-120)</p> <p>” Okay. They can take those teachers and children to support groups to see how people who live with this disease are able to encourage one another.” (Interview 11, L. 83-84)</p> <p>“I think if educators can be supported by the DoE to form support groups could help.” (Interview 12, L. 126 &amp; 128-129)</p> <p>“And talk about how it affected them and how to support one another in a form of a support group.” (Interview 14, L. 116-117)</p>

From the above theme it is clear, that educators need support from SMT's, colleagues, community and the DoE:

- In response to this question, some educators emphasised that they were in favour of **support groups** when asked about more to be done to help them out (5 respondents). Current literature confirms that affected educators need support from the community to know NGO's and CBO's that provide welfare services like peer-support groups and support groups for infected and affected educators to cope with affected and infected learners and additional workloads due to the HIV/Aids pandemic related absences and deaths of colleagues (Bennell, 2005:461; Coombe, 2003:13; Simbayi *et al.*, 2005).

## **5.4 DISCUSSION**

The main focus of the interviews conducted in this study was on the impact of HIV/Aids on South African educators in primary schools who are affected by the HIV/Aids pandemic when their loved ones, colleagues or learners are HIV-infected or HIV-affected or have died from Aids-related complications (Hall *et al.*, 2005:23). The responses of the educators who participated in this study suggested that the personal and professional impacts were negative and that they needed support from their colleagues, communities, SMT's and the DoE to cope with these negative impacts.

### **5.4.1 Personal Impact on Primary School Educators**

Personal impact refers to educators who are affected individually by HIV/Aids. The personal impacts described were negative.

#### **➤ Emotional Experience**

The participants in this study revealed that the pandemic had a negative emotional impact on them. The majority of participants in the study reported

being emotionally disturbed. For example, Participant Fourteen remarked: *"It affects me a lot, when you see a sick person. It has an impact, it hurts you, it breaks your heart, you don't know how to help them. It affects you emotionally"* (14, L. 34-36). These responses from the participants suggested that the well-being of educators was negatively affected because they had to deal with the ill or orphaned learners and their family members who are ill or have died because of the HIV/Aids pandemic. This was often emotionally disturbing for them. A few felt fear. Participant Seven explained: *"It scares me because I haven't heard that there is a cure for the AIDS pandemic. There is no help close by, for affected people"* (7, L.26-27). One participant reported limited emotional impact. Participant Four said: *"After I talked about it, it doesn't affect me much. It affects me if I don't talk about it"* (4, L. 38-39).

The emotional experiences of the participants in this study replicate current understanding of the emotional impact of the pandemic (Coombe, 2003:11; Hall *et al.*, 2005:23; Kinghorn & Kelly, 2005:493; Theron, 2007a:178).

#### ➤ **Physical Experience**

Physically, participants also indicated that the pandemic had a negative physical impact on them. The educators in this study reported poor sleeping patterns. Participant Eleven mentioned: *"I sleep badly, because I think of my friends who are infected and cannot sleep"* (11, L. 44-45). Some participants suffered a loss of appetite. For instance, Participant Fifteen explained: *"Eeh... Physically I'm really affected because every time I think of people who are sick, infected with the HIV/Aids pandemic, I lose my appetite and I also get tired and feel like I'm the one who's infected, it's physically straining"* (15, L. 56-58). In this sample there were those participants who experienced both poor sleeping patterns and loss of appetite. Participant Four said: *"I don't sleep well because I always think about the person I love who is sick with this HIV pandemic and is changing everyday and that makes me always thinking about it. Even my appetite is affected because I cannot eat well thinking about the loved ones who are sick with this"*

*HIV/Aids pandemic*" (4, L. 47-50). A few participants felt the physical impact of the HIV/Aids pandemic as stress. Participant Ten explained: "...As I said that I'm suffering from stress and to prove that sometimes my body is so painful, those are after effects of this disease" (10, L. 45-46).

Two participants reported not being physically affected by the HIV/Aids pandemic. Participant Fourteen claimed: "I have no problem of sleepless nights and my appetite has not decreased" (14, L. 43-44). Participant Five reported fear of physical interaction and explained: "I know that physically it won't affect me but still I'm afraid of having a physical contact with HIV infected people" (5, L. 57-58). What the participants experienced in this study reflects what was previously documented on how the HIV/Aids pandemic impacts physically on affected educators (Theron, 2007a:179).

#### ➤ **Spiritual experience**

Spiritually, participants indicated that the pandemic had a negative impact on them as most educators reported that they were affected by being spiritually disillusioned or even confused. In this regard, Participant Seven said: "Now I don't know who to trust, either God or ancestors. I am now in the middle, my spirit is in between" (7, L. 31-33). Participant Four emphasised the notion of disillusionment by saying: "I ask myself why God is not stopping this pandemic; my trust in Him is now tested" (4, L. 43-44). Some participants reported not having peace as a result of being affected by HIV/Aids. Participant Ten remarked: "Well, I may say it affected me spiritually because my spirit will not have peace once I've seen or heard that people are dying and suffering of this disease since I have said I have seen it. So I don't have peace and joy when people are suffering of this disease" (10, L. 34-37).

In contrast, some of the educators developed a stronger faith by being more devout and that helped them to cope. For instance, Participant Twelve said:

*"Spiritually I cannot blame God because He wrote the Ten Commandments to protect us but we didn't obey them, so now the disease is unstoppable and there is nothing we can do"* (12, L. 42-44). A few participants reported that they were empowered through church teachings. Participant One said: *"Spiritually no, it does not affect me much, because at church we are taught about it, Youth is encouraged not to have sex before marriage"* (1, L. 31-32).

Negative spiritual health and the opposite, namely strong religious faith have previously been reported by educators affected by the HIV/Aids pandemic (Theron, 2007a:181).

➤ **Social experience**

Socially, some participants indicated that the pandemic had a negative impact on them. Affected educators revealed becoming socially withdrawn, for example, Participant Four mentioned: *"When I think about the orphans I become socially withdrawn"* (4, L. 59). Other participants noted not being affected socially. For example, Participant Seven said: *"My social interaction hasn't changed because I try to understand every situation concerning HIV/Aids"* (7, L. 43-44). Some educators reported being isolated because of the HIV/Aids pandemic. For instance, Participant Six said: *"All in all we as family were isolated because of HIV/Aids"* (6, L. 63). A few participants reported that they are socially cautious. In this regard, Participant Nine noted: *"It affected me in a very bad way. And you can't just go around talking anything to anyone because you don't know what you'll say that will hurt other people And you can't just help people who are wounded without wearing gloves, and at times people die because you didn't help them because you didn't have gloves, and you could've saved that person"* (9, L. 57-61). One participant reported social tolerance. In this regard, Participant Three claimed: *"...But now I've grown more to understand it. I have relationships with people. Socially, it gave me more patience and taught me not to judge other people too quickly"* (3, L. 59-62).

The above negative or altered social experiences of some affected educators and the occasional positive consequences have been referred to in previous studies (Theron, 2007a:180).

➤ **In summary**

What was encouraging in the responses of the participants in this study were the following:

- some educators affected by the HIV/Aids pandemic reported no negative physical experiences (like sleepless nights or lack of appetite);
- some reported stronger faith;
- some educators reported no negative social experiences (i.e. they interact with people as before) ; and
- one educator reported having social tolerance and not judging other people.

Although the dominant themes of the responses suggest that the pandemic impacted negatively on the participants in this study, a few positive responses suggest that not all primary school educators have only negative experiences.

#### **5.4.2 Professional impact on primary school educators**

Professional impact refers to the way in which the pandemic affects educators' ability to perform their duties as educators at primary schools. In most instances, educators reported negative experiences. In this study, educators reported all of the following negative experiences:

- **Poor attendance.** Respondents referred to their own experience of absenteeism or that of their colleagues or learners. For example, Participant Five revealed: *"And it affects me really. You find that when*

*educators' statuses become revealed, those educators must be absent, and it affects me because I must deal with her class or his class ...and when the children are affected with HIV/Aids pandemic they're always absent from school"* (5, L. 57-59).

- **Poor performance.** Respondents noted their own poor performance and that of their colleagues and learners due to HIV/Aids related absences and concerns. For instance, Participant Ten said: *"I wished I could leave the job and stay home to assist her. To me everything was useless since I was focusing on her life I wanted to see her happy and get healthy. That is the reason why at work my performance started to decrease"* (10, L. 60-63). Participant Fourteen claimed: *"That affects the level of productivity of the child, the level of work the child does in class is minimised. So it affects me in that way"*(14, L. 59-60)
- **Addressing HIV/Aids.** Respondents referred to themselves and their colleagues as being in need of addressing HIV/Aids by including it in the classroom curriculum. For example, Participant Nine noted: *"As an educator it affects me because as an educator I have to teach young children about it. Some of them don't understand it properly, especially when you have to talk about sex, some of them don't want to understand and at times when we teach children about the HIV/AIDS, parents come to school complaining about this. They say we teach children dirty things"* (9, L. 67-71). Whilst this is not negative, they did note that they found this difficult and that they needed help in this regard from DoE.
- **High workload.** Respondents referred to their high workload or that of their colleagues. For example, Participant Five noted: *"...I must deal with her/his class so the work becomes more for me... and I cannot cope to cover the work done so I fall behind with my work"* (5, L. 78-81).
- **Caution.** Respondents referred to their own experiences of being cautious concerning how to handle HIV/Aids in the workplace and that of their colleagues and learners. Their cautiousness suggests that affected educators are not feeling free to talk because they are afraid to say

anything that can hurt their colleagues and learners and this could pose a problem in addressing HIV/Aids in schools. Being continuously cautious might tire educators emotionally. Participant Fifteen revealed: *"You as an person have to know how to handle these learners when they are sick..., learners should know when someone is hurt they should not touch their blood, they should just call an educator because they are adults and they know what to do when a child is hurt they can wear gloves and put a plaster on the child's wound"* (15, L. 81-85).

- **Multiple roles.** Respondents referred to their own experiences of performing multiple roles and that of their colleagues concerning HIV/Aids. Performing multiple roles and duties that were not previously part of educators' routine might cause a lot of stress, as Participant Three declared: *"...It is so sad because you should be an educator, a mother and a counsellor and everything at once, so...it's become quit hectic and stressful as an educator you should stay strong and help those kids"* (3, L. 69-73).

The professional experiences of the participants in this study replicate current understanding of how the pandemic impacts on the professional lives of affected educators (Coombe, 2003; Peltzer *et al.*, 2005:109 & 112; Simbayi *et al.*, 2005:103; Theron, 2007a:181;Theron, 2008b:90;The World bank, 2002:13). As with these previous studies, the primary school educators in this study noted that the negative professional impacts included absenteeism of educators and learners, the need for educators to be prevention agents, increased workloads, a lack of spontaneity in class and at school and changed educator roles that included doing more than teaching and being more like counsellors and social workers.

What was encouraging in the responses of the participants in this study regarding the professional impact was the following:

- **A sense of empathy.** Respondents reported a sense of empathy and compassion towards infected/affected or orphaned learners in their classes. Although experiencing and demonstrating empathy is positive, it might be draining for the educators as Participant Three noted: *“As an educator, I deal with children who are born with HIV/Aids everyday, which is infection from mother to child. And some children are abused at home only to find that they have this disease... every time I get to work, I see some of these learners (infected ones) you can see they are tired and sick, it just breaks my heart”* (3, L. 65-68 & 76-77).
- Some participants reported **not being affected** professionally by HIV/Aids because of talking freely about it and one of them noted a dedication to her work. Participant Four remarked: *“No it hasn’t affected me...I don’t have any problems in the classroom. No; nothing has changed because I am open about HIV/Aids. If you are not open about it...you are going to run away from any topic which is about HIV/Aids in books...you are not going to be able teach learners because HIV/Aids affects you”* (4, L. 67 & 69; 72-74 & 77-78).
- Some participants in this sample noted **increased sensitivity** towards learners, educators and parents who are affected and infected by HIV/Aids. Participant Eleven said: *“As an educator it is very difficult because we teach children from different backgrounds and some learners think that people who are infected are different to those who are not... when I speak to learners I have to be sensitive to other situations concerning HIV/Aids”* (11, L. 52-54 & 57-58).

Although the dominant themes of the responses suggest that the pandemic impacted negatively on the professional lives of the participants in this study, the more positive responses suggest that not all educators have only negative experiences. This adds to the developing findings of previous studies (Theron, 2007a:181) that some educators respond quite positively to the pandemic’s impacts.

### 5.4.3 Educators coping

Some educators in this study noted different resources that helped them cope whilst the HIV/Aids pandemic rages on. These are:

- **Openness.** Participants referred to their openness and their colleagues' openness being free to talk and having support systems (i.e. family or friends/colleagues). For example, Participant Three mentioned: *"... and I also have a very strong support system my family, where I can voice my opinion, talking about something really helps; getting out really helps, you get it out of your system, bottling things up doesn't help, you have to get it out"* (3, L. 86-88).
- **Increased information.** Participants referred to information from media and pamphlets, Love Life and Soul City programmes, TV, radios and billboards, all of which they found helpful. For example, Participant Fifteen said: *"There are pamphlets and booklets on HIV/Aids. I always read and study them... There are programmes on TV like "Soul City" on how to deal with people who have HIV/Aids"* (15, L. 89-90 & 98-99).
- **Teaching zeal.** Participants referred to the love of their teaching profession, learners, and acceptance of the need for learners to learn. One participant noted the love of teaching Life Orientation with ease as a means of addressing HIV/Aids related challenges in every day class situations. In this regard Participant Seven said: *"The love of my profession and love for learners keeps me going"* (7, L. 58).
- **Collegial support.** Participants referred to support from other educators or colleagues to work together as a team and how this encouraged coping. Participant One remarked: *"It's the support from other educators; we help one another a lot. We stick together"* (1, L. 59-60).
- **Empowerment through knowledge.** Participants referred to empowerment through reading and getting information from different sources by reading and sharing information with others about the

HIV/Aids pandemic. Participant Fifteen emphasized this notion by saying: *“There are workshops to give knowledge about the HIV/Aids disease...There should be workshops that you can go to. Educators need workshops, because educators did not have a detailed workshop on how to deal with learners at school”* (15, L. 92-94).

In addition to the above, the benefits of social workers, a positive attitude and spiritual faith with regard to coping were noted by one educator each. The coping responses reported by affected educators in this sample generally replicate current understanding of how some affected educators cope whilst the HIV/Aids pandemic rages on (Bhana *et al.*, 2006:20; Coombe, 2003:13 & 17; Coombe 2004:106; Simbayi *et al.*, 2005:103; Theron, 2007a:181). The educators in this sample coped because of a combination of internal and external resources (e.g. resources available in their environment and interpersonal strengths). In addition, messages that are being spread by Love Life programmes are helping in schools and in communities at large (Education and HIV/Aids, 2003:108).

#### **5.4.4 Suggestions for support**

None of the participants said that they didn't want support. When they were asked about possible support from SMT's, colleagues, the community and the DoE, the participants had many suggestions. Other than isolated references to support from colleagues and social workers, the participants did not generally refer spontaneously to support that they were receiving.

In their responses, the following themes emerged, regardless of who the provider might be:

- **Teamwork** – Educators thought that teamwork with other educators, with the community of the school and with the SMT and DoE would be supportive. Educators in this sample noted that team work with

**colleagues** would be helpful. In general they thought that educators should present a united front. Participant Three said: *"We should come together as group; let us form one family..."* (3, L. 101). Examples of teamwork included sharing pain or providing emotional support, sharing professional workloads and distributing food from vegetable gardens to sick and hungry learners. In this regard Participant Four said: *"For us to support one another and for us to work together...share each other's pain, for us to become one...share responsibilities and pain, and not laugh at one another"* (4, L.98-100), and for example, Participant Nine thought: *"My colleagues should work together if there are sick learners at school. It must not be an individual problem. We must work together with social workers where necessary"* (9, L. 89-90 & 92-93). Educators also referred to working together with **the community** like helping affected/infected educators, learners and parents in their communities. Participant Thirteen said: *"... So from the community I can say we can come together and discuss ways in which we can help and deal with this disease for the sake of the children"* (13, L.101-103). Some participants suggested that the community needed to work together with the school to help educators cope better. For instance, Participant Seven said: *"Parents should come to school to help us to plant vegetables so that the children can have food at school if they don't have food at home. And the community should come and help us clean the school"* (7, L. 76-78). Educators also noted that teamwork with the **SMT and DoE** would be helpful. For example, Participant Four said: *"I need support for all of us [educators] to work as a team together about HIV/AIDS so that we can cope"* (4, L. 67-88)

- **Practical support** - Educators mentioned the need for practical support from the **SMT** to support hungry learners and vulnerable children (i.e. food and clothes). Participant Fourteen remarked: *"SMT should ask the community helpers to visit infected and affected learners' homes [OVC] and find ways to make their lives easier...giving children food parcels at home to make sure they always have food at home"* (14, L. 64-67), and

provide substitute educators to relieve sick and affected educators to minimise workload. Participant One asked: *"...we need financial support. The governing body can raise funds to pay for educators who will stand in for educators who are gone while waiting for the approval from Department of Education to get a new educator"* (1, L. 64-67) Practical support from the **community** included the community helping to support ill and affected people in their communities and work with educators to make a vegetable garden and also identify places where the community including educators can get tested. Participant Eight said: *"So we can help each other with the community and if there is a problem we can resolve the problem quickly concerning the HIV/Aids...Maybe the community can help by preparing the garden so that the learners can get food from school and use them at home"* (8, L. 88-89). Practical support from the **DoE** included: inviting professionals to school to give guidelines, nurses and testing stations, mobile clinics and access to drugs and to involve NGO partnerships. Participant Six suggested: *"The Department of Education can allow the NGO's to participate in our school curriculum, that is allowing those NGO's to come with their programmes and educate and support the schools with those programmes, that is, for example: the Love Life Programmes should be part and parcel of the school curriculum, because they are also teaching about this pandemic"* (6, L.114-120) Practical support from **colleagues** included forming committees and raising funds for medication for learners and educators. Participant Nine mentioned: *"There must be a committee responsible for affected and infected learners and making sure that they get support at school and at home"* (9, L. 90-91).

- **HIV education for learners, educators and parents.** Educators in this sample noted the need for HIV/Aids education for learners, educators and parents from **SMT's**. Participant Fifteen claimed: *"The school management must arrange workshops, and at times talk about this disease, because it's something that's here, that won't pass. It's here with*

us, it's here with children. What the school management can do is to invite the Department of Health to come and address these children, and educators, to come every month, to find out how the HIV/Aids pandemic has affected us, and to manage the disease properly" (15, L.105-111) Educators referred to the need for information among educators. In this regard Participant Fifteen said: *"The people I work with, if they could get working plans and programmes and also get manuals, we can read these manuals so that we can take care of infected persons. We can teach the learners and their parents how to take care of one another and the community"* (15, L.120-123). One participant, for example, Participant Eleven emphasised the importance of educators providing HIV information to learners: *"My colleagues must also teach their classes about HIV/Aids so that all learners can understand it"* (11, L, 69-70). Participants also noted the need for community education to enable the **community** to help to address the HIV/Aids pandemic. In this regard. Participant Six said: *"Eh... whatever I would like my community to do, I would like them to be educated about HIV/Aids pandemic because they have very little information about HIV/Aids and are not well equipped with knowledge about how to treat people who are infected or affected by HIV/Aids pandemic"* (6, L. 103-105). Educators also referred to the need for the **DoE** to provide workshops and HIV/Aids curriculum to schools to handle HIV/Aids effectively. Participant Three suggested: *"They should do anything to spread the message in our communities to help people understand HIV/Aids pandemic, it's not a dirty and sinful thing, and make them accept it as other diseases"* (3, L.119-122). Participants also stressed that the DoE had a responsibility to inform and train educators about HIV and mostly suggested workshops in this regard, *"The department must arrange seminars, gather all the teachers and teach them to teach about HIV/Aids"* (11, L. 79-80).

- **Medical support** - Educators noted the need of medical support from **community clinics** with regard to accessing medication. For example,

Participant Nine mentioned: *"We would like if nurses come to schools or a mobile clinic to be in the school yard and children and educators be treated. If they cannot come to school, I would like them to have a day and time maybe at 10h00 on that day to examine educators and learners"* (9, L. 98-101). Furthermore, some participants thought that the community should encourage HIV testing and access to community clinics. In this regard Participant Ten said: *"I wish that members of the community may take part in especially voluntarily counselling and testing people..."* (10, L. 93-94). One participant (Participant Nine) felt that the DoE should provide medical equipment to schools: *"...for example gloves to handle sick learners and sick educators"* (9, L.105-107). One participant thought that **colleagues** should raise funds for medical support of ill colleagues: Participant One said: *"We need support of funding. We can raise funds as colleagues to help other colleagues who are sick because the money in the medical aid runs out after a while...We can help them buy good medicine so that they can feel better"* (1, L.70-73). Some participants thought that the **SMT's** should raise funds for medication and provide medical supplies. Participant Three noted: *"The Aids Committee should work with SGB to raise funds for educators and learners to have medication in the offices and classrooms."* and *"Also to have First Aid Kits in classroom in case someone gets hurt"* (3, L.94-96). This is similar to the support needs documented by Simbayi *et al.*, (2005:121-123).

- **Teaching HIV/Aids in class** - Educators noted the need for teaching HIV/Aids in class and its curriculum to be improved from the **DoE**. Participant Three suggested: *"The Department can adopt a new AIDS curriculum for HIV/Aids for every school in the country"* (3, L.116-117). Participants noted that there is a need for **colleagues** to teach an HIV/Aids curriculum in class as mentioned by Participant Eleven: *"My colleagues must also teach their classes about HIV/AIDS so that all learners can understand it"* (11, L.69-70). Some participants indicated that the **SMT's** have a role to play by providing resources and demanding that

the curriculum be updated: *"The management must make more resources available like books that are about diseases, so that children can clearly understand"* (11, L.65-66) and *"I need support from the SMT to change the learning material which will benefit both infected and affected learners of HIV/Aids"* (5, L. 99-100)

- **Counselling** - Educators quoted the need for having access to counselling from both **SMT's and the DoE** to cope with the HIV-related and stressful challenges in their classes. For instance, Participant Four and Participant Nine respectively noted: *"We need workshops and counselling. Counsellors must not come to individual educators but to all educators because they are all affected"* (4,L.112-113), and *"I would please ask the school management, to come together with the district office, to get people who can come and counsel us educators, so that, they can help us how to treat the children who are affected by this disease. I think it would be a great help for the school if we could have a mobile clinic and a counsellor at school, so that if you have a problem you can be counselled in case of emergencies"* (9, L. 81-86). Some participants believed that the **community** should provide counselling resources. For example, Participant Three thought: *"There should be a community helpline where people can just pick up the phone and just talk"* (3, L. 111-112).
- **Acceptance** - Educators noted the need to accept infected people and treat HIV/Aids like other diseases. They believed that this would equal a form of **community** support. In this regard Participant One mentioned: *"To support me in my initiative to accept HIV/AIDS infected people and for us to tell them they are welcome, and to treat them the same as HIV negative people, to accept them not to judge them"* (1, L. 76-78). They also wanted this from **colleagues** and called for them not to judge HIV/Aids infected people, but to treat the HIV/Aids pandemic like other diseases. One educator, Participant Twelve said: *"The support I need from my colleagues is not to judge this pandemic that much...there are so many diseases like*

*Tuberculosis and other diseases, it's supposed to be a disease that each and everyone have the knowledge about" (12, L. 99-102).*

- **Responsive work environment.** Some of the participants felt that the **SMT's** and the **DoE** needed to support them professionally by **providing substitute educators, decreasing their workload** and providing **special leave**. In this regard Participant Fourteen said: *"The support I need from management is for them to be ready to help if a teacher is gone by organising substitute educators and to advise them on how to cope with the work load of the teacher"* (14, L. 79-81). Participant Ten said: *"Well, I think the Department of Education, should have Special Leave for the people who are affected by HIV/Aids and then decrease their workload, because these people when they become sick, sometimes they are forced to come to work and leave their burdens at home"* (10, L. 106-109). Participant Ten also noted: *"I wish that they may support me by minimising or reducing some of my work load so that I may be able to adjust (myself) and cope with everything concerning HIV/Aids"* (10, L. 82-84). These forms of support are raised in the current literature (Peltzer et al., 2005:112; Simbayi et al., 2005:109).
- **Taking care of orphans.** Some educators called for the **SMT's** and **community** to support them by caring for the many orphans in their classes. Participant Fourteen said: *"We [SMT] should ask a community helper to visit their homes [learners'] and find ways to make their lives easier: To give them food parcels at home, to make sure that they always have food at home. That can help a lot"* (14, L. 83-87), and Participant Two said: *"I think the community eh... should take care of their orphans to minimise the stress"* (2, L. 95-97).

## 5.5 RECOMMENDATIONS FOR SUPPORT OF EDUCATORS AFFECTED BY THE PANDEMIC

Based on what the participants in this study shared, it is clear that primary school educators are mostly harmfully affected by the HIV/Aids pandemic and that they need support to cope better in the presence of HIV/Aids. The results of this study allow the following recommendations, regarding support to cope with the challenges of HIV to be made:

### ➤ **Teamwork**

- Educators should be encouraged to work as a team. This might include sharing teaching loads, providing emotional support, sharing expertise and not gossiping. A sense of all or most educators at a school working as one may support educators to cope better personally and professionally.
- Communities need to work together with their local schools to fight the impacts of Aids and to help stop the spread of HIV. The need for communities and schools to work together has been stressed previously (Coombe, 2003:16).

### ➤ **Practical support**

- Active practical support is needed to support educators. This includes home based care, invitations of professionals to schools, nurses to help manage workplace programmes including counselling and access to drugs, and First Aids Kit to protect them from indirect infections (Simbayi *et al.*, 2005:55). The SMT and DoE should make it their business to encourage service providers and clinics to work with schools to provide support like this.
- The community should work together with affected educators in order to minimise the impact of the pandemic. This might include planting vegetables, cleaning the school, helping ill and affected people in the community and identifying places of support for vulnerable and ill learners.

- Non-government organisations, community-based organisations and faith-based organisations should play a leading role in helping affected educators by helping learners in their communities, in that sense, easing the load of affected educators has.
- **HIV education for learners, educators and parents.**
  - The SMT's should encourage ongoing education for educators, parents and learners in the form of workshops. These could be held on the school premises and include invitations of service providers like the Department of Health and Love Life or other NGO partnerships (HIV/Aids Education, 2003:106).
  - Schools should participate in awareness campaigns that are run by South African NGO's and encourage their communities to participate too.
- **Medical support**
  - Medical support for affected and infected educators is important. This might include encouraging awareness of clinics where treatment is available and access to drugs that will help infected educators to live longer (Peltzer *et al.*, 2005:112). SMT's and community service providers could work together to help educators and schools identify accessible clinics and hospitals.
  - Possibly the DoE could organise that medical and paramedical service providers come together at a local school on a regular basis (e.g. once a month) to make treatment accessible to educators and their communities.
  - Financial support might make it easier for infected and affected educators to get treatment and medication and to take care of ill educators and learners (Simbayi *et al.*, 2005:139). Perhaps the SMT or groups of educators could initiate fund-raising events for such support.
  - Equipment (like gloves) is necessary to protect educators from being infected by ill learners (Maritz & Lessing, 2004:111). Additional

resources that are vital to support and protect educators from accidental exposure to HIV/Aids infections (i.e. First Aids Kit) are also needed (Simbayi *et al.*, 2005:55). The DoE should be active in ensuring that schools have such supplies. Schools and community members can campaign in order to get NGO's and CBO's to give for additional supplies.

- Places for testing should be identified and mapped to help the affected educators and people in their communities to get tested. Early detection of the HIV/Aids infection will prolong the lives of educators, learners and parents and that will lessen the negative impacts of the pandemic. Educators could include learners and community members in such mapping exercises.

➤ **Teaching HIV/Aids in class**

- All educators need to accept that teaching about HIV is a core teaching task (across the curriculum). This should be regularly reinforced by the DoE and encouraged by the SMT.
- There should be regular reviews of learning and teaching material to equip affected educators with knowledge that will prevent new infections concerning the HIV/Aids pandemic and that will help them teach effectively on the subject (Coombe, 2003:13).
- An improved HIV/Aids curriculum will help educators to apply teaching methods that will help learners to acquire skills to protect themselves against HIV/Aids (UNESCO, 2006a:42). Educators need to remember to use participatory approaches when teaching about HIV and to include community stakeholders (Ebersöhn *et al.*, 2007:139).
- Community members could donate teaching resources or come and share their experiences so that HIV teaching is improved.

## ➤ **Counselling**

- Employee assistance programmes are recommended to care for and support the affected educators to deal with personal problems. This might include counselling and stress management workshops, manuals or guidance sessions (Kinghorn *et al.*, 2001:13).
- NGO's and CBO's that supply welfare services like peer-support groups and support groups for the infected and affected will help affected educators to cope with affected and infected learners and added workloads due to the HIV/Aids pandemic associated absences and deaths of colleagues (Bennell, 2005:461).
- A community facilitated space to talk or to vent about challenges caused by HIV/Aids (i.e. Helpline) could provide support to cope with complications created by the HIV/Aids pandemic.
- Comprehensive prevention and treatment programmes for all illnesses should be provided by community service providers or the DoE, including stress reduction, blood pressure, diabetes screening and treatment and that could help in minimising stress from affected educators. The HIV/Aids pandemic should not to be singled out.

## **Acceptance**

- The community and education stakeholders need to accept HIV positive people and encourage people in general to avoid discrimination and to encourage compassionate behaviour for colleagues, learners and others who are infected and sick.
- SMT members need to accept that many of their staff and learners are affected and infected and find concrete ways of supporting them.

## ➤ **Responsive work environment**

- Temporary educators/substitute educators are recommended to close the gap when ill or affected educators are absent (Bennell, 2005:461). In this regard SMT's and the DoE need to work together. Maybe community

members can help in this regard as well, by being willing to invigilate classes.

- Sick leave/special leave should be provided for affected educators by the DoE without these educators being discriminated against. Educators need to be aware of this policy.
- Formation of supportive HIV/Aids committees at schools would help educators cope with the HIV/Aids pandemic (Simbayi *et al.*, 2005:136).
- **Taking care of orphans**
  - The DoE needs to provide financial support to make vegetable gardens or provide food parcels so that sick learners can be given food. This will help lessen, the burden of taking care of learners by affected educators.
  - Social welfare services are needed to assist the families and children in need in connection with parental responsibilities (Coombe, 2003:13). In this regard educators and the SMT's can liaise with community service providers and make parents and learners aware of available grants and other forms of assistance.

## 5.6 CONCLUSION

A qualitative study was undertaken to understand the impact of the HIV/Aids pandemic on affected primary school educators. Affected educators interviewed, noted poor emotional, spiritual, physical and social and professional health which is an indication that many affected educators in this sample, were not coping well with the impacts of the HIV/Aids pandemic. Although some participants could report that they were coping in some ways, mostly, affected educators were in need of comprehensive support to deal with HIV related stressors. Such support needs to come from the DoE, SMT's, CBO's, NGO's, church partnerships, support groups, peer support, social services, health services, family, mental health services and the community at large. All the above stakeholders have to work together to provide support to affected educators, to deal with

infected/affected and/or orphaned learners and colleagues who are ill because of the HIV/Aids pandemic (Bennell, 2005; Cohen, 2002; Coombe, 2003; Simbayi *et al.*, 2005; Theron, 2007a). The understanding that was gained from talking to participants in this study needs to be broadened further, by supplementary qualitative and quantitative studies so that the DoE and school communities can provide support based on affected educators' needs.

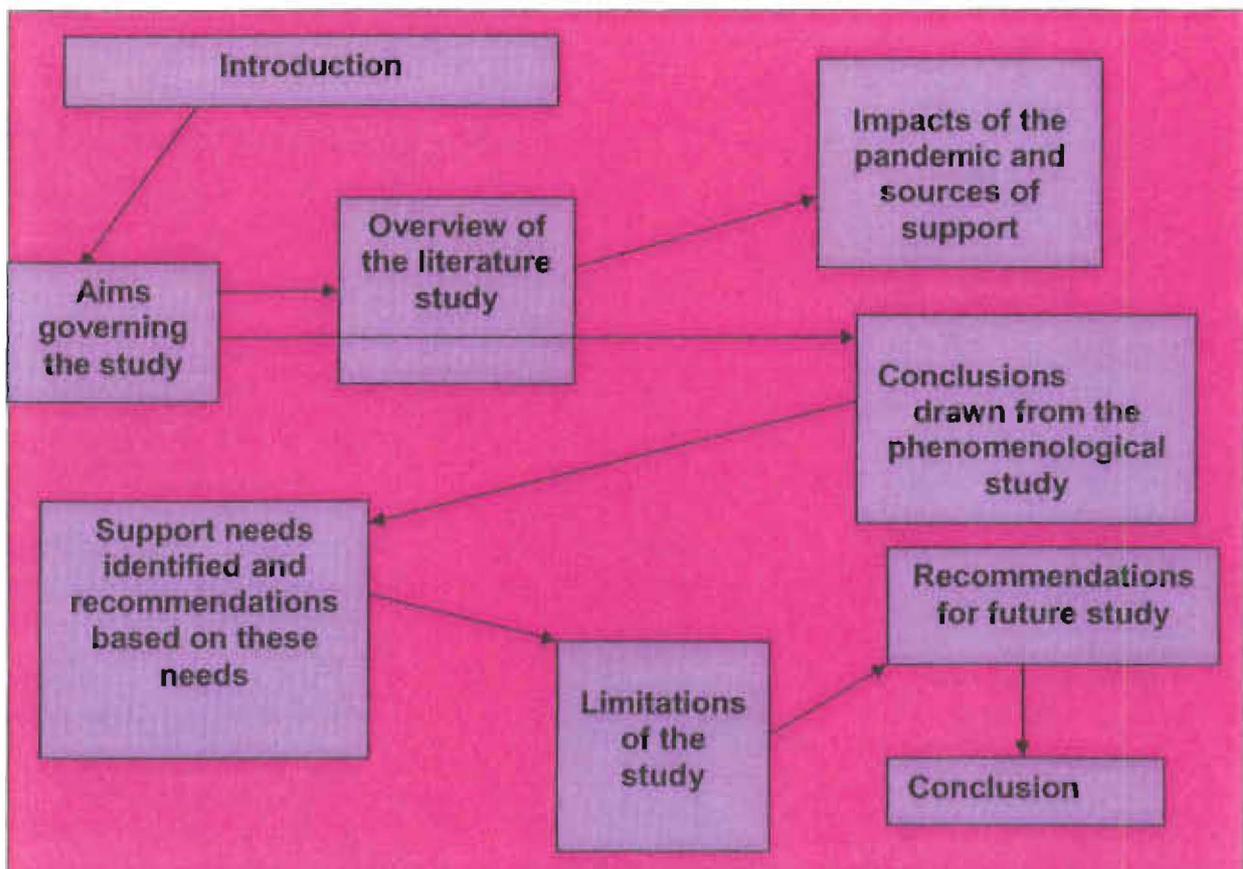
## CHAPTER 6

### SUMMARY OF THE STUDY

#### 6.1 INTRODUCTION

This chapter presents a summary of this study's findings. A summary of the literature study and the results of the empirical study, the limitations and contributions of this study will be discussed, and finally recommendations for future research will be anticipated. Figure 6.1 below summarises the contents of this chapter.

Figure 6.1 Chapter overview



## 6.2 AIMS GOVERNING THE STUDY

The overall aim of the study was to investigate how primary school educators affected by the pandemic experience the impact of HIV and AIDS and also investigate the support needs that arise from this. The overall objective was operationalised by the following specific aims, as indicated in Table 6.1:

**Table 6.1: Aims and achievements of the study**

<b>AIMS</b>	<b>ACHIEVEMENTS</b>
To conduct a literature study on the impact of HIV/Aids affected primary school educators and to determine what forms of support are available for affected primary school educators.	A literature study conducted in this research, indicated that HIV and AIDS is causing turmoil internationally and remains a main public health, social, economic and development challenge, South Africa is affected like other countries in sub-Saharan Africa. The literature study also suggested that although there is support for people who are infected by the pandemic, very little of this support is aimed at supporting affected primary school educators.
To conduct an empirical investigation to find out how HIV/AIDS impacts professionally and personally on primary school educators.	Interviews were conducted with 15 primary school educators affected by the HIV and AIDS pandemic. Participants' responses were documented in Chapter 5.

To determine what the support needs are of primary school educators affected by HIV/Aids pandemic.	Support needs were identified from the literature study and were documented in Chapter 3. Support preferred by the affected educators who participated in the phenomenological interviews were documented in Chapter 5.
To present brief guidelines for addressing these supports needs.	Guidelines were suggested and documented in Chapter 5.

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

### 6.3 OVERVIEW OF THE LITERATURE STUDY

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

#### 6.3.1 The HIV and AIDS pandemic

HIV was defined as the Human Immunodeficiency Virus, which is sexually transmitted through contact with contaminated blood, tissue, semen, vaginal fluids or needles, and from mother to child during birth or breast-feeding (Soul City & Khomanani, 2004:5; van Dyk, 2001:4; Tonks, 1996: 37 & 38) and AIDS as Acquired Immune Deficiency Syndrome (AIDS), a clinical syndrome (a group of various illnesses that together characterize a disease) resulting from damage to the immune system caused by HIV. The stages of the virus, HIV transmission, how a person cannot get HIV, preventative measures and opportunistic infections were also documented (Cf 2.2.1 & 2.2.2).

### 6.3.2 HIV and AIDS pandemic globally statistics

The statistical proportions of HIV and AIDS are grim. UNAIDS/WHO (2007), report the following HIV and AIDS global estimates in 2006 and 2007 for adults and children as summarised in Table 6.2:

**Table 6.2: HIV and AIDS statistics in 2006 and 2007** (WORLDWIDE AIDS & HIV Statistics Including Deaths, 2006; UNAIDS & WHO, 2007: 1)

Global summary of the AIDS epidemic in 2006 and 2007		
Estimated number of:	2006	2007
People living with HIV and AIDS	39.5 million	33.2 million
Adults living with HIV and AIDS	37.2 million	30.2 million
Women living with HIV and AIDS	17.7 million	15.4 million
Children living with HIV and AIDS	2.3 million	2.5 million
People newly infected with HIV	4.3 million	2.5 million
Adults newly infected with HIV	3.8 million	2.1 million
Children newly infected with HIV	0.5 million	420 000
AIDS deaths	2.9 million	2.1 million
Adult AIDS deaths	2.6 million	1.7 million
Child AIDS deaths	0.38 million	330 000

HIV is currently a major problem [killer disease] because the statistics estimated that 33.2 million persons are living with HIV/AIDS globally at the end of 2007, although there was a slight reduction of 16% compared to the statistics of 2006 (AVERT, 2006; UNAIDS & WHO, 2007).

### 6.3.3 HIV and AIDS pandemic statistics in the Sub-Saharan Africa

Sub-Saharan Africa remains the most affected region in the global Aids pandemic because more than two thirds (68%) of all people who are HIV

positive, live in this region where more than three quarters (76%) of deaths in 2007 occurred (UNAIDS/WHO, 2007). It is estimated that 1,7 million people were newly infected with HIV in 2007 bringing to 22,5 million the total number of people living with HIV/Aids and the majority of people living with HIV in Sub-Saharan Africa are women (UNAIDS/ WHO 2007).

#### **6.3.4 HIV and AIDS pandemic in South Africa**

South Africa is reported to be having the largest number of HIV infections in the world (UNAIDS & WHO, 2007: 16). Data collected from the latest round of antenatal clinic surveillance suggest that HIV infections might be levelling off, with prevalence among pregnant women at 30% in 2005 and 29% in 2006 (Department of Health South Africa in UNAIDS & WHO, 2007). Nevertheless, it still presents a significant challenge to South Africa.

KwaZulu-Natal has the highest prevalence compared to other South African provinces and Western Cape has the lowest (South Africa HIV/Aids Statistics, 2007; UNAIDS/WHO, 2007). In South Africa, women are more infected than men, Africans are more infected than other races and people between the ages of 15-49 are most affected (South Africa HIV/Aids Statistics, 2007). The prevalence rate is high in females who are 25 and 29 of age in females, while the peak in males is among those who are 30-39 of age (South Africa HIV/Aids Statistics, 2007).

#### **6.3.5 The impact of HIV and AIDS pandemic on education**

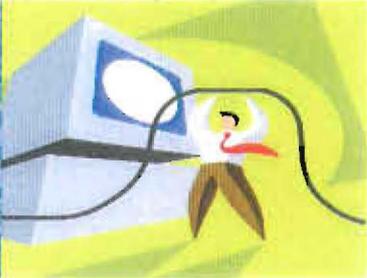
The HIV/Aids epidemic has the potential to undermine the ability of the education sector to deliver quality education and support economic growth and human development (Schierhout, 2003). It affects all education stakeholders from the learners to the educators. While there is a general consensus about the likely negative impact of HIV/Aids pandemic on education, Bennell (2005:441-442), argues the fact that governments in Africa do not keep vital registration statistics

which accurately record information on all deaths (including educators) but he does concur that the pandemic does pose a threat to educators in countries (like South Africa) where HIV prevalence is high (Bennell, 2005:462; Kinghorn & Kelly 2005:489; Theron, 2007:175). In brief, HIV and Aids impact negatively on the supply of, demand for, quality and management of education (Coombe, 2004: 106; Rispel, 2006).

### 6.3.6 The impact of HIV and AIDS pandemic on educators

HIV/Aids has attacked the education system profoundly. According to the figures released by the National Teachers Union (NTU), between 35-48 of its members die every month and it is mostly due to AIDS (Mange, 2008). In addition to educators who are dying from Aids-related complications, educators in South Africa are being lost in high proportion due to low morale, demotivation and educator experience of being negatively affected by the HIV and AIDS (Shisana, Peltzer, Zungu-Dirwayi & Louw, 2005; Theron, 2007: 175). Many educators are affected by the pandemic, either personally or professionally or both (Coombe, 2003: 11; Hall *et al.*, 2005: 23; Kinghorn & Kelly, 2005: 493; Theron, 2007:177). Educators report mainly negative impacts. The personal impacts are summarized in Table 6.3 below:

**Table 6.3: The personal impact of the pandemic on affected educators**

	<p><b>Personal impact</b></p>
<p>Educators are personally affected by the HIV/Aids pandemic when members of their families, colleagues and / or learners are living with or have died from HIV and</p>	

AIDS (Coombe, 2003:11; Hall et al., 2005:23; Kinghorn & Kelly, 2005:493; Simbayi et al., 2005:49; Theron, 2005:59; Theron, 2007:177; Visser, 2004:4).

Educators are physically affected by the pandemic when they experience poor sleeping and eating patterns, fear of physical interaction with HIV positive individuals and feelings of stress (Theron, 2007:182; Simbayi et al., 2005:41)

Emotionally, affected educators experience negative emotions (i.e. stress, tension, grief, sadness and fear) (Bhana et al., 2006:7; Coombe, 2003:11; Kinghorn & Kelly, 2005:493; Theron 2007:177).

As a result of HIV/Aids, some affected educators reported that their spirituality has changed and this change is mostly negative (i.e. spiritual disillusionment, regarding HIV/Aids as punishment) (Theron, 2007:182; Seidman & Pedersen, 2003: 332).

Due to the strain caused by the HIV/Aids pandemic, some educators reported that their social interactions have changed and this change is mostly not positive (i.e. social isolation, fear of stigmatization, cautious interactions because of HIV/Aids) (Theron, 2007:177-180 & 183).

The professional impacts are summarized in Table 6.4 below:

**Table 6.4: The professional impact of the pandemic on the affected educator**



**Professional impact**

Educators suffered from a sense of deep empathy and compassion for infected / affected and orphaned learners in their classes which means that many of these educators become over-involved with their learners (Bhana et al., 2006:14-16;

Theron, 2007a:181).

Educators suffered professionally, when their colleagues and learners were absent. Absent colleagues translated into extra workloads for affected educators. Their colleagues were typically absent when they attended funerals or when they were at home taking care of sick relatives. When their learners were absent (because of sick families or because they were orphaned and/or ill themselves) the quality of education declined and educators became stressed. When affected educators were absent themselves (to care for ill relatives or to attend funerals) they fell behind with their work and this caused stress (Bennell, 2005:450; Bhana *et al.* 2006:8; Coombe, 2003: 7-8 &10-11; Peltzer *et al.*, 2005:112; Simbayi *et al.*, 2005:44&122; Theron, 2007:180-181;The World Bank, 2002:13).

Educators suffered professionally when their colleagues or their learners' performance declined. Such low performance is connected with low morale among educators and learners who are affected or infected by HIV/Aids (Coombe, 2003: 10&11; Theron, 180). Low morale was one of the reasons linked to educators wanting to leave the teaching profession (Hall *et al.*, 2005:27).

Having to address HIV/Aids in school and teach safer sex, was noted as stressful and disruptive by some educators (Theron, 2007:181). Not all educators were comfortable with this responsibility and some felt that they did not have community support or good enough teaching materials to do so (Peltzer & Promtussananon, 2003:354).

Some educators referred to the difficulty of having to fulfil multiple roles. For example, some educators felt that they had to teach their learners as well as counsel them or be social workers to them (Bhana *et al.*, 2006:14-16). In some cases this meant that time management became a problem for educators, making their stress worse (Theron, 2007:180).

Both Table 6.3 and 6.4 shows that educators who are affected by the pandemic are mostly negatively affected.

## 6.4 SOURCES OF SUPPORT

Chapter Three reported on support structures provided for South Africans who are affected by HIV and AIDS. Although there are a number of support structures and supportive resources, very few are intended specifically for educators who are affected. In most instances, educators are indirectly supported by these structures. These support structures are summarized in Table 6.5 below

**Table 6.5: Sources of support for affected educators**

NGO's	NGO's are non-governmental organizations found in South Africa and internationally that are dedicated to helping communities and people cope with HIV/Aids in various practical ways. A number of NGO's have responded to the HIV/Aids crises and provide support by engaging in research, training, advocacy, education, welfare and health service provision, caring for orphans, counseling and so on (Aids Foundation South Africa, 2005).
Workplace support	Workplace support includes policies and procedures that were put in place to help employees cope with the impacts of HIV/Aids (Simbayi <i>et al.</i> , 2005:34). There are many such policies for educators (Cf. 3.3.3.1). For example, the National Policy on HIV/Aids for Learners and Educators (SA, 1999) aims at decreasing discrimination against learners and educators who are HIV positive (Xaba, 2008: 99). This same policy outlines the professional rights of such educators (Xaba, 2008:100) and makes it clear that educators and learners do not have to disclose their status (Xaba, 2008: 101). When educators experience workplace support, educators are helped to function more resiliently because of the emotional and practical support they receive (Xaba, 2008: 96).

Teacher Union support	Teacher unions actively support their members who are HIV infected and affected by developing policies about HIV/Aids. These policies include raising HIV awareness, encouraging support for the infected and affected and discouraging prejudice (Simbayi <i>et al.</i> , 2005:35).
Welfare support	Welfare support is support provided mostly by the Department of Social Development and it refers mostly to financial support. They are assisted by the Departments of Home Affairs and Health and by NGO's, CBO's and FBO's. One form of support is social or financial grants (Department of Social Development. 2008). In particular support is provided to people and families in need, which includes assistance with ID documents, housing and financial grants like the Child Support Grant.
Community Support	Community support includes informal structures like the Non-Governmental Organizations (NGO's), Faith Based Organizations (FBO's) and Community Based Organizations (CBO's). These structures provide service and support where the government and private sector cannot (Esterhuizen, 2007: 50; Kinghorn <i>et al.</i> , 2001: 14). One form of community support relates to asset-based coping or helping communities to be aware of their existing assets and local resources and using these to cope with challenges like the HIV/Aids pandemic (Eloff, 2006: 20; Ferreira, 2007: 281).
Research Initiatives	Some South African researchers have focused their research projects on helping educators (and in some cases also their communities) affected by the pandemic to cope better. One of these projects was a project conducted in the Vulindlela district in Kwazulu Natal (de Lange, Mitchell, Moletsane, Stuart & Buthelezi, 2006:45; Mitchell, de Lange, Moletsane, Stuart & Buthelezi, 2005:257) and another one was done in an Eastern Cape informal settlement school (Ferreira, 2007:383). A third

	<p>one is the Resilient Educators support program (REds) (Esterhuizen, 2007; Theron, 2008: 29-40). All of these projects showed that it is possible to support educators to cope better with the HIV pandemic.</p>
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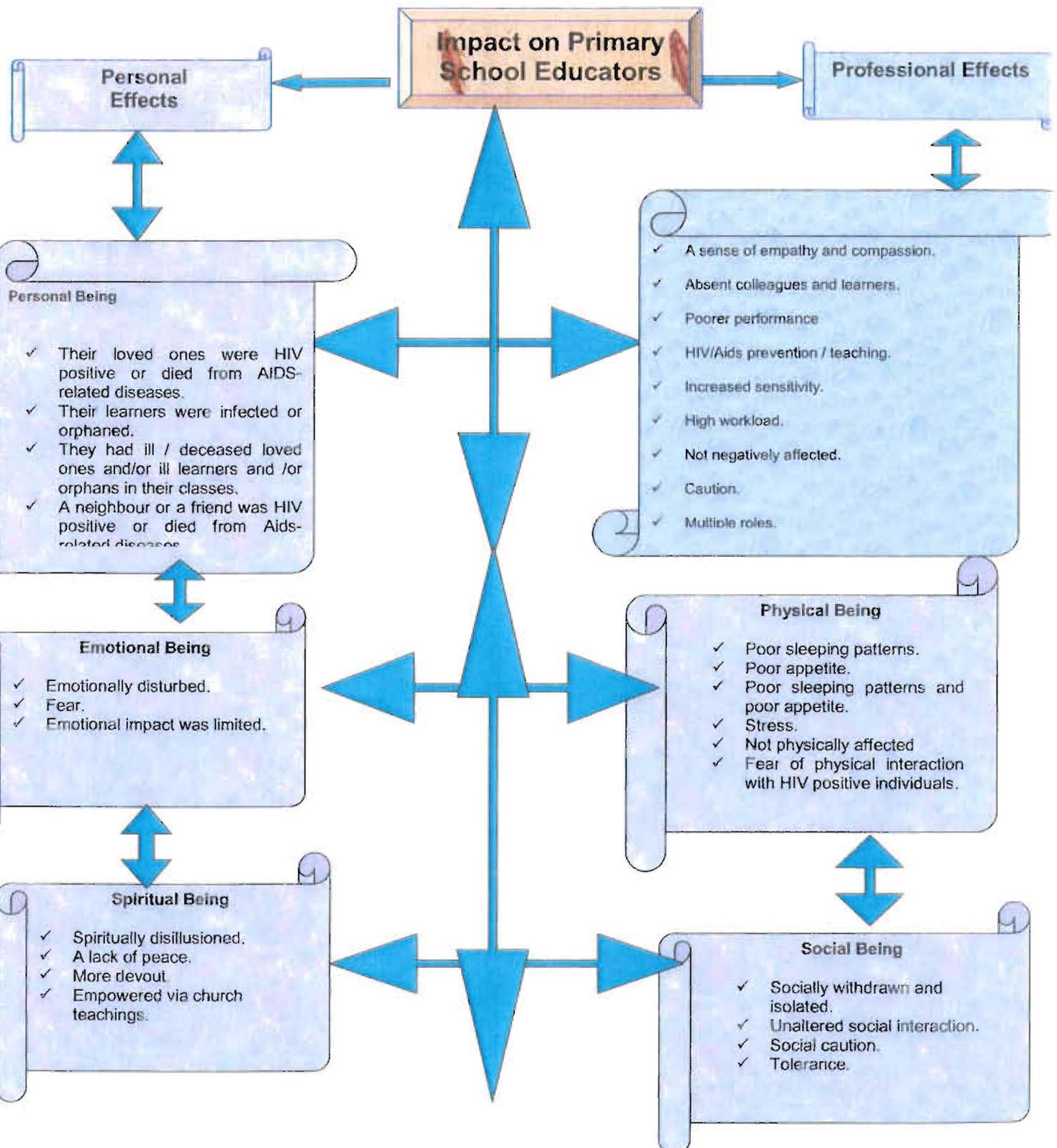
All of the above support educators in some way. For example, affected educators are being supported indirectly by welfare services when they can refer cases of families and children in need (e.g. like grants, clothes and counseling). When orphans and vulnerable children (OVC's) and educators' loved ones and or colleagues are supported by welfare services, NGO's or CBO's, the burdens associated with HIV/Aids pandemic are lessened for these educators (Bhana *et al.*, 2006:8; Coombe, 2003:11; Esterhuizen, 2007:58). Union policies help affected educators to fight for dignified treatment for all educators. decrease discrimination and to protect educators' rights (Simbayi *et al.*, 2006: 35). Through workplace support, educators, learners and other staff members who cannot perform their duties well enough because of the pandemic are supported and their rights and responsibilities protected (Bennell, 2005:460; Simbayi, *et al.*, 2005:134). Other forms of support, like the participation of NGO's and CBO's in the communities, assembling and training volunteers, providing home based care and counseling services for people in need, distributing food parcels and clothing and so on, help affected educators indirectly because then they do not face the challenges of the HIV pandemic on their own (Aids Foundation South Africa, 2005; Esterhuizen, 2007:5). Research initiatives like REds (Theron: 2007b), the Learning Together project (Mitchell, *et al.*, 2005) and the project in the Eastern Cape (Ebersöhn *et al.*, 2007) were initiated to support affected educators and did do so.

However, when the above forms of support are considered, there are very few supportive interventions or resources designed specifically for affected educators.

## 6.5 CONCLUSIONS FROM THE PHENOMENOLOGICAL STUDY

In this study, the interviews were semi-structured. The questions related to how the pandemic had affected the participants personally and professionally and what support they needed to cope with these impacts. The interviews (15 in total) were tape-recorded and transcribed verbatim. Interviews were conducted in Xhosa, Southern Sotho, English and Zulu since they are languages interviewees preferred. The researcher interviewed each participant individually and interviews generally lasted for one hour. The researcher conducted brief follow-up interviews with some of the participants to clarify what they said in the first interview or to get more detail from them on certain experiences. The responses of the educators who participated suggested that they mainly experienced the pandemic as negative, both on a personal and professional level. Figure 6.2 below, summarises how the HIV/Aids pandemic impacted personally and professionally on primary school educators who participated in this study.

Figure 6.2: Summary of how HIV/Aids impacted on affected primary school educators personally and professionally



Their experiences mostly match what other studies have said about the impacts of the pandemic on educators (Coombe, 2003; Hall *et al.*, 2005: 30; Kinghorn & Kelly, 2005:495; Visser, 2004; Theron, 2007).

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

#### **Personal positive impacts**

- some educators affected by the HIV/Aids pandemic reported no negative physical experiences (like sleepless nights or lack of appetite);
- stronger devotion;
- no discouraging social experiences (i.e. they interact with people as before) ; and
- approval and not judging other people (i.e. they were more tolerant).

#### **Professional positive impacts:**

- Respondents reported a sense of empathy and compassion because of infected/affected or orphaned learners in their classes. Although experiencing and demonstrating empathy is positive, it might be draining for the educators.
- Some participants reported not being affected professionally by HIV/Aids because of talking freely about it and one of them noted doing their work in a dedicated way.
- Some educators noted increased sensitivity towards learners, educators and parents who are affected / infected by HIV/Aids.

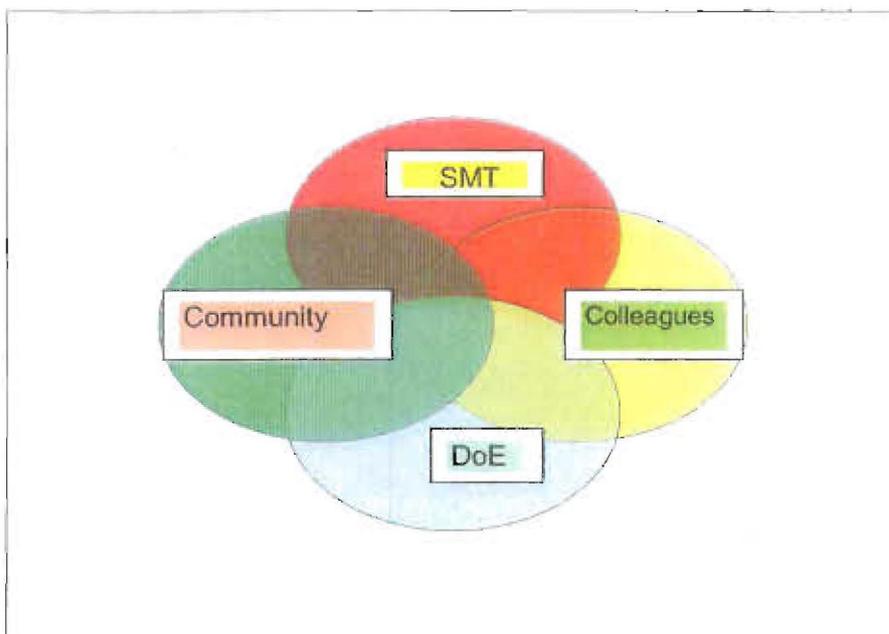
Although the dominant themes of the responses suggest that the pandemic impacted negatively on the professional lives of the participants in this study, the

positive responses suggest that not all educators have only negative experiences.

#### 6.6: SUPPORT NEEDS IDENTIFIED AND RECOMMENDATIONS BASED ON THESE NEEDS

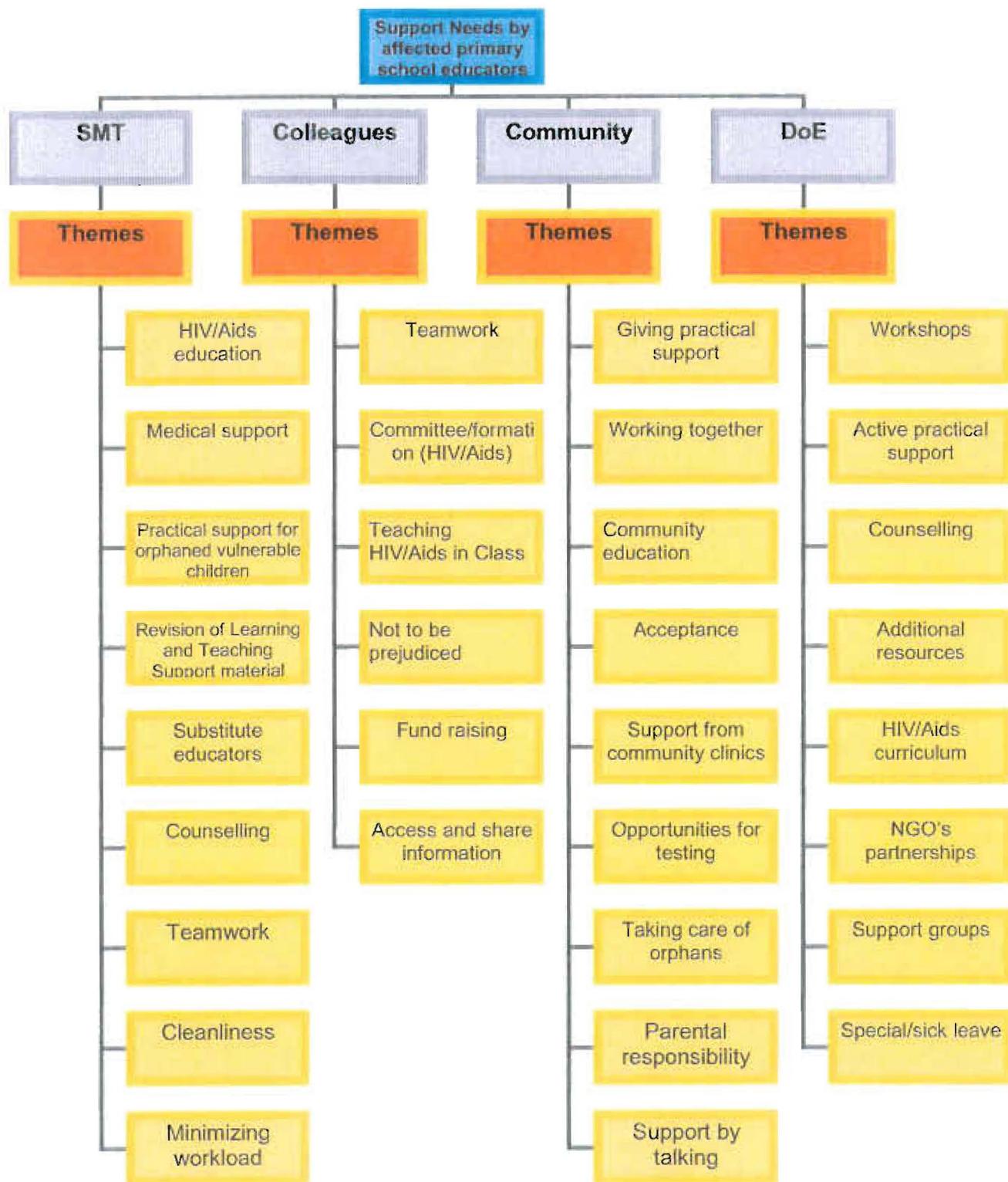
The participants in this study recommended that affected educators need support from the following structures and people as summarised in Figure 6.3 below.

**Figure 6.3: Recommended structures and people for support needed by affected educator**



Affected primary school educators noted the support they need from SMT's, colleagues, community and the DoE respectively. Figure 6.4 summarizes the expressed support needs of the affected primary school educators in this study.

Figure 6.4: Preferred support needs of affected primary school educators



None of the participants said that they didn't want support and when asked about possible support from SMT's, colleagues, the community and DoE, the participants had many suggestions. Not one referred spontaneously to support that they were receiving. In their responses, most themes were repeated, regardless of whom the provider might be (i.e. working together/team work, practical support, support groups, HIV education for learners, educators and parents, access and share information, medical support, raising funds counseling and acceptance). If affected primary school educators can be supported by being granted the above support needs, they could probably cope better. A number of recommendations for support, related to the needs expressed by participants, were made in Chapter 5 (Cf. 5.5)

## **6.7 LIMITATIONS OF THE STUDY**

The findings of this study cannot be freely generalised for the following reasons:

- Since snowball sampling is not random, it can be regarded as sampling bias (Babbie, 2007: 188-189) and this means that the findings of this study should not be generalised freely to all affected educators in primary schools in South Africa.
- The phenomenological study was carried out with only 15 primary school educators. Again this means that the findings should not be generalised.
- The study was restricted to educators who were affected by the HIV/Aids pandemic, so it is not feasible to assume that infected educators or educators who assume that they are not affected would respond as the participants in this study did.
- The educators who took part in this study came from one geographical area, namely the Vaal Triangle only.

- Most participants in this study were female educators, therefore, the result cannot be generalised to male educators as they were not equally represented in the sample.
- Participants who participated in this study were all black primary school educators, meaning the results cannot be generalized to educators of other races or high school educators.

A further limitation is that the interviews were semi-structured. If the researcher had used unstructured, longer interviews she may have collected richer data.

## **6.8 CONTRIBUTIONS MADE BY THE STUDY**

The study made the following contributions:

- Although the findings of this study cannot be freely generalised, they make a contribution to what education stakeholders and researchers understand about how the HIV pandemic impacts personally and professionally on primary school educators who are affected when their family members, colleagues, loved ones and/or learners are infected and ill or affected and when they have lost family members, colleagues, loved ones and/or learners to Aids. This study wanted to provide a deeper understanding of what affected primary school educators experienced on a personal and professional level and by relating what the 15 participants shared with the researcher this study did contribute such a deeper understanding.
- This study also recorded how the 15 participants wanted to be supported to cope with the difficulties of the HIV pandemic and in this way the study made a contribution, because in this way education stakeholders may get a deeper understanding of how some affected primary school educators want to and can be supported.

- In general, the responses from the participants indicated that educators need support in the form of working together as a team, including with colleagues, the SMT, the community and DoE. This suggests that the working together of all stake holders as teams could be a powerful weapon to fight the impacts of the pandemic among affected educators. The fact that this study reports this is a contribution in that all education stakeholders need to be reminded of this truth. The need for solidarity among educators and other education stakeholders is a reality that matches the spirit of Ubuntu and so it is especially suitable to educators in an African context.
- Although the dominant themes of the responses suggest that the pandemic impacted negatively on the participants in this study, the few positive responses suggested that not all educators have only negative experiences. Some educators affected by the HIV/Aids pandemic reported no negative physical experiences (like sleepless nights or lack of appetite); and some reported stronger faith, while other educators reported no negative social experiences (i.e. they interact with people as before). This provides hope. Other affected educators can be helped by these positive thoughts and opinions to cope and survive the HIV/Aids pandemic.

In summary, the contributions of this study related to theory (it gave a deeper understanding of how some primary school township teachers experienced the challenges of the pandemic personally and professionally) and to practice (the findings may be used by service providers and stakeholders to better support primary school educators who are affected by the pandemic).

## 6.9. RECOMMENDATIONS FOR FURTHER STUDY

The following recommendations for further study are:

- because this study included a small sample of participants, it is recommended that it be repeated with a larger sample;
- as this study's focus was limited to only HIV affected educators in township primary schools in the Vaal Triangle, it is recommended that another study be conducted whereby the focus will be on a wider sample of educators in other types of schools throughout South Africa;
- because this study was conducted with black primary school educators, it is recommended that another study be conducted with educators from different racial groups so that their experiences can be compared, and
- it is proposed that the findings be used to generate a fitting intervention program for educators affected by the pandemic and that the impact of this program be tested in a future study.

## 6.10 CONCLUSION

This study presented the impact of HIV and AIDS on primary school educators. The findings demonstrated the generally negative personal and professional experiences some primary school educators experienced in relation to the HIV/Aids pandemic and that these educators want support to cope. This strengthens the many calls that have been made for educators to be supported to cope with the pandemic (Bennell, 2005:460-462; Bhana *et al.*, 2006: 18-19; Hall *et al.*, 2005:30; Kinghorn & Kelly, 2005:497-498; Shisana *et al.*, 2005; Simbayi *et al.*, 2005; Theron, 2005:56; Theron, 2007a:184). If educators can be supported to cope with these challenges, their resilience and that of their learners will grow. By recognizing and understanding the challenges that educators associate with the pandemic, education stakeholders, the DoE, communities and

researchers will hopefully support educators towards the kind of coping outlined in Langston Hughes' poem below:

***Mother to Son***

(<http://www.tnellen.com/cybereng/matason.html>)

Well, son, I'll tell you:  
Life for me ain't been no crystal stair.  
It's had tacks in it,  
And splinters,  
And boards torn up,  
And places with no carpet on the floor --  
Bare.  
But all the time  
I'se been a-climbin' on,  
And reachin' landin's,  
And turnin' corners,  
And sometimes goin' in the dark  
Where there ain't been no light.  
So boy, don't you turn back.  
Don't you set down on the steps  
'Cause you finds it's kinder hard.  
Don't you fall now --  
For I'se still goin', honey,  
I'se still climbin',  
And life for me ain't been no crystal stair.

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**ADDENDUM A**  
**INFORMED CONSENT**

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

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

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

If I have any concerns about this study or my participation in it I am free to contact the supervisor, Prof Linda Theron (email: Linda.theron@nwu.ac.za or 016 9103076 / 016 910 3082 or P.O. Box 1174, Vanderbijlpark, 1900).

Signature: \_\_\_\_\_

## ADDENDUM B

1. How has the HIV/Aids pandemic affected you as an educator?
2. How has the HIV/Aids pandemic affected you emotionally?
3. How has the HIV/Aids pandemic affected you spiritually?
4. How has the HIV/Aids pandemic affected you physically (e.g. do you sleep badly/ has your appetite decreased; etc)?
5. How has the HIV/Aids pandemic affected you socially / how has it changed your social interaction?
6. How has the HIV/Aids pandemic affected you professionally / impacted on you as an educator? And how has the HIV/Aids pandemic changed your daily routine as an educator?
7. What has helped you to cope with teaching whilst the HIV/Aids pandemic rages on?
8. What support do you need from school management to cope with how the HIV/Aids pandemic has affected your job as an educator?
9. What support do you need from your colleagues to cope with how the HIV/Aids pandemic has affected your job as an educator?
10. What support do you need from the community to cope with how the HIV/Aids pandemic has affected your job as an educator?
11. What support do you need from the department of education to cope with how the HIV/Aids pandemic has affected your job as an educator?
12. What else can be done to support educators who are affected by the HIV/Aids pandemic?

## ADDENDUM C: INTERVIEWS WITH EDUCATORS

**Please note:** Since none of the participants are first language speakers of English, a considerable amount of participants' answers are difficult to follow. For that reason the intended meaning is typed in italics and "unnecessary" words or words that do not add to the meaning of the sentence are placed in parenthesis. The intended meaning was checked with participants in the mother tongue.

## INTERVIEW WITH EDUCATOR 1

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### 3 **Background information**

4 Female / age 38 / lives in Falcon Ridge and works at Bophelong / An educator

5 Post Level 1

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7 **Researcher: Good morning, Ma'am.**

8 Educator: Good morning Ma'am.

9 **Researcher: Thank you very much for honouring my invitation. As I have**  
10 **already indicated previously, this interview will be recorded; do you have**  
11 **any problem with that?**

12 Educator: No, I have no problem with that.

13 **Researcher: Does that mean we may proceed?**

14 Educator: Yes, we may.

15 **Researcher: HIV/Aids is a pandemic killing many people in the world. Do**  
16 **you agree with that?**

17 Educator: Yes, I agree. We see (on) *in* newspapers and on TV, many people are  
18 dying.

19 **Researcher: What makes you believe the newspapers or the TV?**

20 Educator: From my experience, I have seen my neighbours go for blood tests  
21 and the results are HIV positive.

22 **Researcher: How has the HIV/Aids pandemic affected you?**

23 Educator: Yes it affects me, a cousin of mine had it and (they are) now is dead.

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

25 Educator: Yes, it affects me because the learners at my school, most of their  
26 parents are dead because of HIV/Aids and they are now orphans.

27 **Researcher: How does HIV/Aids affect you emotionally?**

28 Educator: Yes it affects me, because when you see someone who has full blown  
29 Aids, they cannot do anything for themselves, and it is very heartbreaking.

30 **Researcher: How does HIV/Aids affect you spiritually?**

## INTERVIEW WITH EDUCATOR 1

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### **Background information**

Female / age 38 / lives in Falcon Ridge and works at Bophelong / An educator  
Post Level 1

**Researcher: Good morning, Ma'am.**

Educator: Good morning Ma'am.

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Educator: No, I have no problem with that.

**Researcher: Does that mean we may proceed?**

Educator: Yes, we may.

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Educator: Yes, I agree. We see (on) *in* newspapers and on TV, many people are dying.

**Researcher: What makes you believe the newspapers or *the TV*?**

Educator: From my experience, I have seen my neighbours go for blood tests and the results are HIV positive.

**Researcher: How has the HIV/Aids pandemic affected you?**

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Educator: Yes, it affects me because the learners at my school, most of their parents are dead because of HIV/Aids and they are now orphans.

**Researcher: How does HIV/Aids affect you emotionally?**

Educator: Yes it affects me, because when you see someone who has full blown Aids, they cannot do anything for themselves, and it is very heartbreaking.

**Researcher: How does HIV/Aids affect you spiritually?**

31 Educator: Spiritually no, it does not affect me much, because at church we are  
32 taught about it, the youth is encouraged not to have sex before marriage.

33 **Researcher: How has HIV/Aids affected you physically e.g. do you sleep**  
34 **badly or has your appetite decreased?**

35 Educator: Most of the time I think deeply about this disease and I think of  
36 someone with full blown Aids. I lose my appetite and I have sleepless nights.

37 **Researcher: How has HIV/Aids affected you socially/ how has it changed**  
38 **your social interaction?**

39 Educator: Yes, because in many families when the parents die, the older children  
40 (are left looking after the younger ones) *must take care of the younger ones*, so  
41 they are left orphans and parents because of this pandemic. Personally I interact  
42 with other people easily, I don't have any problem. Socially it doesn't affect me  
43 because most people are affected so we speak the same language concerning  
44 this pandemic.

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

47 Educator: Mmm... Most teachers who are infected don't come to school for long  
48 periods of time because they are sick, so there is poor attendance because of  
49 this pandemic.

50 **Researcher: You have talked about absenteeism what effect does it have**  
51 **on educators - how has HIV/Aids pandemic changed your daily routine as**  
52 **an educator?**

53 Educator: It leaves us with a lot of stress because while the person is gone, you  
54 have to do your job and their job at the same time. They become sick not for a  
55 long time so that they get medical unfit, they become sick and then come to  
56 school again, when they are absent, you have a high workload.

57 **Researcher: What helps you to overcome the difficulties you have faced**  
58 **due to HIV/Aids at your school?**

59 Educator: It's the support from other educators; we help one another a lot. We  
60 stick together.

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

64 Educator: Yes we do need support in teaching. We need financial support. The  
65 governing body can raise funds to pay for educators who will stand in for  
66 educators who are gone, while waiting for the approval from the Department of  
67 Education to get a new educator.

68 **Researcher: That's good. What support do you need from your colleagues**  
69 **to cope with how the HIV/Aids pandemic has affected you?**

70 Educator: We need support of funding. We can raise funds as colleagues to help  
71 other colleagues who are sick because the money in the medical fund runs out  
72 after a while. So we can help them buy good medicine so that they can feel  
73 better.

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

76 Educator: To support me in my initiative to accept HIV/Aids infected people and  
77 for us to tell them they are welcome, and to treat them the same as HIV negative  
78 people, to accept them not to judge them.

79 **Researcher: What support do you need from the department of Education**  
80 **to help you cope with how HIV/Aids pandemic has affected you as an**  
81 **educator?**

82 Educator: The department is there but its strategies don't work very well, what is  
83 needed is the department to set out counsellors to help with affected and infected  
84 teachers. But not too much of that is happening at the moment. Employee  
85 Assistance Programmes (EAP) is there, but it is not working.

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

88 Educator: We can support and accept them rather than judge them and ignore  
89 them. The financial support is needed because there's nothing we can do without  
90 money.

91 **Researcher: Thank you ma'am.**

92 Educator: Thanks ma'am.



32 *see and hear about parents of our learners who are dying of HIV/Aids. In that*  
33 *way, it does affect me as an educator.*

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

35 Educator: Emotionally I was affected, especially when my friend passed away  
36 because of HIV/Aids. I could not do anything; I felt down almost every day.

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

38 Educator: Spiritually, yes I was nearly affected, but I prayed to God that He be  
39 with me to cope, spiritually, because I could not cope, my spirituality was  
40 affected, (then something so I pray to God to help me to cope spiritually by  
41 praying) *therefore I prayed that God will help me to cope.*

42 **Researcher: How has HIV/Aids pandemic affected you physically e.g. do**  
43 **you sleep badly or has your appetite decreased etc.?**

44 Educator: Sometimes I do have sleepless nights because of Aids but sometimes  
45 I don't experience any problem.

46 **Researcher: Mmm... When you have sleepless nights, what are you**  
47 **thinking about?**

48 Educator: I'm thinking of the person who died because of this pandemic.

49 **Researcher: How has the HIV/Aids pandemic affected you socially? How**  
50 **has it changed your social interaction with other people?**

51 Educator: Eh... I was social at first (very social around I love people to talk too  
52 much) *I like people and I like talking to people*, but after the death of my best  
53 friend and my niece, I could not socialise like I used to, I would just talk a little  
54 and then I had no interest because of that.

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

57 Educator: Mmm... as I said, it did impact on me especially when I heard that  
58 maybe a learner has lost his/her parent due to this HIV/Aids pandemic.

59 **Researcher: Do you have orphans in your class?**

60 Educator: Yes, I have three orphans in my class.

61 **Researcher: How has the HIV/Aids pandemic changed your daily routine**  
62 **as an educator?**

63 Educator: Eh... My daily routine has changed because, every time when I get  
64 into class on a daily basis, and looking at orphans of the pandemic, it changes  
65 everything, like I become demoralised by the situation.

66 **Researcher: What has helped you to cope at school whilst this HIV/Aids**  
67 **pandemic rages on?**

68 Educator: Eh... what helps me to cope is that (as we watch and listen to TV we  
69 could hear that something is being done like people are being given ARV's to  
70 help this HIV/Aids, so at least something make you cope like the fact that I know  
71 people are helping all the way) we see on TV that HIV/Aids infected people are  
72 given medication.

73 **Researcher: What support do you need from school-management to help**  
74 **you cope with how the HIV/Aids pandemic has affected you as an**  
75 **educator?**

76 Educator: I think the school should organise some workshops for us or maybe  
77 call the Head of Department to maybe come and then explain the do's and don'ts  
78 of this pandemic.

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

81 Educator: The support I need from my colleagues is eh... I need them to  
82 reassure me that everything will be all right. We must work together as a team to  
83 cope with this pandemic.

84 **Researcher: What support do you need from the Department of Education**  
85 **to help you cope with how the HIV/Aids pandemic has affected your job as**  
86 **an educator?**

87 Educator: I also think that the Department should organise some workshops  
88 concerning stress, because when you are affected you become stressed maybe  
89 something like stress management to help to cope at work.

90 **Researcher: Just stress management?**

91 Educator: The DoE should also organise the Department of Health to have  
92 workshops on how to handle this disease.

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

95 Educator: I think the community eh... should (hold maybe by taking care of these  
96 orphans to minimise the stress maybe) *take care of their orphans to minimise*  
97 *their stress.*

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

100 Educator: I think the community should be taught or be guided; I don't know  
101 because sometimes it becomes difficult for people to take care of sick people in  
102 their families. People need to be taught how HIV/Aids affects (because, other  
103 people are not happy when they have infected people in the house so they need  
104 to be given something like they should know what they are supposed to do when)  
105 *and to handle it they are having infected person in the household.*

106 **Researcher: Is that all?**

107 Educator: Yes.

108 **Researcher: Thank you very much ma'am.**

109 **Educator:** Thank you ma'am.

## INTERVIEW WITH EDUCATOR 3

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### **Background information**

Female / age 29 / lives in Vanderbijlpark and works at Sebokeng / An educator  
Post Level 1

**Researcher: Good afternoon ma'am.**

Educator: Good afternoon.

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

Educator: No, not at all.

**Researcher: Does that mean we can start?**

Educator: Yes.

**Researcher: Okay, HIV/Aids is a disease that is killing many people in South Africa, do you agree with that?**

Educator: Yes I agree there are a lot of people who died everyday especially in South Africa. There are a lot of orphans.

**Researcher: Okay, what makes you believe that?**

Educator: The number of hospices you see around and the number of orphans and homeless children and the (amount) *number of graves* the cemeteries that become overflowed and it's sad. .

**Researcher: Yes it's sad, very sad indeed. In your case, has HIV/Aids affected you in any way?**

Educator: Yes, I have cousins who have died of it. Even though I didn't see them personally but I know of them. And you never think it may happen to your family, but it does.

**Researcher: Okay. How has HIV/Aids pandemic affected you emotionally because of your cousins may be...?**

Educator: It's emotionally draining and it hurts a lot. And their parents lost their children at a very young age, and it's terrible that we cannot help them and they

32 didn't know much about it when they (got it) *become infected*. So emotionally, it  
33 affected me a lot. It's sad.

34 **Researcher: I can imagine that, it's very sad. How has the HIV/Aids**  
35 **pandemic affected you spiritually?**

36 Educator: Spiritually...spiritually, it's become..., it's changed because (before  
37 people would be crucified, for being sick and HIV positive people scared to sit  
38 next people who are like that in church) *in the past HIV/Aids infected people were*  
39 *crucified and other people were scared even to sit next to the HIV/Aids infected*  
40 *persons even in church*. Now it's more accepted. Spiritually it draining because  
41 you don't understand how God can let this disease get to people and let (them)  
42 *so many people* die so much. But people blame God, and say its part of "the  
43 plan". So (spiritually) it became quite a spiritual debate. So I should just pray and  
44 understand it.

45 **Researcher: How has the HIV/Aids pandemic affected you physically? Do**  
46 **you sleep badly, or has your appetite decreased?**

47 Educator: Physically... You think about your health a lot. Once you start to get  
48 the flu or some sort of sickness you start thinking its Aids. Everything gets  
49 attached to Aids, any type of sickness these days everything is put down to Aids.  
50 You try working hard and exercising and eating healthy, sleeping early just to, to  
51 decrease your chances of getting Aids. Physically, yes it's bad because  
52 everybody is so scared, whatever happens to you to your body you feel its Aids.  
53 Physically it's become very painful. I sleep badly and my appetite has changed  
54 because of this disease.

55 **Researcher: Uhm, how has the HIV/Aids pandemic affected you socially?**  
56 **How has it changed your social interaction with other people?**

57 Educator: Before I didn't understand what it was all about, if I heard this person I  
58 was walking with, or I see everyday, I thought I should only be seen with healthy  
59 people, (I would think I shouldn't be seen) *and not* with these people. But now  
60 I've grown more to understand it. (So make)/ *have* relationships with people.  
61 Socially it gave me more patience and taught me not to judge other people too  
62 quickly.

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

64 **How has it impacted on you as an educator?**

65 Educator: As an educator, I deal with children who are born with HIV/Aids  
66 everyday, which is an infection (by mother to child) *given to the child by its*  
67 *mother*. And some (of them) children are abused at home and only to find out  
68 they have this disease, and they don't understand because they are so young.  
69 They start getting sick because they are so young. It's so sad because (you have  
70 to be) as a teacher you should be an educator, a mother and a councillor and  
71 everything at once. Their parents are either sick or they don't care, or they are  
72 not there. Some (of them) parents are already dead. So, it's become quite hectic  
73 and stressful. So, as an educator you have to stay strong and help those kids.

74 **Researcher: That's so sad, very sad. Uhm, how has the HIV/Aids pandemic**  
75 **changed your daily routine as an educator?**

76 Educator: Every time I get to work, I see some of these learners (the infected  
77 ones); you can see they are tired and sick. It just breaks my heart. And in class  
78 you have to look after them, pay more attention to them. Because they get so  
79 tired, you have to pace them, give them water. And you should understand when  
80 they don't finish or do any work. And give them an apple because they lose  
81 energy very quickly, food and water (just to) help them.

82 **Researcher: Okay, what has helped you cope while this HIV/Aids pandemic**  
83 **rages on?**

84 Educator: There are a lot of social workers helping orphans and vulnerable kids.  
85 Health workers are actually giving them ARV's. They also teach the teachers  
86 about the disease. And I also have a very strong support system my family,  
87 where I can voice my opinion. Talking about something really helps, getting it out  
88 really helps you get it out of your system. Bottling things up doesn't help; you  
89 have to get it out. The social workers have been quite helpful (in helping) to me.

90 **Researcher: You are doing a very good job. Okay... What support do you**  
91 **need from the school management to help you cope with how the HIV/Aids**  
92 **pandemic has affected your job? What are they or may be doing to help**  
93 **you as an educator?**

94 Educator: There is Aids committee at school. The SGB should work with Aids  
95 committee to raise funds for educators and learners to have medication in the  
96 offices and classrooms. Also to have first-aid kit in case someone gets hurt. And  
97 they should hire social workers to come to our schools especially to talk about  
98 HIV/Aids and teach the dos and don'ts.

99 **Researcher: Okay eeh, what support do you need from your colleagues to**  
100 **help you cope with how the HIV/Aids pandemic has affected your job?**

101 Educator: We should come together as a group; let us form one family, to help  
102 those infected kids. We should not make comments about other  
103 [affected/infected educators] we should just be role-models and we need to help  
104 parents where help is needed.

105 **Researcher: Okay. What support do you need from the community to help**  
106 **you cope with how the HIV/Aids pandemic has affected your job?**

107 Educator: We need to stand together as well, and have place where people can  
108 go for support, support groups or one support group where people who are  
109 affected by HIV/Aids can go and talk to counsellors. And have places where  
110 people can go and get tested and get counselling. There is a need to be places  
111 like that available at all times. There should be a community help-line where  
112 people can just pick up the phone and just talk.

113 **Researcher: Okay. What support do you need from the Department of**  
114 **Education to help you cope with how the HIV/Aids pandemic has affected**  
115 **your job?**

116 Educator: The department of Education can adopt a new Aids curriculum for  
117 HIV/Aids for every school in the country; there is a need of a new Aids  
118 curriculum. They should hold (fund-raisers) *fund-raising events* and anything they  
119 can do and fares just to help people understand this disease. They should do  
120 anything to spread the message in our communities to help people understand  
121 HIV/Aids pandemic, it's not a dirty and *sinful* (ugly) thing, and *make them accept*  
122 *it as other diseases* (understand it).

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

125 Educator: Affected educators need a lot of support because, they have infected  
126 relatives or they might be infected, so they'll need to be at home a lot of times.  
127 They should let the teachers who are infected go home on paid leave because  
128 they might be the bread winners at home so they should get a little bit of  
129 understanding from everybody.

130 **Researcher: That was our last question ma'am. Thank you very much**  
131 **ma'am.**

132 Educator: Thank you.

1 **INTERVIEW WITH EDUCATOR 4**

2

3 **Background information**

4 Female / age 45 / lives in Boipatong and works at Bophelong / An educator Post  
5 Level 1

6

7 **Researcher: Hello ma'am.**

8 Educator: Hello ma'am.

9 **Researcher: How are you ma'am?**

10 Educator: I am fine ma'am.

11 **Researcher: Thank you for honouring my invitation as I have indicated**  
12 **previously this interview will be recorded; do you have any problem with**  
13 **that?**

14 Educator: No I don't have any problem.

15 **Researcher: So that means we can carry on?**

16 Educator: Yes.

17 **Researcher: HIV/Aids is a disease killing many people in the world**  
18 **especially in South Africa, do you agree with that?**

19 Educator: Yes but if somebody is taking care of himself or herself the disease  
20 doesn't kill.

21 **Researcher: Do you agree that it kills many people in South Africa?**

22 Educator: Yes it killed many people.

23 **Researcher: Where do you hear these bad news?**

24 Educator: I hear from newspapers, radios and TV's.

25 **Researcher: That's good, what makes you believe what you hear from**  
26 **papers, radio and TV's that HIV/Aids pandemic has killed many people.**

27 Educator: It's true. I see it in people around me, where I stay.

28 **Researcher: Okay..., so has anyone in your family been infected by this**  
29 **disease?**

30 Educator: Yes there are members of my family who are infected by HIV/Aids.

31 **Researcher: Since you have those people in your family, how has HIV/Aids**  
32 **pandemic affected you as an educator?**

33 Educator: As an educator it affects me because, the children are in front of me  
34 and most of them are orphans now because of this disease, it affects me and  
35 also the children are affected.

36 **Researcher: Since you said that there are people very close to you who are**  
37 **infected with this HIV/Aids pandemic, how has it affected you emotionally?**

38 Educator: After I talked about it, it doesn't affect me much. It affects me if I don't  
39 talk about it.

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

41 Educator: People start thinking a lot of things. (They think that I have HIV) *Do*  
42 *you have HIV?* A person close to me has it, is he/she going to die? How is he or  
43 she physically? That affects me spiritually. I ask myself why God is not stopping  
44 this pandemic; my trust in Him is now tested.

45 **Researcher: How has the HIV/Aids pandemic affected you physically? Do**  
46 **you sleep less or has your appetite decreased?**

47 Educator: I don't sleep well because I always think about the person I love who is  
48 sick with this HIV pandemic and is changing everyday and that makes me always  
49 think about it. Even my appetite is affected because you cannot eat well, thinking  
50 about the loved ones who are sick with this HIV/Aids pandemic.

51 **Researcher: Okay, how has the HIV/Aids pandemic affected you socially?**

52 Educator: Yes it does socially.

53 **Researcher: How?**

54 Educator: The neighbours and the people I associate with in the same street, if  
55 there is someone amongst them who is infected with HIV or there are people  
56 who are infected, that affect me as an individual because I see them and I feel  
57 the pain. Maybe his or her parents are dependant on her or him and you see  
58 them suffering and then the children will end up wondering after the death of a  
59 parent. It affects me in that way. When I think about the orphans I become  
60 socially withdrawn.

61 **Researcher: Since it has affected you socially, how has that affected you**  
62 **personally?**

63 Educator: It hasn't affected me because all I need is to talk about it, I need to let  
64 it out, and bottling it in doesn't help. It must not be a secret, it must be something  
65 open. So it hasn't affected me now, it used to, but now I'm more open.

66 **Researcher: Has the HIV/Aids pandemic affected you professionally?**

67 Educator: No it hasn't affected me.

68 **Researcher: Or maybe... Is there anything else?**

69 Educator: I don't have any problem in the classroom.

70 **Researcher: How has the HIV/Aids pandemic changed your daily routine as**  
71 **an educator, or has your work changed in any way as an educator?**

72 Educator: No, nothing's changed because I am open about HIV/Aids. If you are  
73 not open about it, it will change because you're going to run away from any topic  
74 which is about HIV/Aids in books. And then you start running away from learning  
75 areas and running away from the books that have it, but if you are open you'll be  
76 free. Then you'll read a page where it's written about, or maybe you have to  
77 teach the children about it, you are not going to be able to teach learners  
78 because the HIV/Aids pandemic affects you and you hide and you don't want  
79 people to know that you are affected.

80 **Researcher: Okay..., what has helped you to cope while the HIV/Aids**  
81 **pandemic rages on?**

82 Educator: By being open..., because if you close everything up you won't cope.

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

86 Educator: I think school management must support educators because we are  
87 not alike, some are open and others are closed. I need support for all of us  
88 [educators] to work as a team together about HIV/Aids so that we can cope.

89 **Researcher: Eeh. What support specifically do you need from school**  
90 **management to help you cope easily, because you have talked about the**

91 **affected children in your class, what can school management do about**  
92 **that?**

93 Educator: We as affected educators must attend workshops. SMT's must teach  
94 us about this disease and we must learn how to live with this disease.

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

98 Educator: The support I need is for us to support one another and for us to work  
99 together...share each other's pain, for us to become one...share responsibilities  
100 and pain, and not laugh at one another."

101 **Researcher: Eeh, what support do you need from the community to help**  
102 **you cope with how the HIV/Aids pandemic has affected your job as an**  
103 **educator?**

104 Educator: The community must work together with educators, so that they can  
105 help these affected people. The parents should be open to educators and talk  
106 about their problems concerning HIV/Aids pandemic so that we can come  
107 together, the educators, the parents and the children to help these infected and  
108 affected people. I think the community is affected too.

109 **Researcher: Eeh, what support do you need from the Department of**  
110 **Education to help you cope with how the HIV/Aids pandemic has affected**  
111 **you as an educator?**

112 Educator: We need workshops and counselling. Counsellors must not come to  
113 individual educators but to all educators.

114 **Researcher: Eeh, our last question for today, what else can be done to help**  
115 **teachers who are affected by the HIV/Aids pandemic?**

116 Educator: The government could help affected educators by having a support  
117 group for them to support these teachers so that they don't feel lonely, support  
118 groups are very important. And then there could be things like activities that are  
119 performed, like Love life, and then educators can cope, and finish their work.

120 **Researcher: Thank you ma'am for your time.**

121 Educator: Thank you.

## INTERVIEW WITH EDUCATOR 5

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### 3 **Background information**

4 Female / age 48 / lives in Steel Park, Vereeniging and works at Bophelong / An

5 educator Post Level 1

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7 **Researcher: Good afternoon Ma'am.**

8 Educator: Good afternoon ma'am.

9 **Researcher: Thank you very much for honouring my invitation as I have**

10 **indicated previously this interview will be recorded; do you have any**

11 **problem with that?**

12 Educator: No ma'am I do not have any problem.

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

14 Educator: Yes we can.

15 **Researcher: HIV/Aids is (the)a disease which is killing many people in the**

16 **world especially in South Africa; do you agree with the statement?**

17 Educator: Yes, I do agree.

18 **Researcher: Why are you agreeing with that?**

19 Educator: I think this pandemic is the one that killed many people in South Africa.

20 Yes there are those diseases that kill people but HIV is the one that is killing

21 many people because now it is killing children and people and those who are

22 unborn, the unborn babies are also affected, because they have affected

23 mothers. So I agree that HIV/Aids is a disease that is killing people because HIV/

24 Aids is the disease that kills people in this country even those who are unborn

25 are dying because of the disease.

26 **Researcher: Okay..., thank you for that. Is there anyone in your family who**

27 **is infected with this disease?**

28 Educator: Yes, my younger sister is infected by this disease, and I think this

29 disease is not fair, because she was so sweet, and looking after her family, but

30 through the unfaithfulness of her husband, today she is a victim.

31 **Researcher: I'm so sorry about that, in your case, did it affect you**  
32 **emotionally?**

33 Educator: I am affected emotionally, and I'm also affected mentally, because now  
34 I'm thinking of the children. Who are going to take care of them (and then it) *she*  
35 *is* also (made her) *going* to divorce her husband. The children are struggling  
36 because the family now is divided because of this HIV/Aids pandemic. I am  
37 scared and also angry.

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

39 Educator: Hey, as an educator it affects me a lot, because now I'm dealing daily  
40 with these orphans. They cannot cope well, in the class, they are divided some of  
41 them are taken by foster parents. (And then) *Some* children are not well looked  
42 after at their parents home and poverty also plays an important role in this regard  
43 because these children are not being looked well after. They cannot cope well,  
44 (are really need an extra mile to bring these children into their families) *People*  
45 *really need to go the extra mile and take these children into their homes.*

46 **Researcher: How does the HIV/Aids pandemic affect you spiritually?**

47 Educator: Spiritually I can say it also affects me because it is an irritation for the  
48 other people who are affected. I cannot elaborate more on how it affects me  
49 spiritually, but I think it also plays a big role in affecting people spiritually. People  
50 are asking themselves; when will God stop this pandemic? I don't know what to  
51 believe spiritually

52 **Researcher: How has the HIV/Aids pandemic affected you physically? Do**  
53 **you sleep less, has your appetite decreased?**

54 Educator: Myself

55 **Researcher: Yes, You affected physically.**

56 Educator: I am afraid. (I mean that) if I meet someone who is HIV positive,  
57 touching me, I know that physically it won't affect me but still, I'm afraid of having  
58 physical contact with HIV infected people. Still I'm afraid to be with those who  
59 (have) are HIV positive although I know that when you're touching a person who  
60 is HIV positive you cannot be infected. Psychologically it is in my mind. I'm afraid  
61 of being with them. I don't know.

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

64 Educator: Yes it did change my social interaction, because now with this  
65 pandemic you must (select) be sensitive when you are speaking. You're not free  
66 to (say anything) make wild accusations, nor you must be biased, choose  
67 (maybe some) *your* words; so that you don't offend those who are infected. So  
68 you are not free even if you are making friends because you don't know amongst  
69 (that person) *these people who* you are speaking to, who are infected and who  
70 are not infected. So you must always select your words, so that you don't offend  
71 HIV positive people.

72 **Researcher: Okay, okay. How has the HIV/Aids pandemic affected you**  
73 **professionally that is impacted on you as an educator?**

74 Educator: As an educator I'm affected because I'm dealing with the children who  
75 are suffering from the HIV/Aids pandemic and also educators who are suffering  
76 from this disease. And it affects me really.(That)You will find that when  
77 educators' statuses become revealed, those educators are always absent, and it  
78 affects me(that) *because* I must deal with her class or his class *and* (so) the  
79 work becomes more for me. And when the children are affected with the  
80 HIV/Aids pandemic, they're always absent, from school and I cannot cope to  
81 cover the work done so, I ('m left) *fall behind* with my work.

82 **Researcher: A lot of strain. How has the HIV/Aids pandemic affected your**  
83 **daily routine as an educator?**

84 Educator: My daily routine is changed maybe (swapping) because I have *to*  
85 *switch* from my learning area to address the HIV/Aids pandemic in the  
86 classroom. We swap from what we are supposed to do and then address  
87 something else [HIV/Aids pandemic].

88 **Researcher: What has helped you cope while the HIV/Aids pandemic rages**  
89 **on?**

90 Educator: Mm... I can say I cope. Although it costs me my time; but because now  
91 I must read... read about HIV/Aids in order to understand it.

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

95 Educator: (I can say)( I need support from SMT's to go back and revise, more  
96 especially the subject matter, so that the learning material can be accepted to  
97 both learners who are affected and not affected. And also the SMT's can play a  
98 certain role that's helping me as a teacher... I wanted to elaborate more, but you  
99 can go on ma'am) *I need support from the SMT's to change the learning material*  
100 *which will benefit both infected and affected learners with HIV/Aids.* SMT's need  
101 to organise workshops to help us cope and handle the HIV/Aids pandemic  
102 effectively. SMT's to advise educators on how to cope with the work load of the  
103 educators.

104 **Researcher: Okay... What support do you need from your colleagues to**  
105 **help you cope with how the HIV/Aids pandemic has affected your job as an**  
106 **educator?**

107 Educator: My colleagues can help me to cope with this pandemic. Ma'am, Is this  
108 question directed to me?

109 **Researcher: Yes, to you as an affected educator.**

110 Educator: I think (the) *my* colleagues are going to play *an important* (big) role  
111 (correcting) *guiding* me and giving me advice of how to cope with learners or how  
112 to cope with the situation in the classroom dealing with the learners who are  
113 infected. They can also support me by giving advice of how I can get nutrition  
114 from the school garden

115 **Researcher: Uhum, okay, what support do you need from the community to**  
116 **help you cope with how the HIV/Aids pandemic has affected your job as an**  
117 **educator?**

118 Educator: The community must come to our shoes, so that together with the  
119 educators we can eradicate their ignorance, (not to eradicate only but by giving a  
120 helping hand by inviting them to assist in preparing our vegetable garden, in the  
121 school yard, let the community be the one who come and take care of the  
122 garden, so that who ever is infected in the school yard can be given food or can

123 benefit from that garden.) *If the community understands our problem, they can*  
124 *help by making vegetable garden in the school grounds in order for the HIV/Aids*  
125 *infected learners or educators to benefit from that.*

126 **Researcher: What support do you need from the Department of Education**  
127 **to help you cope with how the HIV/Aids pandemic has affected your job as**  
128 **an educator?**

129 Educator: I think They [the Department of Education] must (take) look at us like  
130 educators and teach us [affected educators] how to deal with the infected  
131 learners because we are not trained, so it can play a major role by giving  
132 teachers support and by educating them about the pandemic.

133 **Researcher: Okay, what else can be done to help educators who are**  
134 **affected by this pandemic? What else in general, to support educators?**

135 Educator: I think the educators who are affected must also be taught (because  
136 they are the ones, who are affected,) *about the HIV/Aids pandemic*. The  
137 government must also provide education for them and support must also be  
138 given to them because some of them, (they) don't know how to handle the stress.  
139 They don't know how to cope with our children so the government must help the  
140 community, the teachers (must) *and* help to support those who are infected by  
141 showing them love and ensuring that they get the dignity they deserve.

142 **Researcher: I thank you so much ma'am, it was a mouthful.**

143 Educator: Thank you.

144 **Researcher: Thank you.**

## INTERVIEW WITH EDUCATOR 6

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### **Background information**

Female / age 38 / lives in Steel Park, Vereeniging and works at Bophelong / An educator Post Level 1

**Researcher: Good afternoon ma'am.**

Educator: Good afternoon ma'am.

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

Educator: I do not have any problem with, whatever is going to be recorded.

**Researcher: Okay that means we can carry on?**

Educator: Yes we can carry on.

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

Educator: Yes ma'am, I have seen a lot in the news. HIV is killing a lot of people in the country. Yes I believe it is killing many people.

**Researcher: Okay, what makes you believe that?**

Educator: I believe that because one of my younger brothers actually died of an HIV- related disease.

**Researcher: So in your case did HIV affect you?**

Educator: I was affected because of his death.

**Researcher: Okay, how has the HIV affected you as an educator?**

Educator: It affected me because as an educator I have seen in a classroom situation, (I have seen) most of the children who are infected by it. It affects me because most of the time I have eye contact with those children every day so it affected me in that way.

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

Educator: I can say emotionally, it's when I see those people especially those people who do not want to come out and tell people their status; most of the

32 people don't want to say they are HIV positive, but you can even see those  
33 people although they don't want people to know. Emotionally there is nothing you  
34 can say because they don't (say by themselves) *admit their states*. You just look  
35 at them and see that this one or that one is infected by HIV but cannot say that,  
36 so it affects me in that way emotionally.

37 **Researcher: Okay, you have told me about your brother, when he was sick,  
38 what was *going on* in your mind?**

39 Educator: In my mind, because he didn't say (that) he was HIV positive, we just  
40 took care of him and became very sad. The doctors did not even tell him, he only  
41 knew when he was in his last stage that it was HIV/Aids. (So he did say his  
42 status is like this) *Then only did he talk about his status*, so eventually it affected  
43 me emotionally.

44 **Researcher: Okay, how has HIV/Aids affected you spiritually?**

45 Educator: Spiritually, there are those eh... organisations that even if there is no  
46 cure for HIV/Aids people (are to be treated whereby) we can pray for them at  
47 least that they can live longer. So, spiritually I'm one of those people who pray for  
48 them although we know that for the time being there is no cure but spiritually we  
49 have to say something.

50 **Researcher: Okay, how has the HIV/Aids pandemic affected you physically,  
51 that means if I'm saying physically I mean do you sleep badly or has your  
52 appetite change maybe?**

53 Educator: Ever since my brother's death I have been affected so much, as I  
54 compared his status, his health during that time and the people I see (saw them  
55 so) today, it affects me badly although I sleep well and I have my appetite. I don't  
56 socialise as I used to as I'm always stressed because of the HIV/Aids pandemic.

57 **Researcher: Okay, how has the HIV/Aids pandemic affected you socially,  
58 how has it changed your social interaction with other people?**

59 Educator: Em...This pandemic, the HIV/Aids pandemic affected me socially  
60 because some of the people in my community they (take this) *believe* HIV/Aids is  
61 something bad for our family, so people started saying things that are not right to

62 us, even socially it has that impact of people saying that these people are dirty  
63 and what ever. All in all we as family were isolated because of HIV/Aids.

64 **Researcher: So, how has the HIV pandemic affected you professionally?**  
65 **That is impacted on you as an educator?**

66 Educator: It has a great impact because as an educator I've seen in the media  
67 they are talking about it. So in my daily routine I have to play safe. Whatever I do,  
68 even if there is a child that has a wound, I have to play by the rules of how to  
69 treat that child.

70 **Researcher: How has the HIV pandemic changed your daily routine as an**  
71 **educator?**

72 Educator: Ma'am, you are repeating that (one) *this* question.

73 **Researcher: Okay, what has helped you to cope with teaching while the HIV**  
74 **pandemic rages on?**

75 Educator: (The thing that) What keeps me teaching and coping with teaching in  
76 my profession is that (first of all) I'm an LO educator which is a Life Orientation  
77 educator. I am familiar with this thing every day, so I'm almost every day teaching  
78 it [HIV/Aids] to my children, so I can put it that way.

79 **Researcher: Can you tell me about the response of learners when you**  
80 **teach Life Orientation?**

81 Educator: These learners need to know more about HIV/Aids and they need to  
82 know about it and my job is to (rectify) *satisfy* those needs and make them  
83 respect their opinions.

84 **Researcher: Okay, what support do you need from school management to**  
85 **cope with how the HIV pandemic has affected your job as an educator that**  
86 **is the support you need from school management?**

87 Educator: The support I need from school management is that they must (even)  
88 support me as an LO teacher because as I have mentioned that I talk in my class  
89 every day as part of it [HIV/Aids pandemic], they must support me by organising  
90 those activities, ( by organising) *and* learning material relevant to this HIV/Aids  
91 pandemic.

92 **Researcher: okay, sorry for the interruption, ma'am, what support do you**  
93 **need from your colleagues to cope with how the HIV pandemic has affected**  
94 **your job as an educator?**

95 Educator: As I have been affected by this HIV/Aids pandemic, I would like my  
96 colleagues to support me in everything I do concerning the HIV/AIDS pandemic  
97 (or whatever I mean ) by not laughing at me when I have been affected by this,  
98 the support from them will keep me going.

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

102 Educator: Even in the community, I would like them not to discriminate against  
103 me for being affected by the HIV/Aids pandemic, eh... Whatever I would like my  
104 community to do, I would like them to be educated about these things because  
105 (even then they are not well equipped about the information) *they have very little*  
106 *information* about the HIV/Aids pandemic. The community members have those  
107 myths about the cure. I would like the community to be educated and let the  
108 NGO's be part of their programme in the community so that they are well  
109 equipped *with knowledge* about how to treat people who are infected and  
110 affected by the HIV/Aids pandemic.

111 **Researcher: What support do you need from the Department of Education**  
112 **to help you cope with how the HIV/Aids pandemic has affected your job as**  
113 **an educator?**

114 Educator: The Department of Education can allow the NGO's to participate in our  
115 school and to the school curriculum, that is (letting) *allowing* those NGO's to  
116 come with their programme and educate and support the schools with those  
117 programmes namely the "Love Life" Programmes should be part and parcel of  
118 the school *curriculum* (so that these teachings must not only be within a school  
119 curriculum but, must spread to) *because* those programmes are also teaching  
120 about this pandemic.

121 **Researcher: The last question, what else can be done to support educators**  
122 **who are affected by this pandemic?**

123 Educator: Those educators (that) *who* are affected, they need most support from  
124 the (above), community, their colleagues and the Department. They need  
125 workshops whereby they are taught about how to take care of people who are  
126 affected and infected (about this thing) *by HIV/Aids*, and they need counselling  
127 whereby they are taught how to cope with this pandemic.  
128 **Researcher: Thank you so much for your time.**  
129 Educator: Thank you.

## INTERVIEW WITH EDUCATOR 7

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### **Background information**

Female / age 46 / lives in Sebokeng, Zone 10 and works at Bophelong / An educator Post Level 1

**Researcher: Hello ma'am.**

Educator: Hello ma'am.

**Researcher: Thank you for honouring my invitation, as I have previously indicated, this interview will be recorded do you have any problem with that?**

Educator: no ma'am there's no problem.

**Researcher: Which means we can start?**

Educator: Yes.

**Researcher: Eeh, HIV/Aids is a pandemic and is killing many people in South Africa, do you agree with that?**

Educator: Yes I agree.

**Researcher: Eeh, what makes you say that?**

Educator: There are many people I know dying because of this disease. I have seen some of them.

**Researcher: Okay it's true that there are many people dying, but is there anyone in your family or close to you who has died?**

Educator: No, not at the moment, there's no one I know of.

**Researcher: So at the moment there's no one. It's okay then, Eeh how has the HIV/Aids pandemic affected you emotionally?**

Educator: It scares me because I haven't heard that there is a cure, for the AIDS pandemic. There is no help close by for affected people.

**Researcher: That's bad. Eeh how has the HIV/Aids pandemic affected you spiritually?**

Educator: It affects me badly because it leaves orphans in people's families, those families who are affected and infected by this disease. So, it's sad. Now I

32 don't know who to trust, either God or Ancestors. I am now in the middle, my  
33 spirit is in between.

34 **Researcher: How has the HIV/Aids pandemic affected you physically, e.g.**  
35 **have you appetite decreased or do you sleep less?**

36 Educator: (My appetite gets less) *I eat less*, when I see those who are infected,  
37 or when they get near me.

38 **Researcher: Does it somehow make you scared of other people or does it**  
39 **somehow make you not want to get close to them?**

40 Educator: No, I respect them.

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

43 Educator: My social interaction hasn't changed because I try to understand every  
44 situation concerning the HIV/Aids pandemic.

45 **Researcher: How does the HIV/Aids pandemic affect you professionally, or**  
46 **in other words as an educator?**

47 Educator: It affects me badly, because at school I work with children who are  
48 orphans because of it and when I look at them, my heart breaks. Some of them  
49 don't have parents and they grow up not knowing the love that should have come  
50 from their parents.

51 **Researcher: How has the HIV/Aids pandemic changed your daily routine as**  
52 **an educator?**

53 Educator: I make sure that they eat because I don't know if they are able to eat at  
54 their homes, and (trying to keep them very clean in themselves those who are  
55 living with them have to try to keep them clean) *I am trying to make them aware*  
56 *of personal hygiene.*

57 **Researcher: What has helped you cope while this pandemic rages on?**

58 Educator: The love of my profession and love for my learners keep me going.

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

62 Educator: I need support for the classes to be kept clean. The utensils that are  
63 used when preparing the learners food must also be kept clean. A First Aid kit is  
64 needed at school that (will suit them) *is fully equipped for HIV/Aids infected*  
65 *learners*. The learners' food be checked thoroughly and be food to fight or lessen  
66 the sting of this HIV/Aids pandemic. The parents living with infected learners  
67 should be called and be (workshops on) *informed* how to take care of them.

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

71 Educator: If there is a problem with a child, like sickness a colleague can come  
72 and help if I ask him or her to.

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

76 Educator: Parents should come to school to help us to plant vegetables so that  
77 the children can have food at school if they don't have food at home. And the  
78 community should come and help us clean the school.

79 **Researcher: What support do you need from the Department of Education**  
80 **to help you cope with how the HIV/Aids pandemic has affected your job as**  
81 **an educator?**

82 Educator: The Department should check to see if these children are being taken  
83 care of properly, and if they are given love by educators, and to see if the school  
84 is clean. They need a place where they can be counselled. Teachers need  
85 counselling. They need to be shown by the government that they are important  
86 even if they are sick or healthy.

87 **Researcher: What else can be done to help educators who are affected by**  
88 **this pandemic?**

89 Educator: The government should understand if (the health of an educator is not  
90 good concerning HIV pandemic, the situation he or she is in concerning sick  
91 leave)*an educator is HIV positive and infected persons concern about him/her*

92 *sick leave*. If someone is infected she or he has no strength and is stubborn,  
93 everybody should understand that and give love to them.

94 **Researcher: How can that be addressed by the government?**

95 Educator: Temporary teachers should be hired because learners can not be  
96 alone. Their lives should carry on. We must be supported by temporary  
97 educators.

98 **Researcher: Thank you ma'am for your time.**

99 Educator: It was my pleasure.

## INTERVIEW WITH EDUCATOR 8

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### **Background information**

Female / age 45 / lives in Heidelberg and works at Bophelong / An educator Post Level 1

**Researcher: Hello ma'am.**

Educator: Hello ma'am.

**Researcher: Are you well ma'am?**

Educator: I'm well.

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

Educator: No

**Researcher: Which means we can start?**

Educator: Yes.

**Researcher: HIV/Aids is a disease killing many people in South Africa, do you agree with that?**

Educator: Yes.

**Researcher: What makes you agree?**

Educator: Many families who are my neighbours are affected and you hear from other people about other families who are also affected. And it's sad because the parents leave their children as orphans.

**Researcher: Since it's sad, what happened to your neighbours, how has it affected you as an educator?**

Educator: I'm really hurt (by) *because of* the orphans as there are so many of them. And even as an educator, there are learners in my class who are infected or affected with HIV/Aids and it's really sad. You would hear it when we have class discussions, some of them don't have mothers or fathers and we make cards on Mother's or Father's Day. Some of the kids would come to you and tell

31 you they don't have mothers nor do they have fathers, they would also say they  
32 have no one.

33 **Researcher: So, uhm, ma'am, like you have already said that there are**  
34 **some families who have died because of this disease. How has it affected**  
35 **you emotionally?**

36 Educator: It affects me very badly because I also think when you are in that  
37 situation how sad it must be. And I also think of how sad it must be for our  
38 children, since we have given birth to them, and think of how we will not be able  
39 to live a happy life with them.

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

41 Educator: Ai... It affects me badly, because you think if God is there, what He  
42 must be saying about this disease killing so many people. We think of praying to  
43 God at times to fix it and protect us, but as it goes on, it's getting worse.

44 **Researcher: Eeh... ma'am, how has the HIV/Aids pandemic affected you**  
45 **physically? Do you sleep badly because of the experiences you've had, or**  
46 **has your appetite decreased?**

47 Educator: I sleep badly at night because I think about the affected family and  
48 how sad it is, to see the family alone.

49 **Researcher: That is so sad, eeh... how has the HIV/Aids pandemic affected**  
50 **you socially, and how has it change your social interaction?**

51 Educator: Yes it changed, because when I think about it, it does affect me. I don't  
52 socialise as I used to do.

53 **Researcher: Okay, eeh... has the HIV/Aids affected you professionally as**  
54 **an educator?**

55 Educator: Yes.

56 **Researcher: How?**

57 Educator: It affects me because there are kids in my class who are affected, their  
58 parents are sick and some of them (are double orphans) *have lost both parents*  
59 and they are always absent from school.

60 **Researcher: Eeh, since you say that you have affected children in your**  
61 **classroom, how has that changed your daily routine as an educator?**

62 Educator: It hasn't changed it's just that, I give them love to accept the situation  
63 they find themselves in.

64 **Researcher: Eeh, okay, okay, mm... What has helped you cope, while this  
65 HIV/ Aids pandemic rages on?**

66 Educator: Just talking and being free to talk about it. I talk to other people about it  
67 to help us cope.

68 **Researcher: Okay, eeh, what support do you need from school  
69 management to help you cope with how the HIV/Aids pandemic has  
70 affected your job as an educator?**

71 Educator: They should support us, so if I have a problem, I can tell them and they  
72 would (build me up) *encourage me*.

73 **Researcher: Can you elaborate more?**

74 Educator: They could (make) *arrange* workshops for us so that we can handle  
75 the HIV/Aids pandemic.

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

78 Educator: There can be a committee where we can talk about the problems that  
79 we face and which support we need to help the affected learners.

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

83 Educator: (So) *In order that* we can help (each other) *one another* (with) in the  
84 community if there is a problem, we can resolve the problem quickly concerning  
85 HIV/Aids pandemic.

86 **Researcher: Can you elaborate more? How can the community help the  
87 school?**

88 Educator: Maybe the community can help by preparing a vegetable garden so  
89 that learners can get food from the school and take them home to cook.

90 **Researcher: What support do you need from the Department of education  
91 to help you cope with the HIV/Aids pandemic that has affected your job as  
92 an educator?**

93 Educator: Maybe it [the Department of Education] should (take out) *donate*  
94 money (so that we can) *to* make a vegetable garden, people who don't have food  
95 can take vegetables from the garden, by doing so; we can help them as a school.

96 **Researcher: Concerning the problem caused by sick educators what can**  
97 **the Department of Education do to solve that problem?**

98 Educator: Workshops can be scheduled and choose some individuals and train  
99 them.

100 **Researcher: Okay, eeh... What else can be done to help educators who are**  
101 **affected by the HIV/Aids pandemic?**

102 Educator: So we should develop each other, and when we get together and talk  
103 about (it) *helping HIV/Aids infected and affected people*. We can form a support  
104 group, so that we can talk about our problems, and how we can solve each  
105 other's problems. Maybe I personally, will find out that I am (having the same  
106 problem) *also HIV positive*.

107 **Researcher: Thank you ma'am for your time.**

108 Educator: My pleasure ma'am.

1 **INTERVIEW WITH EDUCATOR 9**

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3 **Background information**

4 Female / age 38 / lives in Sebokeng area and works at Bophelong / An educator

5 Post Level 2

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7 Researcher: Hello ma'am.

8 Educator: Hello ma'am

9 **Researcher: Thank you for honouring my invitation. As I have already**  
10 **indicated the interview will be recorded; do you have any problem with**  
11 **that?**

12 Educator: No I have no problem with that.

13 **Researcher: So we can carry on?**

14 Educator: Yes.

15 **Researcher: HIV/Aids is a pandemic killing many people in the world; do**  
16 **you agree with that statement?**

17 Educator: Yes I agree.

18 **Researcher: Why do you agree with that?**

19 Educator: I see mostly here at school we have a lot of orphans. And (here at  
20 school,) I have many orphans in my class, because of this disease. Even my  
21 neighbours, there are children whose parents have died because of this disease.

22 **Researcher: In your case, has HIV affected or infected you?**

23 Educator: I'm affected. The children in my class who are orphans, I have to take  
24 care of them. Give them affection and attention and care. And give them support  
25 because at home they have no one to take care of them emotionally.

26 **Researcher: Eeh, how has the HIV/Aids pandemic affected you**  
27 **emotionally?**

28 Educator: It makes me feel bad, it disturbs me. I see these children, and there  
29 are many of them. It's something I see with my own eyes, it's not something I  
30 only hear on radio and see on TV. I experience it daily. The children look sad and  
31 sick and it's very sad because they can't cope. And they need us to attend to

32 them, they need special attention. And you deal with it every day. And it's so sad  
33 not to be able to (look after them all the way) *take proper care of them*. You also  
34 have to look after other children. And it's not nice to see a child not looking well.  
35 Just like with your own child you don't like to see them going to bed being sad,  
36 so, it's very heart-breaking.

37 **Researcher: Okay, how has the HIV/Aids pandemic affected you spiritually?**

38 Educator: At church it's sad because you will find that the person, who has died,  
39 had died at a very young age, and was a frequent church goer. Once someone  
40 (get it) *becomes infected by the HIV/Aids pandemic*, they start to think many  
41 things, they think they didn't go to church and pray. At times, some of them feel  
42 that they don't know where God was when this happened. They don't know why  
43 He lets this happen to them and not to other people. So we need more time to  
44 completely understand the word of God concerning the HIV/Aids. I feel this  
45 disease (would heal) *could be cured* if we could get closer to infected people,  
46 and show them the power of God, how it converts people. Let us show them love  
47 and appreciation even if they have this disease, and tell them about Jesus Christ  
48 and God and also keep their hopes up.

49 **Researcher: Okay, how has the HIV/Aids pandemic affected you**  
50 **physically? Do you sleep well at night or has your appetite decreased?**

51 Educator: If a child is sick, the child gets sores, and when I think of that child and  
52 his/her sores, I don't eat well. Late in the day the sun sets while I am thinking  
53 about that child. Just thinking about the child is saddening; it makes me so sad I  
54 don't even want to eat.

55 **Researcher: Eeh, how has the HIV/Aids pandemic affected you socially,**  
56 **how has it changed your social interaction?**

57 Educator: It affected me in a very bad way. And you can't just go around talking  
58 anything to anyone because you don't know what you'll say that will hurt other  
59 people. And you can't just help people who are wounded without wearing gloves,  
60 and at times people die because you didn't help them because you didn't have  
61 gloves, and you could've saved that person. People also don't trust one another  
62 anymore, it's very sad. We don't get together anymore, because you find that

63 sometimes other friends are infected, and people start to get scared. There's no  
64 more "UBUNTU".

65 **Researcher: Mm, uhm, okay, how has the HIV/Aids pandemic affected you**  
66 **professionally? How has it impacted on you as an educator?**

67 Educator: As an educator it affects me because (as an educator) I have to, (when  
68 I have to) teach young children about it. Some of them don't understand it  
69 properly, especially when you have to talk about sex. Some of them don't want  
70 to understand. And at times when we teach children about HIV/Aids, parents  
71 come to school complaining about this. They say; we teach children dirty things.  
72 And all we are trying to do is to guide them.

73 **Researcher: What has helped you to cope while the HIV/Aids pandemic**  
74 **rages on?**

75 Educators: The support from my colleagues has helped me to cope. My  
76 colleagues should work together if there are sick learners at school, it should not  
77 be an individual problem.

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

81 Educator: I would please ask the school management, to come together with the  
82 district office, to get people who can come and counsel us educators, so that  
83 they can help us how to treat the children who are affected by this disease. I  
84 think it would be a great help for the school if we could have a mobile clinic and a  
85 counsellor at school, so that if you have a problem you can be counselled in case  
86 of emergencies.

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

89 Educator: My colleagues should work together if there are sick learners at  
90 school, it must not be an individual problem. There must be committee  
91 responsible for affected and infected learners and making sure that they get  
92 support at schools and at home. We as educators must work together with social  
93 workers to help where necessary.

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

96 Educator: Like I said, I would like it if there would be counsellors at school, also  
97 at the clinics. At times you find that the clinic is packed and you can't get checked  
98 or treated. We would like if nurses come to schools or a mobile clinic to be in the  
99 school yard and children and educators be treated. If they (are not at the school  
100 yard) *cannot come to school*, I would like them to have a day and time maybe at  
101 10h00 on that day to examine educators and learners.

102 **Researcher: What support do you need from the Department of Education**  
103 **to help you cope with how the HIV/Aids pandemic has affected your job as**  
104 **an educator?**

105 Educator: The Department of Education can see to it that educators get support  
106 from them; they need counselling and equipments, for example gloves to handle  
107 sick learners and sick educators. The Department of Education should coach us  
108 on how to form support groups, for HIV positive people so that we can look after  
109 ourselves, because sometimes learners don't know their own status, you'll treat  
110 a child without gloves not knowing the risk you are putting yourself in. So I need  
111 the government to make sure that affected educators are always protected. They  
112 should also bring professionals to come to schools to test the statuses of children  
113 at schools. Sometimes after a child has taken the treatment, we don't know  
114 what's going to happen, and sometimes they are not able to perform school  
115 work. So if professionals could get here at schools, it would be very helpful.

116 **Researcher: Thanks for your views... What else can be done to support**  
117 **educators who are affected by the HIV/Aids pandemic?**

118 Educator: There should be a support group for those affected educators  
119 especially those with affected children in their classes. So they can talk about this  
120 pandemic and get it off their chests, especially on how to handle these kids.

121 **Researcher: Thank you ma'am that was the last question. Thank you.**

122 Educator: Thank you ma'am.

## INTERVIEW WITH EDUCATOR 10

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### **Background information**

Female / age 40 / lives in Falcon Ridge and works at Bophelong / An educator  
Post Level 2

**Researcher: Good afternoon ma'am.**

Educator: Good afternoon.

**Researcher: Mm... Thank you very much for honouring my invitation. As I have already indicated this interview will be recorded; do you have any problem with that?**

Educator: No ma'am I have no problem with that.

**Researcher: So, so okay it means we can carry on?**

Educator: Yes.

**Researcher: Okay. HIV/Aids is a disease killing many people in the world especially in South Africa. Do you agree with that?**

Educator: Yes I do agree with that because I see many people dying, even in my family I've got one who was struck by this disease.

**Researcher: Okay, okay. So in your case has HIV/Aids affected you or infected you?**

Educator: I may say affected ma'am. It has affected me because to see somebody who's close to you dying or feeling pain (it's so affective) *it does affect one.*

**Researcher: Very painful. How has the HIV/Aids pandemic affected you emotionally?**

Educator: Well emotionally, I may say that it affected me because I've seen it with my cousin. She was suffering so much that it completely changed her physically, spiritually and emotionally. She was always living with pain until she died. We couldn't have any mechanism to help her to recover, so emotionally I'm affected. I was so down and sad because I couldn't do anything to help my cousin.

32 **Researcher: I'm sorry about that ma'am How has the HIV/Aids pandemic**  
33 **affected you spiritually?**

34 Educator: Well, I may say it affected me spiritually because my spirit will not have  
35 peace once I've seen or heard that people are dying and suffering of this  
36 disease. Since I have said I have seen it (practically), I don't have peace and joy  
37 when people are suffering of this disease.

38 **Researcher: How has the HIV/Aids pandemic affected you physically? (Do**  
39 **you sleep badly or has your appetite decreased?)**

40 Educator: It has a great effect. You know, I (make an example) *told you* about my  
41 cousin, after discovering that my cousin (was attacked by) has *contracted* this  
42 disease; I (had changes in my body, I started to have stress and tension)  
43 *experienced a lot of stress* because there was no one to take care of her since  
44 she was an orphan, this thing became my burden up until now. *Since* that day I  
45 have problems physically. As I said that I'm suffering from stress, (and to prove  
46 that) sometimes (your) *my* body is so painful. Those are after effects of this  
47 disease.

48 **Researcher: I'm so sorry ma'am. How has the HIV/Aids pandemic affected**  
49 **you socially? How has it changed your social interaction?**

50 Educator: I had to change my style of living especially socialising with friends  
51 because I had to spend a lot of time trying to give her support (my cousin).  
52 Because to her friends after (now) discovering she was HIV positive, they ran  
53 away from her, she was (now) rejected. To try comforting her, I had to give a lot  
54 of my time for her. So socially I was no longer able to socialise completely.

55 **Researcher: Eeh, mm... I'm sorry about that ma'am. How has HIV/Aids**  
56 **affected you professionally as an educator?**

57 Educator: As an educator I was affected because although I was faced with that  
58 problem I had to teach and educate the learners and keep on working hard. This  
59 was so strenuous because I had to do school work, attend workshops and do  
60 extra-curricular work. (To me) I wished (like leaving) *I could leave* the job and  
61 stay home to assist her. To me everything was useless since I was focusing on

62 her life I wanted to see her happy and get healthy. (So that's why I started to, so)  
63 *That is the reason why* at work my performance started to decrease.

64 **Researcher: Yoh, it's so painful ma'am. How has the HIV/Aids pandemic**  
65 **changed your daily routine as an educator?**

66 Educator: So as I indicated before, as I have said (it before that) when one of  
67 your close relatives become infected, you become more disturbed than he/she  
68 does, I had to give my life for her, sometime I was forced not to go to work as she  
69 was feeling bad trying to give her support, taking her to the doctor, trying to give  
70 her food. If there is someone to help her, I had to detach myself from her. So my  
71 daily routine of attending school did change, it was affected.

72 **Researcher: What has helped you to cope while the HIV/Aids pandemic**  
73 **rages on?**

74 Educator: I felt that, I am encountering some problems because of my sister's  
75 sickness. I had to go to the doctor, so the doctor and some of my friends as well  
76 as the pastor (did give) *gave* me counselling and gave (support) words of  
77 encouragement, gradually I did cope and I give everything to God. So that's how  
78 I was hurt.

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

82 Educator: I wish that they may support me by minimising or reducing some of  
83 my work load so that I can be able to adjust (myself) and cope with everything  
84 concerning HIV/Aids.

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

88 Educator: I wish they could help my learners to be at the same level as theirs  
89 since I was not present all the time, my work (was left) *fell* behind, so I wish they  
90 could ( help me) develop me where I need to be developed.

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

93 Educator: I wish that members of the community may take part in especially  
94 voluntarily counselling and testing people, because families, at some stage you  
95 find that family members becomes tired of their sick (persons) relatives. That's  
96 where the community is needed; (it) *the community must intervene*. You will find  
97 that sometimes you are taking care of those sick people and you'll become sick  
98 also, because it's so strenuous, and you'll find that automatically both of you will  
99 be lying in bed not able to help each other. If the community plays a role to come  
100 and assist, then it will be better. Because if people support you when you are sick  
101 you feel that people love you. And gradually you feel that you are recovering, so  
102 the community must make a big effort to help these affected people.

103 **Researcher: What support do you need from the Department of Education**  
104 **to help you cope with how the HIV/Aids pandemic has affected your job as**  
105 **an educator?**

106 Educator: Well, I think the Department of Education, (may) *should* have Special  
107 Leave for the people who are affected by HIV/Aids and then decrease their  
108 (number, or actually...) *workload*, because these people when they become sick,  
109 sometimes they are forced to come to work and leave their burdens at home.  
110 And when you are at school you will never concentrate or do the right thing. If  
111 they (make a) *have* Special Leave (like a) *such as* Paternity Leave, for them so  
112 that (we may be) *they are* able to assist (our) *their* loved ones.

113 **Researcher: Uhm, the last question. What else can be done to help**  
114 **educators who are affected by this HIV/Aids pandemic?**

115 Educator: I think affected/infected educators need to be attended to a lot. More  
116 especially by visiting them, chatting to them, (making) *taking them on* an outing. I  
117 think it may help them a lot. And when they are unable to work, teachers can  
118 attend to their classes fully, so that when they do come to work they are not  
119 (piled) overloaded with a lot of work. So if they can give them love and support, is  
120 only then they can recover and (to be) *are* able to take care of their loved ones. I  
121 thank you.

122 **Researcher: Thank you ma'am for everything!**

123 Educator: My pleasure ma'am.

1 **INTERVIEW WITH EDUCATOR 11**

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3 **Background information**

4 Female / age 41 / lives in Orange Farm and works at Bophelong / An educator  
5 Post Level 1

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7 **Researcher: Good afternoon ma'am.**

8 Educator: Good afternoon.

9 **Researcher: Thank you so much for honouring my invitation, as I have**  
10 **already indicated previously, this interview will be recorded; do you have**  
11 **any problem with that?**

12 Educator: No ma'am.

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

14 Educator: Yes.

15 **Researcher: Okay, HIV/Aids is a disease that is killing many people in the**  
16 **world especially in South Africa, do you agree with that statement?**

17 Educator: Yes, I do agree.

18 **Researcher: What makes you believe that?**

19 Educator: I (can) believe that because many people in our country our  
20 neighbours, our relatives, our friends are killed by this pandemic.

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

22 Educator: I can say it affected me because some of the people who are killed by  
23 the HIV/Aids are our loved friends, our relatives, our loved ones. So, in that  
24 case, I am affected.

25 **Researcher: Okay, how has HIV/Aids affected you as an educator?**

26 Educator: It affected me because we are working with different children, whose  
27 relatives are HIV positive and whose neighbours are HIV positive, so when you  
28 are dealing with people you must be aware (that)if they are HIV positive or not  
29 because if you help a learner not knowing that he/she is HIV positive, you can  
30 be accidentally infected. So, if you know that a learner is HIV positive you can  
31 help that learner cautiously.

32 **Researcher: Okay, so all in all are you affected?**

33 Educator: Yes, of course.

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

35 Educator: It has affected me very much, because all I could think about is that,  
36 there are people whom I love who are infected and most of them die of this  
37 disease. I was so stressed and fearful.

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

39 Educator: Every time when I pray, I become stressed and hope that my prayers  
40 will be answered *but our prayers are not answered*. The rate of people infected is  
41 increasing every day but, yet we pray.

42 **Researcher: Thank you for that. How has the HIV/Aids pandemic affected  
43 you physically e.g. do you sleep badly or has your appetite decreased?**

44 Educator: I sleep badly; because I think of my friends who are infected and  
45 cannot sleep.

46 **Researcher: Okay, is that all? How has the HIV/Aids affected you socially or  
47 how has it changed your social interaction?**

48 Educator: Sometimes when I talk to strangers, I become scared that they will say  
49 that they are infected, so I am afraid to interact with people.

50 **Researcher: Okay, how has the HIV/Aids pandemic affected you  
51 professionally that is impacted on you as an educator?**

52 Educator: As an educator it is very difficult because we teach children from  
53 different backgrounds and some think that people who are infected are different  
54 from those who are not.

55 **Researcher: Okay is that all? How has the HIV/Aids pandemic changed  
56 your daily routine as an educator?**

57 Educator: It has changed my routine, because when I speak to them I have to be  
58 sensitive to others' situations concerning HIV/Aids.

59 **Researcher: What has helped you to cope with teaching whilst the HIV/Aids  
60 pandemic rages on?**

61 Educator: I believe that my duty as an educator is to make children learn in order  
62 for them to get better, with or without HIV/Aids.

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

65 Educator: The management team must (put) *make* more resources available like  
66 books that are about the disease, so that the children can clearly understand.

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

69 Educator: My colleagues must also teach their classes about HIV/Aids so that all  
70 learners can understand it.

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

73 Educator: I would plead that the community especially the parents, should teach  
74 their children before coming to school how to behave, this will make my job  
75 easier.

76 **Researcher: Okay. What support do you need from the Department of**  
77 **Education to cope with how the HIV/Aids pandemic has affected your job**  
78 **as an educator?**

79 Educator: The department must arrange seminars, gather all the teachers and  
80 develop them on how to teach about HIV/Aids.

81 **Researcher: Is that all, okay. What else can be done to support educators**  
82 **who are affected by the HIV/Aids pandemic?**

83 Educator: Okay. They can take those teachers and children to support groups to  
84 see how people who live with this disease are able to encourage one another.

85 **Researcher: Thank you very much ma'am. Thank you for your time.**

86 Educator: Thank you.



31 **Researcher: Okay. How has the HIV/Aids pandemic affected you**  
32 **emotionally since you have indicated earlier that your sister died of it?**

33 Educator: It affected me emotionally because, at the very beginning when my  
34 sister fell sick, I (begin to be) *became* very sad most of the time, I think  
35 emotionally, it affected me.

36 **Researcher: So painful. How has the HIV/Aids pandemic affected you**  
37 **spiritually?**

38 Educator: It affects me spiritually because at some stages I really don't know  
39 what to believe, whether these people make themselves sick. In the families  
40 where there is no one who's working, they are the most infected and affected by  
41 HIV/Aids. So, the poor people are the most affected/infected. Spiritually I cannot  
42 blame God because he wrote Ten Commandments to protect us but we didn't  
43 obey them so now the disease is unstoppable there's nothing we can do.

44 **Researcher: So sorry about that. How has the HIV/Aids pandemic affected**  
45 **you physically? Do you sleep badly or has your appetite decreased?**

46 Educator: It affected me physically. Every day I come across people who are  
47 sick. Can you imagine that person being you? (You are being) Imagine yourself  
48 in that situation. If about two or three weeks there's something wrong in your  
49 body, you start to be scared. Yes I have sleepless nights at times, although I still  
50 have an appetite.

51 **Researcher: Okay. How has the HIV/Aids pandemic affected you socially?**  
52 **How has it changed your social interaction?**

53 Educator: Oh very much, (much social interaction) since I've known this disease  
54 *my social interaction* has changed very much. Children and educators have  
55 passed away. So on Fridays, I tell myself each and every weekend (it was) I  
56 should go on a drinking spree. But now socially it changed me a lot. I don't  
57 socialise anymore.

58 **Researcher: How has the HIV/Aids pandemic affected you professionally,**  
59 **impacted on you as an educator?**

60 Educator: It impacted on me, in the sense that all educators should take the  
61 disease seriously, because (in the sense that) most of the educators at the age

62 32 to 33, most of them are sick of the disease and are in this profession it affects  
63 the young ones, the young educators. The young families, Yes.

64 **Researcher: Eeh...mmm...alright. If someone is sick namely an educator**  
65 **being sick, what then?**

66 Educator: Hey, I can say I feel sorry. In 2002 I worked with an educator, that  
67 educator came to school only 2 months in the whole year. He got sick leave for  
68 the whole year. Now it's 2006 (he picked up a lot he even, it was) *he recovered*  
69 *well since 2002*, in 2004 he got married; now I think we are supposed to give  
70 other people chances to go on with their lives. At this stage, there are these  
71 people who are scared and everyone can be infected. They are not supposed to  
72 feel scared (whereby you say) meaning you don't want people to come near you.  
73 You hide, No!

74 **Researcher: How has the HIV/Aids pandemic changed you daily routine as**  
75 **an educator?**

76 Educator: Eish, I become sensitive, as an educator you come across certain  
77 individual learners who come from different learning backgrounds and you're  
78 supposed to be sensitive to this disease. *When* you take learners one by one and  
79 you handle them like that, you become sensitive to these issues.

80 **Researcher: Eeh... What has helped you cope while the HIV/Aids pandemic**  
81 **rages on?**

82 Educator: I'm attending activities whereby we speak about the disease. I'm  
83 involved in the community where at some instances HIV/Aids is the topic of the  
84 day where we discuss it with friends. It's an open issue, where all over they  
85 discuss it.

86 **Researcher: Eeh...eeh... What support do you need from school**  
87 **management to help you cope with how the HIV/Aids has affected your as**  
88 **an educator?**

89 Educator: The support I want is basically not that much. Not to me but to learners  
90 who are from those families who are the victims of the disease.

91 **Researcher: What support can be given by school management through**  
92 **you to those learners?**

93 Educator: The support I need is that all stakeholders around education should  
94 help learners from poor backgrounds and poor families. I think any support of any  
95 kind (whereby you can try so that the life of those children can be) to make their  
96 lives better by giving them clothes and food.

97 **Researcher: What support do you need from your colleagues to cope with  
98 how the HIV/Aids pandemic has affected your job?**

99 Educator: The support I need from my colleagues is for them not to judge this  
100 pandemic that much. They suppose to accept infected people as they are. There  
101 are so many diseases like tuberculosis and so on; it's supposed to be a disease  
102 that each and everyone have the knowledge about it. If a colleague is suffering  
103 from a disease, there shouldn't be anyone who gossips about such an educator,  
104 they are supposed to give good support to that educator.

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

107 Educator: In our community what I need is for people to be involved in the  
108 community to develop structures, whereby these issues are discussed [the  
109 HIV/Aids pandemic], whereby people are supposed to have knowledge of this  
110 disease; how you are supposed to take care of yourself, what you should eat.  
111 People don't need to say, if they have this disease; no, I'm going to die, no.  
112 People are supposed to accept any sickness that there is.

113 **Researcher: What support do you need from the Department of Education  
114 to help you cope with how the HIV/Aids pandemic has affected your job as  
115 an educator?**

116 Educator: The support I need from the Department is for the DoE not to sit in  
117 those offices, but to come to school and support educators. They are not  
118 supposed to sit back and wait for someone to do the work, they are supposed to  
119 come and give guidelines which are necessary to cope in the presence of the  
120 HIV/Aids pandemic.

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

123 Educator: For the Department to support educators, I think in the past years  
124 there were no support groups in schools, but there were AIDS committees. I think  
125 maybe those people who are supervising from the Department don't do their  
126 spadework that much, for educators. I think if (they receive it openly it can be  
127 there in a broader scope whereby all of us can be in that knowledge of saying  
128 yes the work is done up this far yes) *educators can be supported by DoE to form*  
129 *support groups could help.*

130 **Researcher: Thank you very much. I thank you.**

131 Educator: Thank you.



32 **Researcher: Okay... how has the HIV/Aids pandemic affected you**  
33 **emotionally?**

34 Educator: Emotionally?

35 **Researcher: Yes, like you have already said that you have buried your**  
36 **sister because of HIV/Aids, so how has that affected you emotionally, when**  
37 **you see someone who is sick?**

38 Educator: It hurts, because it reminds me of my late sister, because those people  
39 will also end up dying because at the moment, there is no cure for Aids, you see,  
40 that's what upsets me most.

41 **Researcher: Its so sad, how does the HIV/Aids pandemic affect you**  
42 **spiritually?**

43 Educator: It upsets me greatly ma'am, as I've already said, there is no cure for it,  
44 and my spirit doesn't rest because I feel for those people. Because I know they  
45 will end up dying, it hurts me when I talk about it.

46 **Researcher: How has the HIV/Aids pandemic affected you physically? Do**  
47 **you sleep badly, when think about it, do you lose your appetite?**

48 Educator: No, physically it doesn't really affect me much.

49 **Researcher: Okay. How has the HIV/Aids pandemic affected you socially?**  
50 **How has it changed your social interactions?**

51 Educator: (Social interaction with people) Like I've already said, I personally have  
52 not been infected, I do meet people who have been infected and sick; we sit and  
53 talk with those people.

54 **Researcher: How has the HIV/Aids pandemic affected you professionally,**  
55 **how has it impacted on you as an educator?**

56 Educator: As an educator, like I have said it affects me when I see children here  
57 at school who are sick, that really upsets me greatly, because when I see a child  
58 who is sick my heart gets hurt.

59 **Researcher: Okay. Because of the children that you see who are really sick**  
60 **and have sickly mothers or who are orphans, how has that changed your**  
61 **job as an educator?**

62 Educator: No, my job has not really changed because I teach those children like  
63 any other students.

64 **Researcher: What has helped you to cope, like you have already said you**  
65 **socialise with people who are infected and are sick, you haven't changed**  
66 **your attitude towards them and even when you feel pain you can handle it,**  
67 **what has helped you with that?**

68 Educator: It is the courage that I have because I know meeting those people and  
69 talking with them will not get me infected because you don't get infected by  
70 seeing, touching or just talking with them, that's what makes me cope with  
71 people who are HIV infected or affected.

72 **Researcher: In regards to the children in the classes. What helps you to**  
73 **cope with them?**

74 Educator: For the sickly children, I don't discriminate; I know how to handle them  
75 in an appropriate manner.

76 **Researcher: What I really want is what helps you to cope, not to**  
77 **discriminate or treating them well, and so on, what I want to know is what**  
78 **helps you to do that?**

79 Educator: Those who (are needy, who need help because they) don't have food,  
80 (when a child comes to me and says he/she is hungry) I give them something,  
81 maybe money if I do have, because you find that some of them don't have  
82 parents to do that.

83 **Researcher: What support do you need from the school management to**  
84 **help you cope with the HIV/Aids pandemic?**

85 Educator: At school at the moment, I have started a garden, a vegetable garden.  
86 So, at the moment it's not turning out the way I had hoped it would, because I  
87 wanted that garden to assist poverty stricken children ( so they) to get food, but I  
88 don't get support from school management to supply those children with food.

89 **Researcher: So what are you saying is that you want support from school**  
90 **management to assist you in growing your garden to assist those sick and**  
91 **hungry children?**

92 Educator: Yes that's right. I need assistance from school management to help in  
93 planting a vegetable garden, to help learners who are hungry and sick because  
94 of HIV/Aids pandemic.

95 **Researcher: Okay. What support do you need from your colleagues to cope**  
96 **with the HIV/Aids pandemic?**

97 Educator: What I need from them is the assistance to distribute the food from the  
98 garden to the sick and hungry children.

99 **Researcher: Your suggestion is very good sir. What support do you need**  
100 **from the community to cope with the HIV/Aids pandemic?**

101 Educator: *What I need* (So) from the community (I can say) we [educators and  
102 the community at large] can come together and discuss ways in which we can  
103 help and deal with this disease for the sake of the children.

104 **Researcher: So isn't there maybe something the community can assist you**  
105 **with, with regards to your job that you do at school, isn't there something**  
106 **they can assist you with if you ask them?**

107 Educator: I haven't really asked the community for assistance.

108 **Researcher: Okay, Researcher: Your views are interesting. What support**  
109 **do you need from the Department of Education to help you cope with how**  
110 **the HIV/Aids pandemic has affected your job as an educator?**

111 Educator: Can you repeat the question please?

112 **Researcher: In your opinion what can the Department of Education do to**  
113 **make things better?**

114 Educator: In my opinion, the Department should really assist us, maybe by  
115 sending nurses and a testing station to test children and educators. I might be  
116 infected and I wouldn't know. It should be compulsory to be tested for HIV/Aids  
117 for us as well as the children.

118 **Researcher: What else in general do you think can be done to assist**  
119 **educators with this HIV/Aids pandemic, for them to cope?**

120 Educator: The Department can get volunteers or temporary educators to fill in for  
121 those educators who are absent; because there are unemployed teachers, so  
122 they can also help, so the Department can ask them to volunteer.

123 **Researcher: Thank you, sir for your time.**

124 Educator: Thank you.



31 home, or anyone who looks after them in the morning. They have no one to love  
32 them. That's how it affects me as an educator and learners too.

33 **Researcher: How does the HIV/aids pandemic affect you emotionally?**

34 Educator: It affects me a lot, when I see a sick person. It has an impact, it hurts  
35 me, it breaks my heart and I don't know how to help them. It affects me  
36 emotionally.

37 **Researcher: How does the HIV/Aids pandemic affect you spiritually?**

38 Educator: Spiritually it does not affect me because at my church, HIV/Aids  
39 pandemic issues don't affect us, we know how to deal with it. It depends on how  
40 persons take care of themselves. HIV has no power we can beat it. It's curable  
41 spiritually.

42 **Researcher: How does the HIV/Aids pandemic affect you physically?**

43 Educator: I have no problem of sleepless nights and my appetite has not  
44 decreased. To me (this disease like) HIV is not the first one, I've seen. TB  
45 affected people like this. If we could see how they helped the children and the  
46 people, it's difficult; it depends on how the government helps those people.

47 **Researcher: How has the HIV/aids pandemic affected you socially, how has  
48 it changed your social interaction? Whether is has or not?**

49 Educator: It didn't impacted on how I interact with people because even before, I  
50 felt the same way.(Still) Now, I still handle myself the same way, nothing has  
51 changed, not of any kind.

52 **Researcher: How has the HIV/aids pandemic affected you professionally,  
53 how has it impacted on you as an educator?**

54 Educator: Professionally it has impacted on my job. When an educator is affected  
55 or infected by HIV/Aids pandemic, such educator is always absent from school a  
56 lot, and this also strains remaining educators. The learners who have this  
57 disease, (you find that in that class, you) have to be sent home because they are  
58 really sick, and some times you as an educator, have to let them rest and sleep  
59 in the office. So, that affects the level of productivity of the child, the level of work  
60 the child does in class is minimised. So it affects me in that way.

61 **Researcher: How has the HIV/Aids pandemic changed your daily routine as**  
62 **an educator?**

63 Educator: No, it hasn't changed; it doesn't change the work you do, if you do it in  
64 a dedicated way. It makes no difference, because it's a short period of time that  
65 you neglect your work and then you go on with your work.

66 **Researcher: When a teacher is absent from school, how does it impact on**  
67 **you the teacher who is present at school?**

68 Educator: There is a disturbance, when you have to look after the class which  
69 (the absent teacher) was supposed to be looked after by an absent educator, the  
70 amount of work starts to strain you.

71 **Researcher: Eeh... What has helped you cope while the HIV/Aids pandemic**  
72 **rages on?**

73 Educator: What has helped me is my spiritual being, if your spirit is always high  
74 in your life; you always aim very high rather than getting sick. There are many  
75 challenges, so you must take the challenge and face it.

76 **Researcher: What support do you need from school management to help**  
77 **you cope with how the HIV/aids pandemic have affected your job as an**  
78 **educator?**

79 Educator: The support I need from management is for them to be ready to help if  
80 a teacher is gone by organising substitute educators and to advise them on how  
81 to cope with the work load of the teacher. If there is no food at school the children  
82 get hungry, SMT's can decide whether to cook for the child or educators can give  
83 affected/infected learners few slices of bread, to eat at home. We [SMT's] should  
84 ask a community helper to visit (their) infected and affected learners' homes  
85 (OVC) and find ways to make their lives easier, (To give them) giving children  
86 food parcels (at home) to make sure that they always have food at home. That  
87 can help a lot.

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

91 Educator: The support I need from my colleagues is for them (just) to co-operate  
92 enough to take children from a certain class to teach, while the other teacher is  
93 absent. A replacement educator should be there for absent teacher if it takes  
94 long to come back.

95 **Researcher: What support do you need from the community to help you**  
96 **cope with how the HIV/aids pandemic has affected your job as an**  
97 **educator?**

98 Educator: The community should be able to help those orphans, to keep an eye  
99 on them, or just give them moral support to help them where they can, so that  
100 they can also feel they have people who love them and feel important and live  
101 like any other children. Children should be treated like human beings in order to  
102 cope.

103 **Researcher: What support do you need from the Department of Education**  
104 **to help you cope with the HIV/Aids pandemic which has affected your job**  
105 **as an educator?**

106 Educator: The support I need from the DoE, it should provide more substitute  
107 educators and equipment for replacement teachers so they can be able to do  
108 their work properly for the teacher who is absent. The Department should recruit  
109 new trained educators so that the Education Department can not suffer because  
110 of this pandemic.

111 **Researcher: What else can be done to help educators who are affected by**  
112 **the HIV/Aids pandemic?**

113 Educator: If only the educators knew that this disease affected teachers and  
114 learners, so they know how to help them. And they should know how to approach  
115 people who are infected or affected by this disease, (so they can live and  
116 support). The Government should give the necessary equipment, like hand  
117 gloves so that the teachers can protect themselves and to talk about how it has  
118 affected them and how to support one another in a form of a support group. I  
119 don't believe it could be problem.

120 **Researcher: Thank you very much**

121 Educators: It was a pleasure



31 poor kids having a very hard time. They are getting sick and they don't know how  
32 to handle it.

33 **Researcher: How does the HIV/Aids pandemic affect you emotionally?**

34 Educator: It hurts me, now that I know, how it works like how a person gets sick,  
35 how they die. It hurts me a lot. When I (look outside) see, people who don't know  
36 it, people who haven't seen its effects and they don't know what to do, they don't  
37 know the effects of HIV/aids. But they die; they don't know how a person gets  
38 infected, how they get sick, and how they die. It's very sad, when a person  
39 doesn't know how they get it.

40 **Researcher: That is so sad. How does the HIV/Aids pandemic affect you  
41 spiritually?**

42 Educator: HIV affects me a lot spiritually. The way we handle the disease, its  
43 management, it's very important. (That's) What happened to a family I talked  
44 about, the grandmother didn't know the daughter had the disease. The  
45 grandmother didn't know about the disease, she also ended up contracting it,  
46 which was very sad. Many people don't know how to handle it. They should learn  
47 how to handle the HIV/Aids pandemic, how to feed infected persons and all those  
48 things. It's very sad. I don't like it when people gossip about the affected or  
49 infected people, they say this and that, this disease doesn't choose anyone,  
50 whether you're educated or not. My spirit is disturbed now; I don't know who to  
51 blame, God or the situation we find ourselves in, concerning the HIV/Aids  
52 pandemic.

53 **Researcher: It is painful, that's so sad, very sad. How does the HIV/Aids  
54 pandemic affect you physically? Has your appetite decrease or do you  
55 sleep less?**

56 Educator: Eeh... Physically I'm really affected because every time I think of  
57 people who are sick, infected with the HIV/Aids pandemic, I lose my appetite and  
58 I also get tired and feel like I'm the one who's infected, it's physically straining.

59 **Researcher: How does the HIV/Aids pandemic affect you socially? How has  
60 it changed your social interaction?**

61 Educator: Socially, just like other people it affects me a lot, but it affect me a lot,  
62 because I've seen that when we talk we end up talking about it, because we  
63 have the same opinions. It has affected our lives, and would talk about how we  
64 can help one another. We talk about it because we can see how it affects the  
65 youth. If persons are sick, wives end up widows, children end up being orphans.  
66 We end up seeing child - headed households it's very sad. Socially it affected me  
67 a lot and at times, I isolate myself from people because we end up talking about  
68 it almost every day.

69 **Researcher: How does the HIV/Aids pandemic affect you professionally?**  
70 **How has it impacted on you as educator?**

71 Educator: HIV/Aids affects us a lot as educators, it affects mostly the people I  
72 work with. When we educators suffer the learners suffer. Our thoughts go to the  
73 sick person, whoever it may be, and it distracts us at school.

74 **Researcher: Has HIV/Aids changed your daily routine as an educator?**

75 Educator: Yes it has changed my daily routine because in my way of thinking,  
76 some learners at school their parents have died of HIV/Aids-related illnesses, as  
77 an educator this affects my daily routine in terms of being more careful with  
78 handling children, who are affected or infected by HIV/Aids, by teaching children  
79 about safety when playing with each other in case of injury so that learners do  
80 not infect each other. There are learners at school who are infected by HIV/Aids.  
81 You as a person have to know how to handle these children when they are sick.  
82 And also at school children should know that when someone is hurt they should  
83 not touch their blood, they should just call an educator because they are adults  
84 and they know what to do when a child is hurt, they can wear gloves and put a  
85 plaster on the child's wound. Children should know they shouldn't touch other's  
86 blood.

87 **Researcher: It's terrible your job is very hard. What has helped you cope**  
88 **while the HIV/Aids pandemic rages on?**

89 Educator: There are pamphlets and booklets on HIV/Aids. I always take them  
90 and read them and study what's out there related to HIV/Aids pandemic. I can  
91 see that there are other problems that need to be addressed concerning the

92 HIV/Aids disease. There are workshops (that are there) to give you [educators]  
93 knowledge about this disease, because many people don't know about disease  
94 so, it really affects us at school because of the fact that they [educators] don't  
95 know about it. The children should know better than to go with strangers to  
96 places that are not safe because there is such a high rate of rape in South Africa.  
97 Older people rape the young children. There should be workshops that we can  
98 go to. There are programmes on TV like "Soul City" on how to deal with people  
99 who have HIV/Aids. Educators need workshops because; they did not have any  
100 detailed workshops on how to deal with learners at school affected/infected and  
101 /or orphaned by HIV/Aids.

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

105 Educator: The school management must arrange (for there to be a time where  
106 there can be) workshops, and at times talk about this disease, because it's  
107 something that's here, that won't pass. It's here with us, it's here with children.  
108 What the school management can do, is to (make ways for the people who)  
109 *invite* the Department of Health to come and address these children, and  
110 educators, (for them) to come every month, to (talk about) find out how HIV/Aids  
111 pandemic has affected us, and (how) to manage the disease properly. The  
112 school management should allow activities like "Love Life" to come to school  
113 every Thursday in Grade 7 to talk about HIV/Aids. Workshops should be  
114 arranged for learners and educators to know how to manage the HIV/Aids  
115 pandemic.

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

119 Educator: The support I need from my colleagues is to understand that this  
120 disease affects everyone, even learners at school. The people I work with, if they  
121 could get working plans and programmes and also get manuals. We can read

122 these manuals so that we can take care of infected person. We can teach the  
123 learners and their parents how to take care of one another and the community.

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

127 Educator: The support I need from the community, since we have clinics and  
128 councillors and nurses and so on, it would be fine if we could have a meeting, to  
129 invite them to talk about (this) HIV/Aids pandemic at school. We really need them  
130 to come and talk about these things [HIV/Aids pandemic challenges]. And advise  
131 us on how to look after those kids at school (so we can) in order to be better  
132 educators and also better people.

133 **Researcher: Your views are interesting. What support do you need from the**  
134 **Department of Education to help you cope with how the HIV/Aids pandemic**  
135 **has affected your job as an educator?**

136 Educator: I need the greatest support from the Department of Education. The  
137 Department can organise meetings and workshops which should be compulsory.  
138 They can come to school and tell us about this disease. So, we can have a better  
139 understanding of the disease, so a person can know what to do once they are  
140 affected or infected. We also need this so the community can be more socially  
141 accepting (so they can) to understand this disease [HIV/Aids pandemic] more. It  
142 will also be better for their kids to understand HIV/Aids.

143 **Researcher: What else can be done for educators who are affected by this**  
144 **disease?**

145 Educator: The educators need counsellors for themselves, because they are so  
146 affected, they see these affected kids everyday in classes because their parents  
147 are affected/infected. The children are greatly affected because they see their  
148 parents die in front of them. We should get counsellors at our schools, to help  
149 both educators and children to deal with the disease.

150 **Researcher: Thank you very much for that.**

151 Educator: The pleasure is all mine.