

**EXPERIENCES OF PRIMARY SCHOOL EDUCATORS SUPPORTING LEARNERS WHO  
ARE HIV/AIDS ORPHANS AND VULNERABLE CHILDREN AT UMKHANYAKUDE  
DISTRICT KWAZULU-NATAL**



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**Submitted in partial fulfilment of the requirements for the Degree of**

**MASTER OF ARTS (COMMUNITY WORK)**

**Department of Social Work**

**University of Zululand**

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**JANUARY 2018**

## DECLARATION

I solemnly declare that this work: **Experiences of primary school educators supporting learners who are HIV/AIDS orphans and vulnerable children at UMkhanyakude District KwaZulu-Natal**”, is my original and unaided work. This dissertation has never been submitted by myself or another person for any degree or examination in any other academic institution. I declare that all academic sources consulted during the writing of this dissertation were cited correctly and acknowledged as complete references. This dissertation is authentically submitted for the degree MA: Community Work at the University of Zululand.

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## **DEDICATION**

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May God continue to use you.

## **ABSTRACT**

Recent studies indicate that there has been a dramatic increase in the number of school going HIV/AIDS orphans in South Africa. The study purpose was to explore the experiences of primary school educators supporting learners who are HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal. KwaZulu-Natal has the highest number of orphans. The study targeted primary school educators in UMkhanyakude District, KwaZulu-Natal. A qualitative research approach was adopted for this study; due to using such an approach, the sample was selected through a non-probability sample technique with purposive sampling. Unstructured interviews were used to collect data from members of School Management Teams and focus groups were facilitated to gather data from class educators. Content analysis was used to analyse data. Three main themes emerged from the data analysis process: difficulties faced by educators; opportunities available for educators supporting OVC's; and challenges educators face when supporting HIV/AIDS orphans and vulnerable children.

Findings of the study were that educators face challenges such as dealing with socially unacceptable behaviour of HIV/AIDS orphans and vulnerable children. They indicated that it led to stress and depression. Opportunities for supporting orphans were limited since schools do not have policies and resources to provide support to HIV/AIDS orphans and vulnerable children. Both educators and SMT revealed that they have limited knowledge of policies and skills to create school-based supportive environments. Challenges such as: a lack of resources, unresponsive guardians of orphans, poor attendance and performance of HIV/AIDS orphans and vulnerable children were discovered. Recommendations were based on the training and development needed by educators. Educators unanimously agreed that outsourcing professionals, such as school social workers and psychologists, could help them cope with these predicaments they face. Secondly, involving community-based structures was another recommendation to ensure that everyone in the community plays a role in supporting educators.

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## LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-Retroviral
CAPS	Curriculum Assessment Policy Statement
CBO	Community Based Organisations
DoE	Department of Education
DoH	Department of Health
DSD	Department of Social Development
HIV	Human Immune Virus
HIV/AIDS	HIV/AIDS – Human Immune Virus/ Acquired Immune Deficiency Syndrome
KZN	KwaZulu-Natal
NGO	Non-governmental Organisations
OVC	Orphan and Vulnerable Child
RSA	Republic of South Africa
SMT	School Management Team
ACE	Advance Certificate in Education
NDPE	National Diploma in Education
WHO	World Health Organisation
UNICEF	United Nations Children's Fund
USAID	'U.S. Agency for International Development
UN	United Nation

## CHAPTER 1

### BACKGROUND AND ORIENTATION OF THIS STUDY

#### 1.1 Introduction

The Department of Education (2003) obligates that it is the mandatory responsibility of all educators to address Orphans and Vulnerable Children's issues, problems and challenges for a coherent response to HIV/AIDS in schools. According to Avert (2016) "in the year 2015 about 7 million people were living with HIV in South Africa, the prevalence of HIV was 19,2% to adults, 380, 000 new infections were recorded and 180 000 AIDS related deaths with about 48% of adults who are on anti-retroviral treatment". In the Sub-Saharan Africa region about 51.1 million children have lost one or both parents to AIDS (Campbell, 2016). KwaZulu-Natal has the highest number of orphans. Avert (2016) concurs that "HIV prevalence in the KwaZulu-Natal province is about 40% whereas in the Western Cape it is about 18%, HIV prevalence in South Africa varies from one province to another". According to UNICEF (2016) "KwaZulu-Natal has the highest rate of orphans and vulnerable children, standing at 22% contrary to the Northern Cape at 2%". The data appears to suggest that there is a rapid growth in the number of people affected and infected by the HIV/AIDS epidemic. Wood (2013) points out that the "Statistics paint a grim picture of HIV/AIDS as a human tragedy that affects all age groups but the youth are particularly vulnerable," (p. 4).

Although a lot has been done to fight against the spread of mother to child transmission and re-infection of HIV/AIDS in South Africa, the legacy of the epidemic still remains a threat to the future of the country. Wood (2013) emphasises that "educators occupy an important position as HIV/AIDS agents, reaching not only the children in the classroom but parents and other people in the school environment" (p.30.) There is overwhelming evidence that HIV/AIDS orphans and vulnerable children have many different needs; love, security, attention, health, shelter, nutrition and many others. According to the World Health Organization (2016), "an orphan is a child under 15 years without one or both parents". Mpofu (2011) propounds the view that "vulnerable children refer to children who have very limited access to basic resources, needs and whose survival, psychological well-being and holistic development are threatened by the prevalence of HIV/AIDS in their families". Further discussion by Shisana et al. (2012) points out that "a significantly higher proportion of orphans was found among black Africans (18.9%) than among the other race groups. KwaZulu-Natal

has the highest proportion of orphans (23.1%) while the Western Cape has the lowest (7.5%)”.

Though there has been interventions by the NGO such as the one of AMREF South Africa and uMkhanyakude OVC programme which took place in order to build the capacity of community-based organisations (CBOs) in uMkhanyakude in 2007. The objective was to improve their ability to provide services to local OVC. The CBO's provided array of services to OVC including educational support, child protection, economic support, food and nutritional support, legal assistance and psychological support (Sebastain & Byenkya, 2008). At present, there are no records of any organisations who are responsible of running such programmes in uMkhanyakude more especially in the sample of this study. Recently findings by Madike (2014) concurs that educators feel they need more NGOs and CBOs who can assist schools in providing assistance with OVCs. According to the KwaZulu-Natal HIV/AIDS, STIs & TB Multi-Sectoral Response Synthesis Report Quarter 1 FY 2017/2018 (2018) uMkhanyakude together with Ugu and King Cetshwayo increased in number of OVCs registered compared to 2016/2017. The same report provides data that claim that uMkhanyakude District recorded the lowest number (29%) of OVCs receiving care and support in the province followed by Zululand District (39%).

In this study, the focus is on the experience of primary school educators when supporting HIV/AIDS orphans and vulnerable learners at uMkhanyakude District, KwaZulu-Natal.

Attachment theory is a theoretical framework that this study underpins. Attachment theory tells us that the number one predictor of a success in a human life is a secure bond with primary caregiver in the crucial years of childhood. Disrupt that bond and children can irreparably unravel a human life (Fallon, 2018). This theory emphasis in based on that the importance of the security and safety of a child comes from a relationship with a primary caregiver.

## **1.2 Statement of the problem**

The data yielded by the KZN Department of Social Development (2015) provides evidence that the “UMkhanyakude District has 20,128 orphans made vulnerable by HIV/AIDS. The existence of the HIV/AIDS pandemic has negatively impacted the education system in South Africa”. Yet the problem of HIV/AIDS is still affecting learners and educators in the rural District of uMkhanyakude. This has been noticed by the escalating mortality rate of parents leaving their children behind, hopeless and helpless. Educators in primary schools with very

limited resources are mainly those expected to offer the most demanding forms of care and support to learners living with HIV and/or affected by HIV/AIDS.

Wood (2013: 35) stated this problem as follows “HIV/AIDS affects the daily lives of millions of people; educators do not have to be infected to be affected. HIV/AIDS affects learners, causing trauma in the classroom environment for both learners and educators. Parents are sick, the only place to get help in remote rural villages are schools. Children stay home, sometimes to look after dying parents in a painful and traumatizing situation; such kids sleep in classrooms during lessons and do not perform well. Some, when asked, could not talk but only cried in response.

Educators are not trained to cope with challenges that result from having many orphan and vulnerable learners in their classrooms. It is essential that the Department of Basic Education facilitate workshops on skills’ development and knowledge-based training to equip educators to deal with these situations and to ensure that this problem does not escalate. These learners, from child-headed households, and grandmother-led households are faced with difficulties such as a lack of psycho-social support and guidance as they grow up. Most of these learners end up dropping out of school and repeating classes due to poor home environments and the psychological trauma of losing parents. A school is the only place where these learners can get support, care and counselling since their parents have died of HIV/AIDS. Educators are faced with a great burden to take care of these destitute learners, and some Educators are sick themselves. This is a serious problem that has compromised the quality of teaching and learning in rural schools where there is a high rate of poverty and very limited resources.

### **1.3 The study purpose**

To explore the experiences of primary school educators supporting learners who are HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.

### **1.4 Objectives of the study**

- I. To discover the difficulties primary school educators experience with supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.
- II. To explore the opportunities for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.

- III. To assess the constraints for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.

### **1.5 Study Questions**

- I. What are the difficulties primary school educators experience with supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal?
- II. What are the opportunities for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal?
- III. What are the constraints for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal?

### **1.6 Motivation for the Study**

There is rapidly growing literature on the subject of HIV/AIDS and orphans, but limited research has been conducted in the rural areas of KwaZulu-Natal where there is a high number of orphans. A closer look at orphans' problems in schools reveal that schools are characterized by high rates of learner absenteeism, poor academic performance and the lack of pastoral care at home. These factors have collaboratively fuelled the researcher to conduct this study. Based on the observation that there is a high number of school going orphans, and looking at their situation, has primarily motivated the researcher to pursue this study. On these grounds, the researcher has observed that orphans, especially girls, become pregnant by their first year of high school. The boys usually drop-out to look for jobs so that they can care of themselves. The researcher's motivation rests on the assumption that these problems are caused by a lack of parental care to these orphaned and vulnerable children.

Naidoo (2010) propounds the view that higher primary school children who are entering an adolescent stage require a lot of life coaching and guidance, but these orphans make wrong choices due to a lack of proper guidance. The researcher has experienced difficulties when it comes to supporting orphans and vulnerable learners while he was working as an educator in one of the rural primary schools in uMkhanyakude. While motivated by his exposure to learners who are orphans affected and infected by HIV/AIDS, the researcher believes that

this research can improve the quality of learning and teaching in rural schools, where there is a high number of orphans and vulnerable children.

### **1.7 Significance of the Study**

The goal of this study is to explore ways that could empower educators, school social workers, principals, policy makers, curriculum developers and community-based NGO's with a holistic insight to improve teacher-support to OVC's programmes. Indeed, to make a theoretical framework and make conceptual input to the existing body of knowledge. This study is important to raise awareness on building care and support in schools and communities when it comes to HIV/AIDS orphans and vulnerable children. Recommendations of the study will help improve the strategies and programmes on how to respond to the needs of orphans and vulnerable children. The study will help put forward suggestions on how to overcome the problem of the HIV/AIDS crisis in rural schools. The Department of Education in KwaZulu-Natal will be provided with recent findings that could help in the improvement of the HIV/AIDS orphans' intervention programmes.

### **1.8 Area of Study**

The study was carried out in the uMkhanyakude District, KwaZulu-Natal. According to KZN Health (2016: 01), "uMkhanyakude District is a deep rural and remote part of the province, characterized by a high rate of HIV/AIDS infection, high levels of unemployment, as a result, most people live in absolute poverty. The uMkhanyakude District is situated in the northern part of the province along the Mozambique and Swaziland border. UMkhanyakude falls among the regions with the highest rate of people affected and infected by the HIV and AIDS pandemic, with more than 3000 orphaned children not only heading homes but also facing a bleak and uncertain future as the fangs of poverty pierce into their lives. This is a rural setting with a limited number of non-government organizations and most people live in extreme poverty. UMkhanyakude is a district deep in the rural areas, a presidential node and is ranked number 51/52 of the most deprived districts in the country. There are five local municipalities namely Jozini, UMhlabuyalingina, Hlabisa, Big Five and Mtubatuba with 68 wards.

### **1.9 Definition of concepts**

#### **I. AIDS:**



AIDS stands for acquired immunodeficiency syndrome. Acquired means that the disease is not hereditary, but that it develops after birth from contact with a disease-causing agent (in this case, HIV) Immunodeficiency means that the disease is characterized by a weakening of the immune system (Ross and Deverell, 2004).

## **II. HIV:**

HIV **stands** for human immunodeficiency virus. HIV is the virus that causes acquired immunodeficiency syndrome (Du Preez, 2004).

## **III. Orphans:**

An orphan is a child below the age of 18, where both parents have died (double-orphan), or either the mother or father died (in the context of the study) because of HIV/AIDS related diseases and in that situation has become vulnerable (Department of Social Development, 2005).

## **IV. Support:**

In this context, this term refers to the encouragement and professional assistance that is offered by educators to learners who are orphans and vulnerable children. Support is defined as an upliftment or help intended for addressing emotional, physical, psychological, financial and educational needs offered by educators and learners in a school environment (Adams, 2005: 10).

## **V. Orphaned and Vulnerable Children**

Orphaned and vulnerable children refers to any child who is neglected, abused, destitute or indeed (Sebastain & Byenkya, 2008)

### **1.10 Structure of the mini-dissertation**

This dissertation is structured into five chapters as follows:

Chapter 1: Orientation of the study: This chapter serves to introduce the study and give the contextual background of the study. It defines the key concepts of the study. The

statement of the problem, purpose of the study, motivation and significance, objectives, key questions and area of the study are presented in chapter one. Finally, it outlines a structure of the dissertation.

Chapter 2: Literature review: This chapter presents a summary of reviewed literature and the theoretical framework for the study. It reveals the current status of the research done that is relevant to this study. It discusses various findings and contrasts different arguments from respective authors. It also points out the gap in the existing body of knowledge, and gives a clear distinction on how this study will contribute to the current body of literature. Furthermore, it elaborates the theory that underpins the study and illuminates how the theory is justified on the basis on the study.

Chapter 3: Research methodology. The chapter outlines the method of enquiry and procedures followed when conducting the study. Thus, it accounts how a sample is drawn from a population and data is collected, analysed and interpreted. It describes the methodological framework of the study, and the ethical considerations that were followed.

Chapter 4: Data analysis and presentation. This chapter presents the study results. It interprets data collected from the study and presents a discussion of findings into emerged themes and sub-theme categories.

Chapter 5: Discussion of findings, recommendations and conclusion. This chapter presents the conclusions and recommendations of the study.

### 1.11 Summary

This chapter introduced the study. The motivation, statement of the problem, significance and objectives of the study were discussed. The chapter defined all the key definitions and illustrated the structure of the dissertation. The next chapter will present the literature review and theoretical underpinnings of the study.

## CHAPTER 2

### LITERATURE REVIEW AND THEORETICAL FRAMEWORK

#### 2.1 Introduction

This chapter presents a discussion of the literature review of the study and theoretical framework. The theoretical framework of a research study underpins the philosophical grounds on which the research is based, forming a link between theoretical aspects and practical components of the phenomena being investigated (Creswell, 2014). The attachment theory has been chosen because it best explains the phenomenon under study.

#### 2.2 Literature Review

This section presents a literature review of the study; concentrating on documented literature relating to children made vulnerable by HIV/AIDS and experiences of educators in dealing with Orphan and Vulnerable Children (OVC) at school. According to Jensen and Laurie (2016) “a literature review is a systematic account of what is known about the specific topic using research, policy and theory that have been published by credible sources of information” (p.31). A literature review establishes important links between existing knowledge and the research problem being investigated (Wood & Smith, 2016). First and foremost, contextualization of the HIV/AIDS problem is important to recap on policies and programmes that have been formulated in response to the crisis of OVC's. There is plenty of current research based on the issue of OVC's within the education sector, however, there is very several empirical research based on educators' experiences in supporting children affected by HIV/AIDS in their lives.

Previous studies by Naidoo, (2010) and Mushayi, (2013) focused on the role of educators in addressing needs of OVC's. A study by Madike, (2014) conducted at UMkhanyakude focused on the policy responses in alleviating the effects of HIV/AIDS on teaching and learning. This study appears to be different from the one of Ntaote, (2011) that explored the ways of assisting Educators to offer care and support of children made vulnerable by HIV/AIDS. This study is unique because it explores the experiences of educators supporting learners who are HIV/AIDS orphans and vulnerable children. Subsequently, the focus is based on the difficulties, existing opportunities and challenges for educators who are supporting learners made vulnerable and orphaned by the HIV/AIDS pandemic. The researcher intends for this

study to contribute new knowledge to the existing literature on the subject of HIV/AIDS in the education sector.

### **2.2.1 A global overview of HIV and AIDS epidemic**

The prevalence of the HIV and AIDS epidemic in the lives of people, globally, has negative ramifications in the social aspects of human nature. The education sector is not excluded from these social aspects. The legacy of HIV and AIDS in the world has also brought challenges and difficulties in the schooling systems; costing governments a lot in terms of fighting the negative consequences (Wood, 2013).

Unfortunately, the escalating rate of the HIV/AIDS pandemic in the world today has not only claimed the lives of people, but more disastrously has left many school-going children destitute and vulnerable in a number of ways. According to Thupayagale and Mokomane (2013), the HIV/ AIDS pandemic has claimed many lives and has not only direct influence on the growth and development of lots of countries but it has also led to a drastic increase in the rate of orphaned children. Subsequently, HIV/AIDS remains a global crisis, affecting all nations of the world and is the greatest threat to humanity. This epidemic has negatively affected many countries, economically, politically, socially and particularly educationally. HIV/AIDS has left millions of children parentless and has caused great loss in communities, and as a result, has left many destitute children both helpless and hopeless.

For more than the past three decades, HIV/AIDS has been an undeniable struggle for humanity. However, a lot has been done and scientific research conducted with a common goal towards defeating the stigma, reducing the number of infections and dealing with the legacy of people affected by the epidemic. According to the WHO (2016: 01) "There were nearly 36.9 million people globally, who were living with HIV/AIDS at the end of 2014. About 2.6 million were children under the age of 15." These numbers bring a clear picture of the crisis facing the next generation. Sadly, the epidemic has had a particularly disastrous effect on many innocent children in poor countries.

Avert (2016) revealed that "an estimated 2.0 million individuals globally became newly infected with HIV in 2014, of which involves 220 000 children under the age of 15." (p.5). These numbers reveal that it is children who live in sub-Saharan Africa and were infected by their HIV positive mothers during pregnancy, childbirth, and breastfeeding. Therefore, there is a high trade of school going children living with HIV/AIDS. These children are coming to school from child-headed families if not from grandparent lead households. The above facts

suggest that educators in schools are faced with a great challenge in meeting social, psychological, emotional and spiritual needs of these destitute learners. Research shows that a large percentage of people living with HIV/AIDS are in low and middle-income countries. South Africa is not exempt from these countries (Mwona & Pillay, 2011).

According to Avert (2016), "About 3.4 million children under the age of 15 are infected with HIV/AIDS. He adds that, even though access to ART has increased, the number of children infected by or vulnerable to HIV/AIDS is still alarmingly high"(p.6). In fact, the problem of HIV/AIDS has brought a challenge to remaining people to care for and support the children whose parents lost their lives because of HIV/AIDS. South Africa is among countries with the highest percentage of HIV/AIDS orphans. This situation has brought so much fear and loss of hope to the next generation. One hopes that social research based on this subject can improve the conditions for HIV/AIDS intervention programs in schools.

In Delport et al. (2011) "the HIV/AIDS pandemic continues to have a devastating impact on both the infected and affected persons, despite the worldwide attention, research and multiple efforts" (p.7). However, there are lots of facets affected by the HIV/AIDS pandemic; this study focuses on the educational system and the conceptual problem based in the experiences educators faced when supporting orphans in schools.

### **2.2.2 HIV/AIDS and orphans**

According to the World Health Organization (2016) "there are 145 million orphans worldwide who have lost one or two parents due to different causes. Approximately 10% of people, living with HIV, are children" (p.20). Whereas UNICEF (2017) reports that "17.8 million children are double orphans in the entire world. The recent statistics report that the number of orphans has drastically increased in the past decade. In 2015 there were about 150 million children who were orphans" (p.10). It is undeniable that HIV/AIDS is among the major causes of death in families.

### **2.2.3 HIV/AIDS and orphans in Sub-Saharan Africa.**

A study by WHO (2016) reports that Sub-Saharan Africa is the most affected region with 25.8 million people living with HIV in 2016. These numbers show that South Africa is also in crisis by having a high rate of people living with HIV/AIDS since there are approximately 59 million people living in South Africa. These numbers reveal that South Africa has the largest proportion of people living with HIV/AIDS since sub-Saharan Africa accounts for almost 70 percent of global new infections. (UNAID, 2016).

Southern African states are largely affected and infected by the existence of HIV/AIDS diseases, compared to any parts of the world. This dilemma establishes a fact that there is a great need for research as to get a solution to the problem of HIV/AIDS in Sub-Saharan Africa. In Zimbabwe, according to Campbell et al. (2016), "About seventy percent of Zimbabweans live in rural areas, where most orphans and vulnerable children are found." Campbell (2016) establishes that "HIV prevalence is about 15.18% in adults (aged 15 to 19) and at least 2.7% of children under the age of 14, among that 19 % of children have lost parent(s) due to the AIDS-related sickness." Zimbabwe being one of the poorest countries in the world, the challenge of poverty is rife and many people depend on governmental and international handouts for food, and such supply is never enough or constant. Comparatively Nxumalo et al. (2015) establishes that, Swaziland has the highest HIV/AIDS rate in the world approximately 26% amongst adults aged 15-49, about 17 000 children infected from birth and 175 000 orphans aged 0-17 years in Swaziland, which constitute approximately 7.5% of the entire 1 297 378 (2015) population of Swaziland." (p.75).

#### **2.2.4 HIV/AIDS and orphans in the Republic of South Africa**

In the Republic of South Africa, the HIV /AIDS epidemic has made a remarkable increase in the statistics of orphans and vulnerable children (UNAIDS, 2010). To justify that is Hope (2016) reporting that "in the year 2013 approximately 17.7 million children globally are without at least one or both parents due to AIDS epidemic, most of the children are in Sub-Saharan Africa"(p.30) The biggest crisis is in Southern Africa, where so many children grow up destitute without appropriate care and support. South Africa is not an exception among this statistic since it has the largest population in sub-Saharan African.

Campbell (2016) reveals that "in the SADEC region nearly 2.9 million children are infected with HIV and they are having one or none of their parents. These statistics suggest that the world's greatest challenge regarding HIV/AIDS is in Southern Africa" (p.89). UNICEF (2015) presents that "there are 3.9 million orphans in South Africa" and it establishes that about 80% of children orphaned by AIDS-related deaths worldwide are living in Sub-Saharan Africa" (p.50). The legacy of HIV/AIDS has brought negative ramifications in South African society, more adversely affecting families. The epidemic has yielded an enormous burden of 3,7 million orphans in South Africa, sadly half of these children have lost one or both parents due to HIV/AIDS related sicknesses (UNICEF, 2017).

### **2.2.5 HIV/AIDS and orphans in KwaZulu-Natal**

A study by Shisana *et al*, (2012) revealed that of the provinces; KwaZulu-Natal has the highest number of orphans, at 23% and Western Cape the lowest approximately 7.5 %". This implies that KwaZulu-Natal has more destitute children who are affected by the presence of HIV/AIDS in their families. A government report by the KZN Department of Social Development (2015) reveals that the "uMkhanyakude District has 20 128 orphans made vulnerable by HIV/AIDS. The existence of the HIV/AIDS pandemic has negatively impacted the education system in South Africa" (p.13).

According to Khumalo (2014) uMkhanyakude has high levels of HIV/AIDS infection. As an action plan the district has adopted a slogan "*War against HIV and AIDS: Breaking the chains of infection*". uMkhanyakude has a high number of rural schools' situation in communities where there is absolute poverty, unemployment and poor infrastructure. HIV/AIDS prevalence in the communities, where there is poverty, worsens the lives of the victims. Wood (2013) stated that the legacy of the HIV/AIDS pandemic perpetuates faster in the rural areas where there is poverty due to the lack of resources to fight it. (p.110). Moreover, according to this report most children in the uMkhanyakude live in child-headed households. This concurs with the report published by UNICEF (2016) pointing out that "about 150 000 children in South Africa live in child-headed households". These are the most destitute children who are vulnerable to poverty, lack emotional support, educational support and other basic necessities such as food, shelter and clothes.

South Africa is faced with a huge challenge of both taking care of these orphans and preventing the creation of new orphans. In fact, the rest of the 1.9% of orphans is not the focus of this study, although they still remain vulnerable. The 2 million children are a great concern for support and care. These statistics reveal much about the impact of HIV/AIDS and how it remains a challenge for every nation, community and individual living in the world today.

### **2.3 Difficulties faced by Educators with orphans**

According to Ntaote (2011); Naidoo (2010) and Madike (2011) the greatest source of difficulties educators face comes from their inability to address the different needs of orphans. Needs of orphans may be similar to the needs of children who are not orphans. However, orphans, unlike other children, have lots of needs that go unsatisfied.

### **2.3.1 Unmet social needs of orphans**

The fulfillment of social needs of HIV/AIDS orphans and vulnerable children is one of the key factors in supporting them. This is a process pivotal for their cognitive and human development. Social needs are the basic means of children necessary for their well-being and holistic growth on a daily basis. This section addresses the objective of the study pertaining to the difficulties for primary school educators. By identifying the difficulties that can help improve the support they give to learners who are HIV/AIDS orphans and vulnerable children. According to Naidoo (2010) & Madike (2011), educators in rural schools do not have the capacity to respond to the needs of children whose vulnerability has increased because of HIV and AIDS.

According to Motshekga (2010), education in South Africa, more precisely in disadvantaged communities has been negatively affected by the high prevalence of the HIV/AIDS epidemic. As a result, educators have to deal with children affected by poor nutrition, unsafe shelter, lack of clothes, and poor school attendance. These are common social problems orphans face due to the death of parents who are breadwinners in AIDS-affected households (Muller, Sew & Nsubunga, 1999). Naidoo (2010) reveals that "orphans are usually characterized by poverty, lack of proper uniform and experience starvation" (p.150). Educators are reported to have used their own resources and money to help meet the social needs of these orphans. Educators in schools where there is high poverty among orphans, in Sub-Saharan countries like Swaziland. They indicated that their roles go beyond academic support but being caretakers ensuring that there's provision of food and clothing for learners in a resource-restricted area, (Nxumalo, Magowe & Wojerk, 2015).

### **2.3.2 Addressing Psychological needs of orphans**

One of the most difficult situations for educators is to deal with the psychological well-being of orphans in schools. The loss of parents or a single parent to a child puts them through a lot of psychological trauma and emotional pain that entirely impacts the psychological state of the child. Previous literature affirms that if there is a lack of support to assist with adjustment after the loss of a parent, most children internalize the trauma. The internalization of the trauma of a parental death can lead to stress, low-self-esteem and aggression (Dowdney, 2000).



It is indicated in most literature such as Mayaba & Wood, (2015) and Tadesse, (2014) that orphan's psychological well-being affects every aspect of their development, from their health, ability to learn, to play and to establish healthy relationships as they grow. Thus when children are at that stage, educators feel the burden of addressing their psychological needs. In a study by Madike, (2011) it is indicated that educators are willing to help but they are unable to reach out due to the load of work. Others confessed that they end up stressed themselves by the conditions of learners who are HIV/AIDS orphans and vulnerable children in their classrooms.

Mwoma and Pillay (2015) point out that there is a lot of documented research on orphans, their living and education but it is very limited on the psychological support provision for OVC in government schools to meet their psychological needs. The qualitative study conducted by Mwama and Pillay (2015), revealed that there is very limited psychological support offered to orphans, due to a lack of professional skills like counseling and guidance to educators and a lack of support from immediate caregivers and adopting parents. As a result, educators find it very difficult to address the needs of orphans in schools.

Orphans who lost their parents in AIDS-related sicknesses are most likely to suffer from disorders, such as depression, accumulative stress, and separation anxiety (Wood, 2013). Death as an unexpected incident may also affect cognitive development of the child, making it difficult to concentrate during a lesson and to focus during other school activities. Such problems lead to poor academic performance and permanent learning difficulties in the schooling of the child, (Foster, 2004). The school and immediate parents of the orphans have to ensure that psychological needs of the orphans are met. The gist of the matter is to bring normalcy to the mental state of the children affected by the death of the parent due to AIDS-related illnesses. Healing has to be initiated, by offering adequate psychological support and professional help for orphans to continue with schooling.

Since parents are dead, orphans have a great need for love, care, emotional support, protection, physical touch, and appreciation. In cases where children have to relocate to live with other caregivers, they become emotionally detached from parents and they experience lots of psychological difficulties. They have to adopt a new lifestyle and adjust to a new life. The social transformation may have a negative impact on the emotional and mental well-being of the child since all the change has occurred due to the loss of an original caregiver.

## **2.4 Constraints in addressing the needs of orphaned learners in schools**

Wood (2013) states that “the HIV /AIDS pandemic presents serious challenges for teaching and learning in schools, as it disrupts the lives of learners and educators, schools particularly in rural areas where there are no resources to address these challenges” (p.110). This section navigates the challenges perceived by educators in the literature, which appear to be a barrier in supporting learners who are HIV/AIDS orphans and vulnerable children in schools. These challenges can be categorised according to factors, such as a lack of professional support for and knowledge about addressing the issues of HIV/AIDS orphans and vulnerable children

### **2.4.1 Lack of professional support**

Asikhia and Mohangi (2015) report that “orphans have a high prevalence of psychological, behavioural and emotional problems and that the schools support provided to them is not enough” (p.124). One of the challenges educators are faced with is a lack of adequate support to respond to the needs of learners affected by HIV /AIDS. Orphans undergo different stages of psychological trauma; such a process requires professional care and support to ensure that they are well developed.

According to Asikhia and Mohangi (2016) one orphan revealed that “educators give them support only if they are happy, they smile and get love, but when they are angry, they shout and scare them even worse” (p.128). This implies that educators lack consistency and professionalism which is highly essential when dealing with vulnerable children. However, Madike (2014) points out that educators in rural schools are willing to address the needs of orphans but they lack proper training and development skills for dealing with Orphans and Vulnerable Children. Holderness (2012) reported that “for the previous decade educators have been anticipated to be well trained about HIV/AIDS and respond as agents of prevention, as to educate learners on sex education, prevention, and other life skills.” (p.40). It is clear that plans to implement educator training have not been effective in some parts of the country.

According to Naidoo (2010) “despite many problems occurring while educators and principals assist and support learners in schools, they still continue to play a significant role to provide a supporting and caring school environment” (p.112). Educators have shown compassion towards learners who are infected and affected by HIV/AIDS in school through support and care in various ways, even though some have not received profession training.

#### **2.4.2 Lack of knowledge about HIV/AIDS and caregiving**

Findings by Asikhia and Mohangi (2016) suggested that “there is an urgent need for educators to obtain and have basic skills and pay attention to learners affected by HIV/AIDS. The need for government agencies and NGO’s working with HIV/AIDS related children to focus on programmes that address various needs of orphans and vulnerable children due to the epidemic”. In reality, South African educators acknowledge HIV/AIDS education through inclusion in the Life Skills curriculum. Practically, Life Orientation educators cannot access the whole populace of learners in schools as to address such issues. This need to address HIV/AIDS on educators cannot be limited to selective individuals; it remains a collaborative role for all educators in the school. Educators are responsible for providing care and support to learners on a day-to-day basis at school; providing guidance and psychological support. Educators are obligated by law to recognize the rights of learners to be educated and informed of their right to have access to education about issues affecting their environment and lives. The challenge is that educators do not receive that training on supporting learners who are affected by the presence of HIV/AIDS in their lives.

Pillay and Mwoma (2015) point out that “orphans in rural areas are living with grandparents and extended family members who are expected to provide psychological support, unfortunately, they are overburdened and often too old to support children. Educators are expected to provide emotional support and counselling to deal with the grief and stigmatization of HIV/AIDS. Madike (2014) urges that “educators lack knowledge and resources to meet the needs of orphans, however, they have used their personal resources to help learners who are orphans and vulnerable children,” (p.44. There is a need to address the problem at all levels of the department of education to enhance the establishment of a caring relationship between orphans and vulnerable children and schools.

Vorster (2014) points out that some authors argue that schools are a daily safe haven for orphans and vulnerable learners, especially in poor communities who have limited facilities. In addition, Kinghorn et al. (2002) emphasize that “Educators have an advantage of making contact daily with learners, they, therefore, have access to learners to recognize, identify and meet their psychological problems”. In contrast, Vorster (2014) establishes that others believe that schools cannot be apt for the role of dealing with orphans' social and psychological problem because of the values and ethics that clashes socio-cultural traditions in their families, more precisely in rural areas of Southern Africa”. This is among barriers that affect the school-based initiatives in relation to HIV/AIDS orphans due to the beliefs of the

community and their attitude towards sexual education. Although this has caused hindrance in creating an open, caring and supportive environment for orphans and vulnerable children in schools but the Department of Basic Education (2011) agrees that “schools must provide sympathy towards learners during their time of facing grievances and Educators should provide emotional support and care for learners” (p.33).

There is plenty of literature encouraging engagement of schools and educators in supporting and caring for orphans and vulnerable children. Less has been discussed on providing and enabling the environment for educators to delivery services on care and support for Educators. According to Pillay and Mwoma (2012) Educators have no idea if not very limited knowledge on responding to HIV/AIDS policies and orphans and vulnerable children programmes at schools. Teacher training institutions and the Department of Education offers the very least in equipping educators to fulfil their role in supporting learners and establishing caring relationships as counsellors.

According to the (DBE, 2011) “schools should offer a wide range of sessions to provide psychological support, for both educators and learners, it acknowledges that Educators have limited capacity to provide psychological services and there is a shortage of school social workers and psychologists to service the schools on a daily basis”. The challenge to address the needs of orphans and vulnerable children in school is not yet won. The government departments such as social development, health, and basic education have tried to implement various policies and programmes but they haven't been effective enough to reach all the needy communities and orphans. Some have been reached through the additional help of NGOs, CBOs and development agencies. Literature reveals that the role of fighting against the legacy of HIV/AIDS in the communities remains a collaborative role for all groups and individuals locally and internationally. Since the HIV/AIDS pandemic compromises the quality of the economy and threatens the future of the next generation.

## **2.5 Promotion of HIV/AIDS policies in schools**

The government has policies that guide and promote the HIV/AIDS policies in schools. This section discusses two relevant policies that are perceived to be significant in schools during the implementation of HIV/AIDS initiatives at a school level. The National Policy on HIV/AIDS for learners and Educators in Public Schools and Students in Further Education and Training Institutions and The Policy Framework for Orphans and Vulnerable Children are herein discussed. The following policies promotes the opportunities for educators to provide support for learners who are HIV/AIDS orphans and vulnerable

Prior to 1994, the existence of HIV/AIDS policies in public school was not among the top social problems in the apartheid government agenda. The democratic government has implemented public policies in consultation with group and individuals dealing with affected and infected people in the school environment. The policies are in place to ensure that the process for caring relationships and awareness occur according to the interest of the people. Giving guidelines on procedures to be followed, regulations and programmes on how the system school function. HIV/AIDS policies in schools influence the vision and mission of every school on how to provide care and support for Educators and learners whose life are directly infected and affected by the existence of the epidemic (Madike, 2014).

### **2.5.1 The National Policy on HIV/AIDS for learners and educators**

The HIV/AIDS pandemic has threatened the quality of life in South Africa. It has cost the country a lot of financial resources, economically and educational damage has been witnessed. Schools are public institutions with Educators and learners who are part of the population affected and infected by HIV/AIDS. It cannot be denied that HIV/AIDS has negatively affected the quality of schooling and compromised the positivity in the education sector. However, education is among the weapons that can fight against the legacy of HIV/AIDS across the world. The Department of Education has to acknowledge the graveness of the HIV/AIDS pandemic, both locally and internationally and how it has affected teaching and learning in schools (Department of Education, 1999).

The National Policy on HIV/AIDS for learners and educators policy was formulated to reduce the social, economic and development ramifications of HIV/AIDS to the education sector. It has contributed to the prevention, care, and leadership of the Educators, learners, and students to implement any HIV/AIDS-related policies in schools. The policy promotes anti-discrimination tendencies and reduces stigma against HIV/AIDS infected people in schools. It encourages the education of learners with HIV/AIDS education through life skills' programmes. It aims to raise awareness of prejudice and stereotypes and around HIV/AIDS. The policy ensures that learners, students, educators and parents adhere to their duties and responsibilities in creating an HIV/AIDS caring environment and transformation in schools. The policy emphasizes that:

- HIV/AIDS is a contagious illness, therefore, all Educators and learns are at risk of getting the disease;

- Since HIV/AIDS increases in South African communities all schools should plan and devise a coping strategy against the epidemic;
- Although testing of HIV/AIDS is important it remains voluntary and should never be a requirement for employment and admission in schools;
- Educators and learners are not forced to disclose their HIV/AIDS status unless they wish to do so;
- No educator or learner should be denied participation in any school activity based on his/her HIV/AIDS status;
- Schools should take precaution to avoid and prevent the transmission of HIV/AIDS in daily activities. The provision of universal precaution and knowledge on how to avoid transmission should be disseminated;
- The school must allocate funds for HIV/AIDS their budget to ensure resources of precautions are applied;
- The constitutional rights of learners and educators should be recognized and protected accordingly;
- The curriculum should include life skills education to equip learners and train educators.

The School Management Teams and the school governing bodies must support this policy and adopt it. To ensure that the needs, values and ethics of their respective schools are compatible and subscribe to the National Framework of HIV/AIDS policy, (Department of Social Development, 1999). This policy was adopted and implemented in 1994. Although the rate of HIV/AIDS still takes its toll in schools, the mandate was to reduce the spread, stigma and discrimination of HIV/AIDS in schools. It cannot be denied that some schools do not have existing programmes and policies for HIV/AIDS. This has also contributed to the high rate of orphans and Educators who have absconded from school attendance due to HIV/AIDS-related issues (Naidoo, 2010).

### **2.5.2 Policy Framework for HIV orphaned and vulnerable children**

The Department of Social Development has a policy framework aimed at providing collective commitment for OVCs programmes across national private and public sectors including the NPOs and CBOs, and the civil society. Wood (2013:95) agrees that to build strong and caring ecological systems that encourage resistance, all the social structures; such as individuals, families, community and culture must unite. The OVC Policy Framework promotes

intersectional collaboration within government departments at the national, provincial and local level. Secondly, this Policy Framework develops relationships different stakeholders and among legislations and acts in favour of the OVCs. It advocates for the encouragement of all individual sectors to participate in the fight against the vulnerability of orphan children in the society. However, these policies do not guarantee harmonious connectedness in various department initiatives aimed for OVCs in the South African context. The Policy Framework does not demand nor expose parties but it seeks to strengthen the existing commitments and re-establish networks and efforts to create a positively enabling environment.

The discussed objectives can be used as roadmaps for schools to ensure accountability and referral on matters pertaining to OVCs initiatives. Schools are without an exception in creating an enabling HIV/AIDS free generation and fighting against stigmatization. The Policy Framework can, therefore, provide schools with guidelines to ensure the following: -

- i. To ensure that rights of orphans and vulnerable children, their caregivers, families, and communities are coordinated in action from the school, to a district, provincial and national level.
- ii. To ensure that other relevant policies, acts, and institutional policies are in place and correctly implemented for the promotion and protection of the rights of orphans and vulnerable children.
- iii. Functionally, to provide a holistic framework to support stakeholders in the development of comprehensive, age-appropriate, integral and quality responses to orphans and other affected children at school.

In conclusion of this discussion, the strategy is to strengthen, support and mobilize families, communities, and schools for the responses to care and support. Ensuring the programmes, policies and legislation are in place to promote and protect the most vulnerable learners at school, (Department of Social Department, 2005).

## **2.6 Theoretical Framework of the Study**

A theoretical framework can be considered as a travel plan for the researcher of the journey of the study (Sinclair, 2007). According to Sinclair (2007) when a researcher begins a study, it is imperative that he considers a relevant theory underpinning the knowledge of the phenomenon to be researched. This study will be underpinned by attachment theory.

### **2.6.1 Attachment Theory**

Attachment theory is a psychological, evolutionary and ethological theory concerning relationships between humans. The most important tenet of attachment theory is that a young child needs to develop a relationship with at least one primary caregiver for social and emotional development to occur normally. This theory was formulated by a psychiatrist and psychoanalyst John Bowlby (Cassidy, 1999). Attachment theory is adopted in this study since it discusses the caring relationship between educators and learners who are orphans and vulnerable children. This study develops the claim before children become orphans they develop strong emotional bonds with their mothers, even before birth. The bond goes with the need for love, care and support. When children lose their parents their lives drastically change. Some may develop anxiety, depression, and loneliness. The main theoretical premise behind attachment theory is that children who have experienced the loss of a biological parent have unique psychological needs, and educators need to consider their psychological wellbeing in classrooms.

According to Ainsworth and Bowlby (1991) attachment theory focuses on behaviours that involve engaging in lively social interaction with the child and responding cheerfully to signals and approaches. Learners who are orphans are most likely to have socializing problems and depression at school. For an orphaned child, attending a school where there are loving friends and supportive educators, can ease the pain and anxiety they experience. Although educators cannot re-establish the original mother to child relationship, they can provide a sense of warmth and belonging to help the orphaned learners to move on. School attendance of orphans plays a pivotal role as they spend most of their time, developing cognitively and growing physically. They also develop friendships and relationships of support and care with educators. The reattachment helps learners to exit the mental state of anger and confusion. This study puts forward the claim that children may find a safe haven at school where they belong and have access to emotional love and care from their Educators. There have been dissenters to the view that attachment is not centred on a single relationship based on the evidence that in some instances the relationship between mother and child does not exist and the child views their mother as a stranger (Ainsworth & Bowlby, 1991).

Why the adoption of Attachment Theory in this particular study? This theory suggests that educators who had the opportunities of healthy attachments early in their lives are more likely to relate positive experiences of caring for the vulnerable children.



Attachment theory is important in this study for educators to understand the roles of care seeking, care giving, and the fear system. These are so important to understand when someone is in distress both for the child in distress and the educator witnessing it and trying to support the individual. In this study attachment theory helps to create the culture of understanding and systematic change in the school environment. [

### **2.6.2 Learner-educator relationship**

To gain a better understanding of the learner-educator relationship and its own impact on the orphan's educational process, it is pivotal to understand Attachment Theory. Deteso (2011) views Attachment Theory as a commonly used but also relevant theoretical framework adopted by many researchers to describe the learner-educator relationship. Deteso, (2011) and Bowlby (1962) describe Attachment Theory as a 'doubled relationship between the child and his primary caregiver." This relationship is an intense (bond) emotional attachment that permanently influences the growth of the child cognitively, environmentally and emotionally. It is not static rather developing as a child grows while he creates social relations with others and what he perceives himself to be worth in the midst of others.

The prominent literature on Attachment Theory reveals that the nature of the attachment of the child to his primary caregiver exposes the child to many dangerous backgrounds such as neglect, abuse, and harm. Such conditions can bring permanent and risky ramifications to the child that could be carried out to adulthood. Educators at school spend more time with OVC's, thus theory suggests that educators through establishing new relationships with OVC's and bonding with them, this can help them to connect emotionally and build strong relationship that will caring a loving and caring environment in the schools . Developing a secure attachment with another adult at school or educator in the absence of a caregiver can establish an intimate relationship where the child can develop and start to learn about how to maintain their emotions (Cassidy, 1994; Deteso, 2011).

The newly established relationship between learner and educator can allow the orphaned learner to gain confidence, boost self-esteem and may start to develop other peer-relationships. The play at school, interactions, and development of an emotional relationship with others can bring back normalcy to the psychological well-being of the child. There is so much literature on how children attach on their educators. However beyond literature, in reality, not all orphans (children) reach out easily to strangers, especially in the case where the learner is introverted or especially vulnerable. One can put forward that educators in such cases mentioned in the previous statement, have to play a pastoral role to reach out,

identify and assist learners struggling with psychological problems. This section is concerned about the significant role of the educator in supporting orphans and vulnerable children cope with psychological problems at school.

## **2.7 Summary**

This chapter has presented a discussion of the literature review, focusing on previous relevant research to reveal the current statistics and findings of related research to this study. Secondly, attachment theory was discussed as the theoretical framework of the study. The significance of this chapter was to identify the existing knowledge gap in the context of educators' experiences in supporting learners in schools. While reading the previous literature, the researcher identified that there is limited literature on the perspective of educators' experience. Although, many researchers have focused on caring relationships between educators and orphans, none have yet assessed the experiences rural educators face when supporting learners who are orphans and vulnerable children.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1 Introduction

This chapter outlines the research paradigms, research methodology and the research design used in the study. The main purpose of this study was to explore the experiences of educators supporting learners who are orphans and vulnerable children in primary schools at uMkhanyakude, KwaZulu-Natal. In order to achieve this, an apt research design was selected. Justification is given for every methodology, technique, and strategy used in this study.

#### 3.2 Research paradigm

According to TerreBlanche and Durkheim (1999) as cited by Thomas (2010:292) “the research process has three dimensions that are used to define the nature of the scientific inquiry as follows: ontology, epistemology, and methodology”. It is important to discuss the rationale behind the underlying philosophical approach to the very study. As such, research paradigm suggests a pattern, approaches, values, framework and assumptions of the study. This study adopted the interpretive research approach.

#### 3.3 Interpretive approach

De Vos et al (2011) elaborate that an “interpretive approach is suitably used for phenomenological studies that intend to understand people”. According to Babbie and Mouton (2001) an “interpretivist approach is concerned about establishing that all human beings are engaged in the process of making sense of their worlds, as their lives unfold to interpret, create, give meaning, define and justify their daily actions”. The nature of this study called for an interpretive approach since the meaning was independently constructed by participants in their own social world, not involving the researcher. Thus, the researcher studied each detail of the text and connected each part to get the whole meaning. According to Kumar (2014:8) “in an interpretivist paradigm, the meaning is not on the surface however the researcher has to connect different messages to get the clear meaning, as the researcher conducted reading in order to get into depth and clarity embedded in the text”.

The thinking behind this study of educator support for OVC's is socially contracted; Thomas (2010) states that “interpretive researchers believe that reality consists of people's subjective

experiences of the external world; thus they adopt an inter-subjective epistemology and ontological belief that reality is socially constructed". This implies that the reality perceived by educators about the impact of HIV/AIDS on education was based on what they have experienced. The reality was constructed based on their exposure and circumstances they have confronted in their practice as professionals. As stated by Reeves and Hedberg (cited in Thomas 2010) an "interpretive paradigm is oriented with understanding the world as it is from the subjective experiences of individuals". In the context of this study the focus was on how the participants aim to elaborate their subjective observations and experiences and meaning that centers on the explored social occurrence.

### **3.4 Research methodology**

Strauss and Corbin (2009) define methodology as a "philosophy and study of social reality, methods defined as a sequence of procedures and skills for collecting and analyzing data".

#### **3.4.1 Research design**

Bless, Higson-Smith, and Sithole (2013) define research design as "a set of procedures that guide the researcher in the process of verifying a particular hypothesis and excluding all the other possible explanations". Cooper and Schilder (2011) have defined that "research design is a blueprint for fulfilling research objectives and answering research questions. Kumar (2014) defines research design as "the road map that you decide to follow during your research journey to find answers to your research questions as validly, objectively, accurately and economically as possible. Research can be classified as quantitative or as qualitative".

#### **3.4.2 Exploratory research**

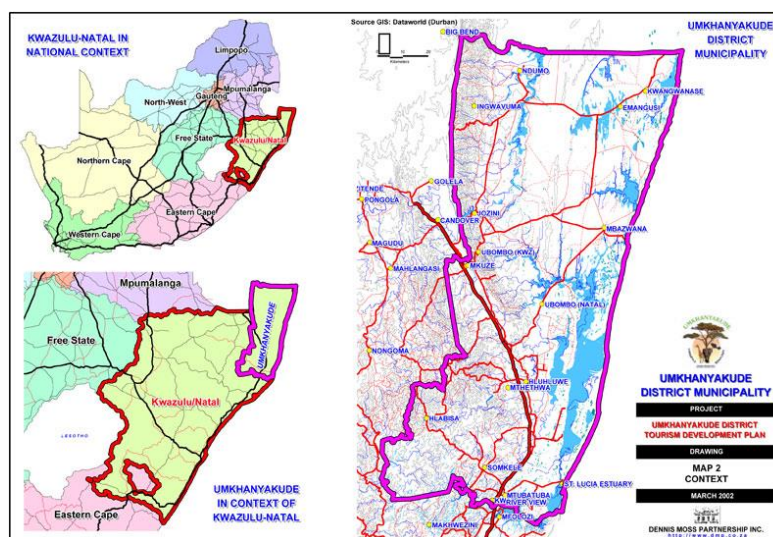
This study was explorative in nature. The purpose of this study was to explore experiences of educators in supporting OVCs in primary schools. Bless, Higson-Smith, and Sithole (2013) affirm that "exploratory research is used where there is little knowledge about the research topic". The concept is self-explanatory; exploratory research aims merely to explore the research questions, it, therefore, helped to gain a better understanding of the problem. Thus, the researcher must be willing to change his/her direction as findings reveal new data. (Saunders, Lewis & Thornhill, 2012). De Vos et al (2011) hold the perspective that "exploratory research has a nature of tackling new problems on which limited documented research has been done." One has declared the study explorative since exploratory studies are useful for projects that are focusing on subjects with high levels of uncertainty and

ignorance about a subject and when the problem is not clearly understood. In this study, in chapter two it was affirmed that the subject of experiences of educators supporting OVCs has not been addressed in research. This design remains as relevant since it offers more flexibility on methodology and allows the researcher to use a less formal structure. Consequently, the major benefit of exploratory research is to identify the boundaries of the environment in which the problem, opportunities or situations of interest are prevalent.

### 3.4.3 Qualitative research

In Kumar (2014) qualitative research is described as “an embedded philosophy of empiricism, that follows a flexible and unstructured approach to enquiry, which aims to explore diversity rather than to quantify, with an emphasis on description and narration of feelings, perceptions and experiences rather than their measurement and communicates findings in a descriptive narrative rather than in an analytical manner, placing no less emphasis on generalizations”. Since this is a phenomenological study investigating subjects developed by experience, de Vos et al (2011) emphasize that a “phenomenological approach is based on understanding and describing the meaning of lived experience of a particular concept for certain groups of individuals. Due to the nature of this study it is therefore justifiable to employ qualitative research methods. There are sufficient factors that may be found there and are relevant to the research.

### 3.5 Study setting



The map above illustrates the area. Figure 1: Map of uMkhanyakude District

Source: <http://www.dmp.co.za/wp-content/gallery/umkhanyakude/map2-context.jpg>

The study was carried out in primary schools in uMkhanyakude District, KwaZulu-Natal. According to KZN Health (2016), "uMkhanyakude District is a deep rural and remote part of the province, characterized by a high rate of HIV/AIDS infection, high levels of unemployment, as a result, most people live in absolute poverty. UMkhanyakude District is situated in the northern part of the province bordering Mozambique and Swaziland. UMkhanyakude falls among the regions with the highest rate of people affected and infected by the HIV and AIDS pandemic, with more than 3000 orphaned children not only heading homes but also facing a bleak and uncertain future as the fangs of poverty pierce into their lives. This is a rural setting with a limited number of non-government organizations; most people live in extreme poverty. UMkhanyakude is a deep district and is deeply rural. It is a presidential node and is ranked number 51/52 of the most deprived districts in the country. There are five local municipalities namely Jozini, UMhlabuyalingina, Hlabisa, Big Five and Mtubatuba with 68 wards (KZN Department of Health, 2016).

### **3.6 Study population**

Kumar (2014) asserts that, "a population in a study is a totality of units, objects, subjects or members that conform to the set of specifications". Concurring with that is De Vos et al. (2011) who state that "population is a complete group of persons or objects that consist of the required characteristics defined by the sampling criteria established by the researcher. The study targeted primary school educators in uMkhanyakude District, KwaZulu-Natal. The population of the study were educators of primary schools of uMkhanyakude, who were employed full-time by the Department of Education. The target population was not limited by gender, race or educational qualification of the Educators. The study focused on class educators and primary school class managers.

### **3.7 Study sampling**

Sigh (2007) propounds the view that "sampling is a critical process of selecting research participants from the apparent population sample. It is important "that the sample was selected from the entire population, and the size of the sample represented the entire population in the study" (p.87). According to de Vos et al (2011), sampling is referred to as an "element or subset of the population considered for an actual inclusion in the study" (p.22).

### **3.7.1 Non-probability sampling**

In qualitative research non-probability sampling is employed, due to the nature of the problem, little attempt is therefore made to generate a representative sample (Cooper & Schindler, 2011). Kumar (2014) puts forward that “in qualitative enquiry the main aim is to explore diversity, sample size and sampling strategy do not matter in the selection of a sample, non-probability sampling design in qualitative research does not have sample size in mind - instead the researcher collects data until he feels he has reached the saturation point”.

### **3.7.2 Purposive sampling**

According to Wood and Smith (2016) “With purposive sampling the sample is selected in relation to relevant study characteristics “(p.88). The selection of participants was based the feasibility and judgement of the researcher. The researcher was guided by secondary and primary sources of literature about the sample.

According to Laurie and Jensen (2016) “Researcher can exercise explicit judgment in identifying who would be most interesting to include in the sample, thus the sampling process benefits from the knowledge and experience of the researcher.

Thus, schools were selected based on the information available from the government departments’ reports on HIV/AIDS statistics. It is necessary to state that no all schools were selected, however each circuit was represented in the sample.

Purposive sampling reflect aims and research questions of the project but it may not represent the wider schools population (Wood and Smith, 2016). Purposive sampling was used based on that not all schools has the high rate of HIV/AIDS orphans and vulnerable children. Data from the Department of Health and Social Development was used to guide the researcher on most schools and areas affected by HIV/AIDS. Objectivity was ensured through applying scientific methods for data collection to the sample that characteristics. Challenges such as accessing all school was impractical. The strength of purposive sampling was based on that researcher was certain that participants have characteristics of the target population.

### **3.8 Data collection**

Data collection process procedures are discussed and data collection instruments are explained. Unstructured Interviews and Focus Groups were used to collect data during this study.

#### **3.8.1 Unstructured interviews**

This study used unstructured interviews to collect data from educators. Gray (2014) states that “an interview is the most logical research technique, he adds, that unstructured interviews also allow the researcher to “probe” for more detailed responses where the respondent is asked to clarify what they have said” (p.382). As a result, this phenomenological approach, then, is concerned with meanings that respondents attribute to phenomena.

According to Collins (1998: as cited by de Vos et al, 2011) “qualitative studies typically employ unstructured or semi-structured interviews, which are also known as in-depth interviews” De Vos et al (2011) emphasize that “the main purpose to conduct unstructured interviews is not to test hypothesis or evaluate their knowledge but to understand their experience and how they interpret their experiences. Other authors, like Gray (2014), use the name non-directive interviews. According to Gray (2014) non-directive interviews “are used to explore an issue or subject in depth and questions are not generally pre-planned and the structure of the interview allows the respondents to express themselves freely” (p.386).

In this study, qualitative data was collected by the use of unstructured interviews and focus groups, another name for unstructured interviews are called open-minded interviews. The researcher conducted face-to-face interviews using a schedule of questions and audiotape was used for recording the interviews. In de Vos et al (2011) it is emphasised that “at the root of unstructured interviewing is an interest in understanding the experience of other people and the meaning they make of that experience” (p.348). During the interviews the researcher took field notes and the researcher transcribed the interviews at the end of the data collections sessions. The following section discusses the explicit process used to analyse the data collected from the interviews.



### **3.8.2 Focus group**

The study used focus groups to collect data from the educators. According to Jensen and Laurie (2016) "Focus groups are used to gain possible further depth and breadth by having participants ask each other questions and build each other statements, they bring intensive interactions in which participants persuade and influence each other".

Kumar (2014) put forwards that the "focus group is a form of strategy in qualitative research in which attitudes, opinions or perceptions towards an issue are explored through a free and open discussion between the group and the researcher". Although focus groups may have limitations with other members being less active, it seeks to create a flexible and open platform for participants to share their experiences and answer the questions asked by the researcher. In de Vos et al (2011) "focus groups are open group interviews that collect information from many people in a short period of time" (p.33).

The researcher used focus groups to collect data from educators who are supporting learners who are HIV/AIDS orphans and vulnerable children. The focus groups were conducted in groups of ten educators. There were three focus groups that were conducted. Focus group A, group B and group C. The researcher had planned open-ended questions to collect data from educators, during discussion sessions the researcher recorded the participants' responses using an audio recorder. The researcher facilitated the communication between the participants, and listened to the different viewpoints on the investigated topic. The focus groups managed to generate complex information at a low cost and within a short period of time.

The process of administering focus group was successfully done the researcher facilitated discussions under research questions. The focus groups were mainly dominated by women since most primary school educators are females. A semi-structured qualitative interviews were developed with close-ended and opened questions. Each focus group took about 40 minutes, challenges such relatively quiet participants and shy were experienced. Although the researcher was successful in getting most discussions on by engaging productively with most participants. This was achieved through recording the discussions and then later developing focus group transcriptions.

### **3.9 Qualitative data analysis**

Qualitative research is concerned with interpretation in different ways. Schreier (2012) points out that, "data in qualitative research is not standardised, but it requires an active effort at

interpretation on the researcher's side" (p.20). This study used content analysis to analyse collected qualitative data. Content analysis involves establishing categories and systematic linkages between them, and then counting the number of instances those categories are used in particular items of text (Silverman, 2013). The researcher derived categories and themes from the collected data inductive analysis. As indicated by Schreier (2012:01), Qualitative Content Analysis is used as a method to describe meaning of qualitative material in a systematic way.

The process of content analysis involved the use of content analysis stages, such as open coding, creating categories and abstraction. Written transcripts were studied by the researcher who then used inductive content analysis to understand, generate themes, and sub-themes to present the results of the study. The researcher assigned successive parts of data to the themes of the coding frame. The coding frame was the gist of the qualitative content analysis and it covered all the meanings that are featured in the description and interpretation of the gathered data (Schreier, 2012).

### **3.9.1 Validity and Reliability of the study**

In qualitative research, validity and reliability do not carry similar implications as it does in quantitative research (Creswell, 2014). According to de Vos et al (2011) "qualitative researchers generally have constructs that are regarded as inappropriate in establishing the "truth value" of a qualitative research project" (p.419). It is imperative that one discuss how the quality of the study will be controlled and to ensure that the findings are credible. In Creswell (2014) it is explained that "qualitative validity means that the researcher checks for the accuracy of the findings by employing certain procedures. The same applies with qualitative reliability that indicates that the researcher's approach is consistent across different projects". The researcher has adopted Lincoln and Guba's notion (1999) where they point out four constructs that help to reflect assumptions of the qualitative paradigm accurately.

### **3.9.2 Credibility**

This construct is concerned with the accuracy to internal validity, to demonstrate that the study was conducted in a way to ensure that the subjects have been accurately identified and described (de Vos et al, 2011). According to Lincoln and Guba (1999) "credibility involves establishing that findings of qualitative inquiry are believable from the perspective of the participant in the study". The researcher has achieved credibility through flexibility and

triangulation of data collection methods. Unstructured interviews allowed the researcher to observe how participants form their social reality during interviews. The information gathered from interviews and observation strengthened the credibility. The researcher was cautious of the bias of their own views and experiences and was careful to not influence data interpretation. The researcher managed to remain neutral during interviews and the observations of the situations in the field.

### **3.9.3 Transferability**

Lincoln and Guba (1990) state that, “transferability is concerned with the extent to which research findings of the qualitative inquiry can be transferable or generalized to other cases or situations”. Whereas Creswell (2014) points out that “in order to ensure transferability a researcher must use rich description to convey findings”. To ensure transferability in this study purposive sampling was utilized. Research participants in this study were educators with experience and knowledge of supporting and teaching learners who are HIV/AIDS orphans and vulnerable children. The researcher chose them because of their willingness and passion for working with destitute children. After they were chosen to participate in the study, they read the inform consent, telling them about the main purpose and objectives of the study.

### **3.9.4 Dependability**

The researcher asks whether the research process is logical, well documented and audited. Will the research produce the same results if it is repeated in the same setting and same participants (Lincoln & Guba, 1999). Clearly, dependability is concerned with the researcher’s ability to account for the design changes and the conditions surrounding the study. To ensure dependability in the study, the researcher has aligned the study methodology with the nature of the research objectives, following qualitative procedures for a scientific enquiry. The researcher kept the field notes and audiotapes available for an audit trail. Lastly, to ensure dependability the researcher conducted follow-up interviews at the end of the study, for the participants to have a say in the research findings. Thus, the researcher has achieved the aspect of reliability.

### **3.10 Ethical Consideration**

The study was monitored by the code of research ethics in the University of Zululand. The researcher ensured that the study was conducted ethically by observing the ethics discussed

below. Gardner (2011) asserts that ethics must be observed and individuals should be treated fairly, sensitively, with dignity, and within an ethic of respect and freedom from prejudice regardless of age, gender, sexuality, race, ethnicity, class, nationality, cultural identity, partnership status, faith, disability, political belief, or any other significant variable.

### **3.10.1 Permission**

The researcher was granted permission to conduct the study from the University of Zululand, by the ethics committee. The researcher obtained permission to conduct the study from the Head of Department of the KwaZulu-Natal Department of Education (see appendices). A letter explaining the purpose of the study and objectives were given to school principals. The researcher did not convince the prospective respondents to participate in the study. The researcher clearly stated that participation in the study is voluntary and it was aimed at collecting data for the purposes of academic use only.

### **3.10.2 Confidentiality and Anonymity**

In quantitative research confidentiality and anonymity is less of a challenge than in qualitative research. Since the study was qualitative, face-to-face interviews in their nature make identification of participants inevitable. Participants' names were not recorded on the sheets and their personal details were kept confidential to avoid traceability. The researcher ensured that names and personal information of participants in the research could not be traced and identified. The researcher kept the information supplied by the respondents in the focus groups confidential. In the case of face-to-face interviews, names of the participants were not revealed and associated with their views.

### **3.10.3 Informed Consent**

Informed consent is a voluntary agreement to participate in research; it is not, therefore, a form but a process, in which the subject has an understanding of the research and its risk. Informed consent is essential before enrolling a participant and on-going once enrolled. (Shahnazarian et al, 2015). The researcher enabled potential participants to choose whether they were willing to participate in the study or not. The researcher ensured that the language used in instructions was lucid and understandable to the participants. The researcher did not convince the participants to participate in the study. Participants, who agreed to voluntarily participate in the study, signed an informed consent agreement after they carefully read the

main purpose and objectives of the study. All participants were willing to participate and they voluntarily filled in the consent agreement and submitted it back to the researcher.

#### **3.10.4 Avoid harm or distress**

The study was undertaken within the school premises; so setting appointments in order to manage the risk of disturbing teaching and learning was done in advance with the principals. Educators were not deprived of their work time to fulfil their professional duties, so they were not confident to fulfil the questionnaire during teaching hours. However, a study had no other possible harm that could affect the participants, even though the researcher ensured that the study did not cause harm or distress to the participants. The researcher avoided asking embarrassing, personal or sensitive questions during the face-to-face interview.

#### **3.11 Summary**

This chapter presented a discussion of the research methodology of the study. The research design of the study was discussed, the sample procedure, research approach and data collection and analysis procedures. Since, it is important that research studies do not inflict any harm to the participants, the ethical considerations were discussed. The limitations of the study were stated concerning the challenges and setbacks the researcher has faced while conducting the study.

## CHAPTER 4

### DATA ANALYSIS AND PRESENTATION OF RESULTS

#### 4.1 Introduction

The purpose of this chapter is to analyse the qualitative data gathered from the interviews and focus groups. Data analysis is a process of bringing order, structure and meaning to the mass collected data (de Vos et al., 2011). According to Schwandt (2007: cited in de Vos et. al, 2011) “data collection is the activity of making sense of, interpreting and theorizing data”. A robust, process of data analysis is essential for a rigorous interpretation of raw data generated during the study. To achieve such, the researcher has ensured that the process of data analysis followed all the steps to enhance the scientific rigour of the study.

To take from Marshall and Rossman (2006: as cited in Gibson and Brown 2009) in considering that “qualitative data analysis is a search for general statements about relationships and underlying themes. ‘More meaningfully, upon reaching this stage most qualitative researchers are puzzled, with the question that; I have collected data, now what to do?’ (Silverman, 2013). De Vos et. al. (2011) establish that “qualitative data analysis and interpretation is challenging and arduous” (p.224).

Even though, the process of data analysis and interpretation in this study was achieved through organising and arranging data into categories, themes and sub-themes were developed to interpret data and make inferences accordingly.

The researcher has managed to organise the raw data as it is, into emergent themes and sub-themes which were conceptually bred in alignment with the nature of the research objectives of the study.

In phenomenological studies the researcher’s knowledge is bracketed, thus the study adopted Interpretative Phenomenology, where a researcher explores meanings and reported findings and then interprets those (Gray, 2014).

#### 4.2. Biographical data of participants:

Table 1. *Biographical profile of participants*

<b>Gender</b>	<b>Frequency</b>	<b>Percent (%)</b>
Male	4	27.0
Female	11	73.0
<b>TOTAL</b>	<b>15</b>	<b>100.0</b>

<b>Age Group</b>	<b>Frequency</b>	<b>Percent</b>
25-30	03	20.0
31-35	02	13.0
36-40	0	0.0
41-45	03	20.0
46-50	04	27.0
51-55	01	07.0
56-60	02	13.0
<b>TOTAL</b>	<b>15</b>	<b>100.0</b>

<b>Marital Status</b>	<b>Frequency</b>	<b>Percent</b>
Single	08	53.0
Married	05	34.0
Widow	02	13.0
<b>TOTAL</b>	<b>15</b>	<b>100.0</b>

<b>Race</b>	<b>Frequency</b>	<b>Percent</b>
African	15	100.0
Coloured	0	0
Other	0	0
<b>TOTAL</b>	<b>15</b>	<b>100.0</b>

<b>Teaching Experience</b>	<b>Frequency</b>	<b>Percent</b>
0-10	02	41.0
11-20	03	20.0
21-30	05	33.0
<b>TOTAL</b>	<b>15</b>	<b>100.0</b>

<b>Highest qualification</b>	<b>Frequency</b>	<b>Percent</b>
Ace	02	13.0
NDPE	01	07.0
PGCE	01	07.0
B. ED	03	20.0
B.ED (HONS)	08	53.0
<b>TOTAL</b>	<b>15</b>	<b>100.0</b>

### **4.3 Demographic characteristics of the participants**

This study consisted of 15 participants  $n=15$ . These participants came from 5 different schools in each circuit. Every circuit was represented by at least one school. Three educators were sampled per school.

#### **4.3.1 Age of participants**

In the age group category participants ranged from 25-60 years, 20% of participants were in the 25-30-year group, the 31-35-year group formed 13%, 35-40-year group were 0%, and this implies that there was a large age gap between the participants. Participants in the 41-45-year group comprised of 20%. The results reported that the 46-50-year group consisted of 27% of the participants. A proportion of 07% were of the 51-55-year group, and 13% of respondents came from the 56-60-year group.

According to the South African Council for Educators Act of 2000 an educator acts as a parent to the learner at school. The results illustrate that ages of the participants were matures enough to deal with emotional issues of HIV/AIDS orphans and vulnerable children. This implies that the participants had the relevant attributes for the study.

#### **4.3.2 Marital status of participants**

The majority (53%) of the participants were single. Based on the results, 34% of participants were married whereas the least proportion were widowed 13%. According to Naidoo (2010) and Ntaote (2011) married educators have less extra-time to dedicate to the support of learners who are HIV/AIDS orphans and vulnerable children at school. Due to the workload and stress they also face at home as compared to single educators. These findings suggest that single educators have enough time to dedicate to supporting and reaching out to the psycho-social needs of children affected by the death of the parents due to HIV/AIDS.

#### **4.3.3 Gender of participants**

Gender of the participants comprised of 27% male participants and a larger proportion were females, 73%. Female educators are commonly close to children in primary schools for their natural role of being primary care givers. According to Wood (2013) female educators are predominantly good caregivers by nature; they have an inborn ability to build resilience for HIV/AIDS orphans and vulnerable children.



#### **4.3.4 Race of participants**

In the race category, 100% of participants were Africans. The reason behind these results is because of the demographics of the population of the study. The study is set in rural areas where the all educators are of an African race. The advantage in relation to the study is that there were very minimal barriers of socio-cultural communication and language difficulties among the participants during focus groups.

#### **4.3.5 Teaching experience of participants**

With regards to teaching experience, the participants had the following categories; 0-10-year group, 41% (largest), 11-20-year group, 20%. Teaching experience of the participants was important in the study because it determines the level of knowledge required to answer the research questions. This implies that the more years of experience, the more chances of having experienced cases of supporting learners who are HIV/AIDS orphans and vulnerable children.

#### **4.3.6 Highest qualification of participants**

In this category the results were as follows: Advanced Certificate in Education (ACE), 13%, National Diploma Primary in Education (NDPE) 07%. The results show that 20% of the participants held a Bachelor of Education and the majority of participants, 53% held a Bachelor of Education Honours with Specialization. This implies that the language used during the interview was in their level of understanding and secondly they have furthered their studies in education and have acquired professional knowledge of dealing with children in schools. The results report that 100% of the participants were qualified educators who work full-time at primary schools in the uMkhanyakude District. It was deduced that all these educators are actively involved with school based support and care for learners who are HIV/AIDS orphans and vulnerable children.

#### **4.4 Constraints in supporting HIV/AIDS orphans and vulnerable children**

The first theme is set to discuss the difficulties educators experience when supporting HIV/AIDS orphans and vulnerable children. A number of sub-themes emerged from the discussions, such as the emotional burden of teaching learners who are HIV/AIDS orphans and vulnerable, the stress of dealing with anti-social behaviour of orphans and a lack of

professional knowledge and skills to address the need of HIV/AIDS orphans. Through these sub-themes the difficulties will be discussed so as to report what educators have expressed concerning this theme.

#### **4.4.1 Emotional burden of teaching learners who are HIV/AIDS orphans and vulnerable**

In the classroom environment educators reported a number of difficulties they face when teaching learners who are orphans and vulnerable children. Poor reading and writing were some of the difficulties educators face when providing educational support to orphans. According to the focus group discussions most learners who cannot read or write properly are orphans. One participant testified that *“orphans are most likely to live with elderly people if not from children-headed families, this suggests that they do not get enough attention with their school work or living with an adult that gives them love and support”* This implies that orphans come to school with a lot of psychological trauma that makes it impossible to adapt and perform well in their studies.

As this theme developed during the focus groups educators were quoted expressing a number of difficult experiences they face with orphans. One participant pointed out that: *“it’s very emotionally draining to balance both teaching and learning with supporting learners who are HIV/AIDS orphans and vulnerable children”*. Educators indicated that it brings an extra work load and emotional burden to teach orphans. Another participant expressed that *“it is difficult because I have experienced one incident in my class where an orphan committed suicide because of being rejected and abused by his grandfather, these children can have really scary things [done to them] because of the bitterness inside them”*. Educators pointed out that it is difficult to handle the psychological wellbeing of these orphans in class. During the focus groups it was revealed that educators develop negative emotions towards their experiences with orphans in classrooms. Deductions from focus group reported that educators experience bitterness, low-self-esteem, and feelings of loneliness, anxiety and anger as psychological problems of orphans in class. These are believed to be factors that contribute to the difficulties faced by educators.

One participant indicated that as much as it is difficult to deal with orphans but one understands the situation since I was an orphan myself, orphans get too attached to me always seek attention and they have a sense of approval seeking most of the times, they clingy and good at being a centre of attention in class”. One participant said opposite to this in her affirmation that *“these learners are always reserved in class, the also isolate*

*themselves from others and this makes them highly dissociable*". Differences in response suggest that educators do not perceive the problem at the same level of understanding.

One of the participants from the interviews pointed out that "it is very burdensome most of the time for educators, as they report incidents to the principal that *"orphans are always reserved in class, they also isolate themselves from others and this makes them highly dissociable, they bottle up things, it's hard to reach out and get information especially information regarding follow up on school activities such as homework and projects"*. The School Management Team side appeared to accept the defeat that it is difficult to manage the issues reported by educators daily about the difficulties they face with orphans in the classrooms.

#### **4.4.2 Stress of dealing with anti-social behaviour of orphans.**

Educators reported themselves as affected by the issues of the orphans. This was observed during focus groups and interviews with principals that educators themselves are becoming victims of the problem of HIV/AIDS orphans in their schools. One educator indicated that *"they became very stubborn, slapdash in all they do, less curious about everything in class, some of them in my class they are bullies, and they have so much anger and aggression towards other children"*. During the focus groups it emerged that educators are being stressed by the anti-social behaviour of the orphans, they are experiencing difficulties associated with their aggression, bully-behaviour, stealing and anti-social behaviour. Most educators, during focus groups, indicated that they feel emotionally drained, developing headaches and they fail to cope with the psychological issues and end up developing a negative attitude.

Although one focus group discussion pointed out that even though orphans are normally associated with anti-social behaviour, some orphans set good examples when they become prefects, excel in sport and in their academic activities. To concur with this claim is one participant from an interview in that *"I have seen some learners who are orphans like myself but they have good behaviour and [are] very docile in class as compare[d] to other learners in class"*. However, the study was dominated by responses that indicated that learners who are orphans have abnormal emotional and psychological behaviour as a result of the trauma of losing parents and being raised by different relatives who sometimes become abusive to the children. All these factors emerged during the focus groups discussions as factors that contribute to the stress of dealing with orphans.

One participant during the interviews pointed out that *“orphans show [a] lack of interest in life as generally, they are very brave to commit juvenile crimes and end up being a bad influence to other children, and it is difficult to suspend them because they do not have straight guardians and others are from child-headed households. We end up compromising their stay in schools because expelling them will cause more problems in the community in the near future”*.

Educators during focus groups reported that orphans in classrooms are remarkably associated with the following appearance – “they look underfed, have poor eye sight, are passive, have pale skin and write very slowly and some end up sleeping early in the morning”, “others don’t have energy to read and when confronted become aggressive. They don’t mention parents such as a mother or father in their interaction with their educator in the classroom.” The majority of educators and principals were of the opinion that it is very emotionally demanding to teach orphans. Their deductions were made from their responses that it is difficult for them to balance both teaching & learning and supporting learners who are orphans. They were of the view that orphans need extra teaching time.

#### **4.4.3 Lack of professional knowledge and skills to address the needs of HIV/AIDS orphans**

The majority of participants during focus groups have experienced stress associated with a lack of professional knowledge and skills to address needs of orphans. In the previous theme it was developed that educators were of the view that they often get stressed. The majority of participants indicated the lack of professional skills such as counselling, psychological assessment and comforting orphans as common difficulties they face with supporting orphans. One participant pointed out that *“I have limited knowledge about caring for orphans, no workshop or training I have attended, I am not coping at”*.

Based on the views of the educators like the one mentioned above deductions were made that educators never attended any training, concerning capacity building or learning how to provide support to orphans. The majority of participants indicated that attending training programmes in developing counselling and other skills for dealing with orphans would help them cope with these difficulties. One participant indicated that *“educators only give informal and educational support to orphans if they can be equipped with workshops and training, the problem can be mitigated at school level”*.

The majority of participants demonstrated a positive outlook and willingness to assist learners who are orphans provided they have been given training. Deductions were made from focus groups' discussions that the majority of educators never attended any formal training on HIV/AIDS related policies. Only Life Orientation educators indicated some knowledge on the subject.

#### **4.5 Opportunities for primary school educators supporting HIV/AIDS orphans and vulnerable children**

In chapter two opportunities for primary school educators supporting HIV/AIDS orphans were discussed through the relevant policies existing in the education sector. In this section educators indicated opportunities for supporting HIV/AIDS orphans and vulnerable children. The following sub-themes were deduced from the discussions. Educators' understanding of orphanhood as a child creates better opportunities for a supportive environment to orphans, educators' perceived school-based interventions/programmes to help support orphans. There is opportunity for school-based professional therapists that support learners who are HIV/AIDS orphans and vulnerable children and the opportunity for establishing community based structures to collaborate with educators in caring and supporting learners who are HIV/AIDS orphans. In light of these sub-themes these opportunities will be discussed.

##### **4.5.1 Educators' understanding of orphanhood as a child creates better opportunities for a supportive environment to orphans**

In the beginning of the focus groups most educators where asked about their childhood experience and if they can relate to the orphans they are supporting. More intriguingly most of the educators indicated that their experiences as children help them to understand the situation of the orphans. One of the educators expressed that *"I grew up an orphan, so I relate and can easily identify a learner who is in need of emotional love and support, this has helped me identify the needs of the orphans. I was raised by my grandmother, I didn't receive any emotional love, I had to defend myself emotionally from other children, no one protected me, my experience as a child helped me to be curious and compassionate towards learners who are HIV/AIDS orphans and vulnerable children. I was destitute without basics necessities such as shoes and clothes. From my experience as a child, I learnt that a disadvantageous background makes learners to be aggressive and emotionally disconnected from other learners, as a defence mechanism"*.

Initially the study was underpinned by the theoretical assumption that educators who have experienced similar to what these orphans go through will have better ontological views of the problem. Indeed, responses during the focus groups indicated that educators who have experiences of being orphans understood the crisis faced by orphans better. Another participant asserted that *“sometimes I am overwhelmed by negative emotions because I know the pain of coming to school hungry, my parents died when I was very young”*. These responses from educators and principals pointed out that attachment is developed towards orphans because of understanding the emotional state that they once underwent. Although, one participant pointed out that *“during my day’s orphans were not as common as now, I had both parents, thus now it’s noticeable when children are orphans and vulnerable in classrooms, to develop compassion. Having both parents helped me realise they need help.*

This sub-theme was developed partially during the theoretical framework of the study. In suggesting that educators who have first-hand experience of being orphans, not necessarily HIV/AIDS orphans but have understanding of dealing with cases and support learners who are affected by HIV/AIDS in their families.

#### **4.5.2 Educators perceived school-based interventions/programmes to help support orphans**

In the discussion of challenges this sub-theme emerged. Educators perceived that mostly in their school there is no standing policy that guides educators on HIV/AIDS orphans. One educator is quoted saying *“Our school has no formal policy on HIV/AIDS OVC’s but we try as much to help these learners in any way we can to make sure that they feel at home”*. Educators during focus groups indicated that school based policies that help establish school based support structure that will help them a lot. During interview one principal indicated a similar experience in saying that *‘we do not have a standing policy, we do it informal, a hit and run kind of a situation that one addresses in dialogue*. In another interview a principal reported that *“there are no formal tools used to identify the needs of orphans, they only do individual follow ups, too see to it if that orphan gets foster care or not”*. Both educators and principals agreed that there are no policies that are implemented in schools regarding the support and care of orphans. There is only HIV/AIDS school policies they say nothing about the Orphans and Vulnerable children. One principal indicated that *“we tried to formulate a school policy and we have what we call care-givers committee that collects clothes, and other*

*material from donors to help orphans, but this has nothing to do with the district office nor Non-governmental organisation it's our own arrangement”.*

The needs of orphans and vulnerable children are mostly identified at school level. Majority of the participants pointed out that the school is a site for reaching orphans, other private and sectors must work in collaboration educators in schools to facilitate social services to orphans.

#### **4.5.3 Opportunity for school based professional therapists in supporting learners who are HIV/AIDS orphans and vulnerable children**

The majority of respondents pointed out that provision of school based professional therapists such as social workers and counsellors can help reduce the burden of orphans. During the discussion participants admitted that some learners are rape victims, others are being traumatised by the death of a close relative or parent. Deductions from the focus group discussion were made that educators prefer to work with at least one social worker or psychologist to deal with the cases of orphans. According to one participant *“we have one psychologist for the entire UMkhanyakude District and there are no full-time school social workers, it may take months to get the psychologist to come to the school. We have reported the cases but the Department of Education could not help us up to this far”.*

The majority of participants agreed that there is a serious need for the Department of Education to deploy school social workers and psychologists to assist educators with support needs for orphans. This appeared to be an opportunity that every group agreed on that it can help bring normalcy to schools. Even though some participants were of the view that educators need to be trained so as to increase the support they give rather than outsourcing other professions. Educators indicated during focus groups that schools in rural areas are only sites where orphans can get support services, more crucial schools are regarded as points of referral to other government sectors that can be invited to provide resources and other forms of support. Other opportunities that schools can provide include bringing all the government sectors such as Department of Home Affairs and Social Development to cut the travelling costs and reduce the inefficiency of administration to the offices away from their areas.

One participant suggested that *“the government must come to schools and engage with School Management Teams on issues of orphans, listen to the challenges and difficulties educators are facing so that intervention can be made”.* The majority of participants repeated

mentioned that policies are there in the Department of Education but there is nothing being done to implement them in providing opportunities for supporting learners who are HIV/AIDS orphans.

#### **4.5.4 Opportunity for establishing community based structures to collaborate with educators in caring for and supporting learners who are HIV/AIDS orphans**

In regarding the opportunities existing in the communities, the majority of participants reported that although orphans spend most of their time at school, community organs must be involved in the support structure for orphans. It emerged during the discussion that participants strongly agreed that community based NGO's and the business sector can help to care for the orphans during weekends and school holidays. One participant pointed out that *“civil society must collaborate with the schools as sites for school-based interventions, in the provision of resources and professional community practitioners to address the crisis that confronts children who are HIV/AIDS orphans in schools”*.

Community based structures such as churches, the business sector and NPO's appeared to be an opportunity for educators to get extra resources, assistance and other forms of intervention to help alleviate the crisis faced by orphans. The majority of participants indicated that orphans need protection and support at the community level, such as home visits, protection of their social rights and ensuring that they go to clinics and welfare offices to receive social services.

One participant pointed out that *“during school holidays orphans experience hunger because they can only get food from the school feeding programme, when returned from holidays they come undernourished and sometimes very weak physically”*. The majority of participants indicated that there is a need for community based structures to help schools in supporting the needs of orphans.

#### **4.6 Challenges for primary school educators supporting learners who are HIV/AIDS orphans and vulnerable children**

In the study different challenges for primary school educators supporting learners who are orphans were indicated. The following sub-themes were deducted from discussions of the results. Firstly, provision of informal support that is limited to physical substances. Secondly,



a lack of resources at schools to meet the needs of HIV/AIDS orphans and vulnerable learners and thirdly a lack of support from orphans' guardians.

#### **4.6.1 Provision of informal support that is limited to physical substances**

Educators reported that they are able to identify orphans and vulnerable children in their classrooms. Educators pointed out that they can only provide support limited to physical substances such as food, clothes, stationery and toiletries. Educators discussed this challenge as the biggest obstacle for supporting learners who are orphans. One educator added that the *“physical appearance of a child at a primary school level speaks volumes in term of his/her social wellbeing. More particular in the first grades, coming to school with old, dirty and indecent uniform may suggest that the learner is neglected or is totally HIV/AIDS OVC”*.

The educators agreed that although they have little but they are only able to provide physical substances, they do not go as far as counselling and offering other means of psychological support due to professional limitations. In the interview with a School Management Team one participant pointed out that *“schools are ready and willing to respond to the needs of orphans but all they can provide now is food, clothes and stationery because there is no formal training they have regarding support for orphans”*.

The focus groups' discussion took the direction towards the lack of meals like supper and breakfast for orphans in the morning as a challenge during first periods. Educators reported that some orphans sleep due to hunger and others faint, because they sleep on empty stomachs and come to school without eating a breakfast. Educators pointed out that this can be very challenging to deal with on a daily basis. Although there is a school nutrition programme but educators pointed out that it only becomes ready later in the day.

One participant indicated that *“in my school we have a special plan for orphans to eat in the morning and take lunch boxes home for supper, but plans are failing because [the number of] learners who are orphans increases yearly and the school now cannot afford to make means due to limited resources”*.

During the focus group discussion educators seemed to have interest in the support for orphans but provided they get future training and assistance in addressing the cases of

orphans. Educators indicated that they feel that physical substances, such as food, temporarily relieves the orphans for a day or week but there is a lot that they are lacking.

Focus group A agreed that educators play many roles in addressing the needs of orphans such as being a pastor, parents and counsellor. Whereas Focus Groups B and C argued that educators are not well equipped to deal with the needs of orphans unless they receive formal training. This implies that most educators can only offer physical substances to orphans.

#### **4.6.2 Lack of resources at schools to meet needs of HIV/AIDS orphans and vulnerable learners**

In the previous sub-theme, it emerged that educators have limited resources, although they can assist with physical substances one educator pointed out that *“I make extra breakfast from home to provide for my learners who are orphans every morning, I use my own resources to help them because if I do not who else can?”*.

The lack of resources to meet the needs of orphans appeared to be a sub-theme that all focus groups agreed to be a challenge. Educators reported this challenge as cause for failure to implement the little knowledge they have. During interviews one participant asserted that *“schools are located in poor rural areas where there is high poverty and unemployment, the allocation for norms and standards is very limited to meet extra-needs other than the LTSM (learning teaching and support material)”*.

During focus groups educators reported that cleanliness is another challenge that is associated with orphans. One participant pointed out that *“the level of hygiene to orphans is very unpleasant they are neglected physically; others they are sick they need extra-care due to neglect”*. The participant added that *“orphans are mostly exposed to contagious diseases such as chicken pox and diarrhoea because they receive no health-care from homes; it becomes a duty of the school to take the child to the clinic to ensure that she or he gets treatment”*. Most participants indicated that orphans are faced with different hygiene related illnesses and it has a negative impact on their growth as children. In that situation schools are expected to provide extra care for orphans. The discussion in focus groups established that schools do not have enough resources to offer health care or to give required referrals for HIV/AIDS orphans who are sick.

In addition to that, one participant from the school management team pointed out that *“schools do not even have telephones and fax machines to communicate with the nearest social support services for incidents of orphans at school”*.

Educators indicated that they end-up adopting these orphans to live with them in their homes. Although some educators opposed the idea of taking them to their homes because they find it even more challenging to live with orphans due to their behaviour. One participant pointed out that *“schools lack physical resources or services to support orphans but there is not time to deal with these cases because the number of orphans is increasing yearly”*.

During the interviews with School Management Teams it emerged that the number of orphans grows every year, although it could not be measured in percentage per school. This suggests that the problem is increasing in schools and it has a negative impact on how schools must be managed.

#### **4.6.3 Lack of support from orphans’ guardians**

Support from family of the orphans is important. This sub-theme emerged during the focus groups with educators as one of the common challenges they face with orphans. Most educators reported that the situation is worsened by guardians or caregivers of orphans not co-operating with educator’s whenever invited to schools for education matters, such as parent’s meetings, signing of progress report cards and disciplinary hearings. Educators felt that guardians dishonour their invitation and are ungrateful for the support educators give to the orphans.

For instance, due to a lack of support from orphan’s guardians, orphans have irregular school attendance, arrive late and mix up their uniform. This was reported to have a negative influence on their academic performance. Educators consistently agreed during the focus groups’ discussions that orphans they do not attend school regularly as compared to non-orphans. Another challenged that emerged during the sub-theme was; the instability on location was reported by educators as another challenge, orphans relocated from one relative to another. Due to predicaments associated with orphanhood, these children often do not get consistent support from the people they live with.

One of the educators pointed out that *“it is challenging to deal with cases of orphans [as] their parents or guardians do not take educators seriously, they do not check the books, or help them with assignments”*. One principal pointed out that *“even though the problem of non-*

*compliance is common in rural black parents but with orphans it's very challenging because we want to help the vulnerable children”.*

The challenge of poor communication between educators and guardians appeared to be very severe in most schools to an extent that one participant was of the opinion that *“foster parents and guardians are sceptical about being asked about issues of HIV/AIDS orphans because of the foster care grants they get ... guardians feel very uncomfortable to be asked to come to school because others do feel like speaking freely about the death and conditions of the orphans at home”.*

One participant indicated that most orphans do not have birth certificate records in their school files, more troublesome they change names and surnames now and again. This implies that they lack proper supervision and care in terms of school registration matters. Focus groups' discussions pointed out that most orphans do not have birth certificates, when the school tries to contact families of orphans it becomes a sensitive issue or they will not respond at all. The School Management Teams agreed that failure for orphans to bring their birth certificates affect schools to get annual budget allocation. This suggested that challenges associated with orphans are also administrative.

#### **4.7 Summary**

Data analysis and interpretation have been discussed in this chapter. The first section discussed the biographical data of participants. During the discussion of biographical data of participants it was revealed that most participants had required experience and attributes required for the study sampling. In the second section, content analysis was used to analyse data. During the process of data analysis various themes and sub-themes emerged from interviews and focus groups. The results of the study revealed that educators are faced with difficulties when supporting orphans such as the emotional burden of dealing with orphans, the stress of dealing with anti-social behaviour and a lack of professional knowledge and skills to address the needs of HIV/AIDS orphans. The second main theme focused on opportunities of primary school educators supporting HIV/AIDS orphans and vulnerable children. Sub-themes such as educators' personal understanding of orphanhood create better opportunities for them to support orphans. The second sub-theme is perceived as school-based intervention programmes to help support orphans. Another sub-theme was the

opportunity for school based professional therapists in supporting learners who are HIV/AIDS orphans and vulnerable children. The last main-theme was challenges for primary school educators in supporting learners who are orphans and vulnerable children. The results reported that provision of informal support is limited to physical substance, lack of resources at schools to meet the needs of HIV/AIDS orphans and vulnerable learners. Lack of support from guardian of orphans was another challenge educators reported to have experienced. The next chapter will discuss the findings and recommendations of the study.

## CHAPTER 5

### DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

#### 5.1. Introduction

This chapter intends to present a discussion of the findings and recommendations of the study. To achieve that, it will firstly re-state the research objectives of the study to ensure that the research questions are answered. This chapter will discuss the limitations of the study and recommendations for future research. The chapter will conclude the research.

#### 5.2. Restatement of research objectives

The research objectives of the study were as follows:

- a) To discover the difficulties primary school educators experience with supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.
- b) To explore the opportunities for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.
- c) To assess the challenges for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal.

#### 5.3. Limitations of the study

The study was a successful project. However, the researcher encountered challenges and obstacles that became limitations for the research project. Firstly, in terms of methodology the study had limitations when focus groups were conducted as a number of participants did not want to express themselves openly. They displayed little interest compares to what was expected by the researcher prior to the discussions.

The researcher perceived that focus groups where dominated by certain individuals. The researcher could not interrogate participants beyond their willingness to talk. Secondly, educators did not have time; especially getting to schedule the focus groups was a challenge. To mitigate this, the researcher had to use after school hours to facilitate the focus groups. In other schools it was impossible to secure an appointment during weekdays until appointments were rescheduled for weekends.

This situation ended up costing more resources than planned. Some participants were sceptical to discuss the issues of HIV/AIDS orphans during the beginning of the interviews. It was deduced during the discussion that they fear discrimination and still have a stigma towards HIV/AIDS related matters.

This limitation caused less responsiveness to educators and others were not comfortable to discuss their personal experiences. This was an uncontrolled situation although it was important to hear their experiences. It was challenging to get appointments with principals and School Management Teams because they were busy with submissions. The researcher ended up rescheduling the interviews to the afternoons. Although time is reported to be a limitation of the study, another one was accessing the schools, due to the roads and the schools being so scattered. The researcher travelled further than planned and travel cost more than budgeted.

The study sampled only three primary schools where there is a high prevalence of HIV/AIDS orphans, thus the results of the study cannot be generalised to other parts of the country. This research project took longer because the ethical clearance was delayed. These above mentioned limitations had an indirect and direct impact on the interpretation of the research findings. The researcher experienced communication barriers with some principals and the data collection took longer than planned. The findings of the study are in the below discussion.

#### **5.4. Findings of the study according to each research objective**

The findings of the study are discussed below through the lens of the research objectives.

##### **5.4.1 Research Objective 1: To discover the difficulties primary school educators experience with supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal**

The objective was formulated to discover the difficulties educators experience with supporting orphans. Findings of the study revealed that educators experience an emotional burden of teaching learners who are HIV/AIDS orphans and vulnerable children. Precisely, the study discovered that educators were quite often facing difficulties such as dealing with HIV/AIDS orphans and vulnerable children who cannot write or read. According to the research findings of this study, educators experience difficulties such as orphans' aggression, low-self-esteem, helplessness and ill-disciplined behaviours. Educators were of the view that orphans are hard to manage, they can be emotionally draining and they need extra-attention as compare to

non-orphaned children. The study found that the rate of illiteracy among HIV/AIDS orphans and vulnerable children is relatively high. To substantiate with similar findings from Hlabygo and Ogunbanjo (2014) that HIV/AIDS orphans attend school during hard times of their parent's death, if not HIV/AIDS related terminal illness. Their emotional stress manifests in poor and inappropriate behaviour and a lack of school attendance and poor concentration.

Findings of this study revealed that poor psychological well-being of the orphans has negative influence on their cognitive development. Educators experience difficulties such as poor academic performance, sleeping during classes and rebellious behaviour from orphans. However, Aubrey (2000) indicated that it is not only HIV/AIDS orphans who are vulnerable but other children in schools manifest similar amounts of emotional distress with a perception of having very limited access to social support.

The study found that educators face difficulties associated with psychological problems of HIV/AIDS orphans and vulnerable children. Educators revealed that it is difficult to support children who are having negative thoughts and feelings. The study discovered that educators have to deal with orphans who have anger, helplessness, bitterness, a negative outlook and anxiety. The study found that educators find it difficult to deal with the behavioural responses of HIV/AIDS orphans and vulnerable children in the classroom. The difficulties of dealing with learners who demonstrate aggressive responses include bullying, shouting, irresponsible behaviour, not listening, refusal to write and read and stubbornness. Aubrey (2005) suggests that a development of memory-box making can enable educators to practice their pastoral role in applying basic counselling skills, building caring and supportive relationships and identifying vulnerability.

The study found that educators get stressed by such difficulties when supporting learners who are HIV/AIDS orphans and vulnerable children. Educators were found to be failing to cope with the stress and burden brought by the presence of HIV/AIDS orphans and vulnerable children under their support. Although, the study discovered that some educators got emotional strength from prayer. It was noticed that none of the educators reported to be receiving professional help from the SMT nor the Department of Education. On the other hand, the SMT's agreed that educators are depressed and often find it difficult dealing with special needs and behavioural responses of HIV/AIDS orphans and vulnerable children.

The study draws the finding that educators lack appropriate strategies to cope with professional stress or depression. The schools did not have wellness programmes aimed at providing support to educators supporting HIV/AIDS orphans and vulnerable children.



According to Modise (2014) another difficulty that educators face, when learners are expected to come with their parents to school, for progress reports, co-curricular events and disciplinary hearings in the case of orphans it is very difficult to do so. In such cases an elder brother or sister plays a double role to represent the learner, which brings dysfunction to the school system. These are among the perceived experiences of educators when dealing with AIDS orphans in primary schools.

The study also found that the anti-social behaviour of orphans such as loneliness, social isolation, a lack of participation, stealing, sleeping while others are playing and a lack of confidence. The death of both parents places most orphans at a vulnerable state and huge risk of being faced by powerful cumulative and often negative social transformation in their lives which are absolutely beyond their capacity of thinking and control (Hlabiygo and Ogunbanjo, 2014).

Altogether, SMT's and educators had similar views based on the rapid increase of school going HIV/AIDS orphans and vulnerable children in the uMkhanyakude District. The study found that teaching an orphaned child in a state of destituteness causes emotional pain and burden to educators themselves. Due to such claims, it was discovered educators are aware of the predicaments they face associated with supporting HIV/AIDS orphans and vulnerable children. The problem was that there are no efforts made by SMTs or principals in assisting educators with coping strategies or build resilience.

The study found that even though there are present difficulties in the process of providing support for HIV/AIDS orphans and vulnerable children. Educators indicated willingness, a professional response and compassion towards HIV/AIDS orphans and vulnerable children. The study found that female educators had more willingness to accept their role of supporting HIV/AIDS orphans and vulnerable children, while male educators had limited interest in supporting HIV/AIDS orphans and vulnerable children. The study found that SMT's and the Department of Education do not have current strategies to assist educators with creative strategies to support troublesome HIV/AIDS orphans and vulnerable children. Sadly, educators are assumed to be game changers and key role players in pioneering the mitigation of the legacy of HIV/AIDS among school children.

Findings based on this objective established that educators do make efforts to fight the difficulties they face when it comes to HIV/AIDS orphans and vulnerable children. However, they lack support and professional assistance such as training or caring for learners who are HIV/AIDS orphans and vulnerable children. The gist of the finding is that educators supporting

HIV/AIDS orphans and vulnerable children experience many difficulties based on psycho-social wellbeing of HIV/AIDS orphans and vulnerable children.

In a study by Hlabygo and Ogunbanjo (2014) it emerged that caregivers of orphans expressed difficulty in coping with the rebellious behaviour of OVC's and it is the most frustrating situation. The finding of the very study reported that caregivers and educators experience hardships of disciplining the orphans, some of them reject correction and they end up dropping out of school.

This finding agrees with one from The Nelson Mandela Children's Fund that HIV/AIDS orphans in South Africa suffer emotionally, due to poor family background, parental care, emotional trauma due to loss and the household crisis of having to handle adult responsibility at a younger age (Schonteich, 2002).

The study found that educators experience frustration in dealing with the rebellious behaviour of orphans and they only become sustained by their spiritual beliefs in God to get strength to care and support the orphans.

#### **5.4.2. Research Objective 2: To explore the opportunities for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal**

This objective was set to explore opportunities for educators supporting OVC's. According to the oxford advanced learner's dictionary (2015) an opportunity is a time when a particular situation makes possible to do or achieve something. In the context of this study opportunities were based on policies that can be created for an enabling environment to support OVC's.

Mwoma and Pillay (2015) established that a school system provides an opportunity to offer forms of support to OVC's, as an essential need for OVC's who are categorised as underprivileged and destitute and lack access to basic nutrition, clothes and emotional wellness.

The study discovered that the educators who were once vulnerable during their childhood their experience creates better understanding to provide opportunities for a supportive environment for HIV/AIDS orphans and vulnerable learners. Basically, the study held the theoretical assumption that is seen in Attachment Theory, based on the claim that educators who were once orphans will have better opportunities to understand and create an enabling and supportive environment for HIV/AIDS orphans and vulnerable children. To evaluate the

theory in this study this objective was found to be useful to explore the experiences of educators. More intriguingly most educators were found to have had similar orphan experiences. Aubrey (2005) suggests that a development of memory-box making which can enable educators to practice their pastoral role in applying basic counselling skills, building caring and supportive relationships and identifying vulnerabilities. With this practice, educators will get deep insight into cultural beliefs and practices related to death grievance and bereavement to development to school support structure plan and external factors.

The study found that when orphans reattach to educators after the loss of parents it helps them gain normalcy and build resilience. As a result, the study discovers that educators who were once orphans have better opportunities to build a caring and supportive school environment for HIV/AIDS orphans and vulnerable children. More significantly, they have better opportunities to help OVC's to gain resilience. Concerning this finding Wood (2013) affirms that "simply put resilience is a positive function in circumstances", she adds that "when people manage negative circumstances without developing negative coping skills we call them resilient" (p.92).

This implies that resilience is not an individual issue; however it is a dynamic process that involves educators and orphans within their social context. The study found that since the orphans and vulnerable children are minors, and too immature to ask for help or show willingness to be assisted. It is therefore, the role of educators to get close to them to secure attachment, and positive recreation of opportunities, support and emotional love. Another major finding of the study is that educators premiered school-based interactions programme to be helpful in supporting orphans.

The study found that educators showed their concern about the school based interaction programs to help them provide support. The study found that the schools have no formal policies, which provide interaction programmes to support both educators and learners with HIV/AIDS related cases. The absence of school based policies was a very prevalent factor in all the schools. The SMT members interviewed revealed that they never got training or work steps of creating opportunities for supporting OVC's in school, although they appear to be keen to get further assistance. The findings of the study were that educators believe the support for learning and teaching about HIV/AIDS on learners. The study discovered that educators lack school based support such as readily made teaching materials, plans and models to use in innovative teaching strategies that are suitable for a class that has children affected by HIV/AIDS. The study found that educators required more ways to develop

curriculum to create more opportunities to support HIV/AIDS orphans educationally, psychologically and emotionally.

They suggest that extra programs must be introduced to allow the educators to be flexible, inducible to HIV/AIDS orphans. According to the findings of the study SMT members pointed out that those schools require a unique plan to create an inclusive and supportive climate and the development of SMTs to implement workplace HIV/AIDS policies that will support stressed educators. The study found that educators need support and wellness programs to cope with the negative effects of HIV/AIDS within the school context. The study established that educators believe more school-based intervention programs will build a school-based support view and be comprehensive to all the needs of the school environment.

The study found that educators have a desperate need for the deployment of school social workers, counsellors and psychologists to expand more opportunities for school-based support. Some educators displayed the belief that extra-training aimed at improving their skills will help them offer better support to learners who are HIV/AIDS orphans and vulnerable children. As a result, the study established that educators alone cannot do referral procedures with other sectors such as SAPS, Department of Health, Department of Home Affairs and Department of Social Development, but extra skills are required to build a supportive school-based environment for HIV/AIDS orphans and vulnerable children.

These findings above suggested that inter-sectoral collaboration is believed to be what educators need to reduce the burden and stress related to supporting HIV/AIDS orphans and vulnerable children. Educators indicated that there is need for support from other government departments to help them build resilience, for both educators and learners. The study confirmed that rural based school are still restricted in accessing social support services due to their location and proximity to these facilities. Schools in rural areas do not get enough social support services required for the administration of a support system for OVC.

Noticeably, the study found that community based structures can assist educators in supporting HIV/AIDS orphans and vulnerable children. During the study it was discovered that SMTs and educators needed support from external structures from the community such as the business sector, community development practitioner's, FBO's and NGO's to make a unique contribution in addressing the crisis of orphans and vulnerable children in schools.

The study found that educators suggested that training in orphans' support, can help them address their different needs at the school level. The study also found that educators are

willing to acquire specific skills such as counselling and making referrals to other sectors where further social support can be obtained.

Although a study by Wood and Goba (2011) indicated that educators training in Life Orientation, as a learning area, have been equipped with the knowledge and skills to foster caring attitudes with OVC's. Although Madike (2011) negates that those educators who attend Life Orientation training still feel that it is not adequate enough to address the needs of OVC. They suggested that they required additional assistance in the form of workshops and seminars. Similar to the findings of this study, educators agreed that the policies in schools must be used to create more training and development for support and capacity to prepare them further to respond to the needs of orphans.

Naidoo (2010) states that "in view of the fact that the Department of Education has not provided Educators with adequate life-skills training for OVC, teacher training supported by NGOs, FBOs, CBOs and various other stakeholders is most welcomed, and the ultimate goal is to improve skills, knowledge, attitudes and values" ( p.149).

#### **5.4.3. Research Objective 3: To assess the challenges for primary school educators supporting HIV/AIDS orphans and vulnerable children in the uMkhanyakude District, KwaZulu-Natal**

Difficulties and opportunities have been discussed. This objective was intended to assess the challenges educators face concerning the support they give to orphans. Precisely, according to the Oxford Advanced Dictionary (2015) a challenge is a new or difficult task that tests somebody's ability and skills in a role. In the context of this study the objective was to assess the challenges for primary school educators supporting HIV/AIDS orphans and vulnerable children.

In reality, challenges are prevalent but research must be conducted to provide conditions to overcome them. It was evident in this study that although educators are willing to assist learners who are HIV/AIDS orphans and vulnerable children, they are faced with different challenges. In the study these challenges, such as limited support available to orphans and vulnerable children and secondly a lack of resources in schools to respond to orphans' needs and a lack of parent and guardian's support.

The gist of the argument is that school interactions should place both AIDS orphans and vulnerable children at first priority without promoting one group over another.

The study found that educators are faced with the challenge of limited support for practical things such as food, clothes, housing and limited health care. The study established that the majority of educators do make means in their private capacity. Means here include buying school uniforms, housing an abused or neglected orphan in their own home, and buying food and other substances. Similar to the study conducted by Naidoo (2010) where educators end up spending their own resources to respond to the needs of orphans in rural schools.

The study discovered that educators and SMT members agree that food, clothes and shelter are the most common basic needs of OVC. However these substances were not adequate to meet all the needs of OVC. The study found that educators can only offer support that is limited to practical things. Educators indicated that they do not receive enough training, knowledge and counselling skills to respond to other needs of HIV/AIDS orphans such as psychological, emotional and educational needs. Subsequently, the majority of educators were not confident with the level of support they offer to OVC. Hence, it was discussed in the previous section that educators indicated that they need professional intervention. Naidoo (2010) affirms that “educators reported challenges such as, lack of adequate training, a high educator-learner ratio, lack of time, lack of resources at school, lack of apathy among educators, lot of workload volume and a shortage of support services” (p.145).

The study discovered that schools are under-resourced to accommodate learners with special needs. Secondly, the provision of the school nutrition programme is not enough to feed orphans twice a day and that orphans often come to school hungry. Although some schools attempt to have extra –nutrition feeding, money is limited to sustain such programmes throughout the year.

The study went beyond food and clothes as per the needs of orphans. It discovered that personal hygiene is another challenge to overcome; it is related to a lack of quality food and health care. The study found that orphans are commonly vulnerable to contagious illness such as chicken pox, diarrhoea and pink eye. Sadly, they rarely receive treatment on time.

The SMT’s reported that schools do not have enough facilities for provision of health care and treatment for HIV/AIDS orphans and they sometimes remain at home for a week if they are sick. Sadly, SMT’s reported that schools do not have a large enough budget to provide facilities, resources and materials to support HIV/AIDS orphans. This finding appeared to be a great concern for both educators and SMTs.

The study revealed that educators are aware of the needs of orphans but the department of educators in the allocation of schools do not provide adequate budget to promote the needs and support for OVC. The study discovered that schools are understaffed to provide enough participative academic work. Additional Educators and ready-made HIV/AIDS teaching materials are needed to create a school environment that is supportive for both learners and educators in the rural schools where this study was undertaken. The schools were set to have at least one photocopier machine, without telephone, fax or email. This suggests that making contact with other governmental sectors is still a challenge for SMTs. The study discovered that SMTs and educators use their personal resources such as cell-phones and cars to make reference procedures and travel out of the school to help HIV/AIDS orphans when necessary.

Another finding is the lack of support from orphans' guardians or full care parent. The study found that educators find poor communication between schools and orphans' guardians to be a challenge in comparison with communication between guardians of non-orphaned learners. The study discovered that there is a relatively high rate of failure and poor school attendance among HIV/AIDS orphans.

The study establishes that the poor communication between schools and guardians of OVC has a negative impact on the support for orphans by educators at school. The study discovered that orphans living with guardians were more neglected and they did not appear to get educational support such as help with homework and assignments at home. The study adopted the claim that there is a lack of support for OVC in foster care families. The existing lack of support exceeds the other challenges that compromise the educators of orphans and vulnerable children at school.

According to Hlabygo and Ogunbanjo (2014) poverty was viewed as posing a significant problem for HIV/AIDS orphans. Educators use their own resources, such as food and clothes to help children in need. Similar to the findings of the study, educators faced challenges such as a lack of training, lack of support systems and resources in schools. These challenges are reported to be an influence for educators in developing a negative attitude when it comes to supporting orphans. Hlabygo and Ogunbanjo (2014) state that according to educators HIV/AIDS orphans revealed emotional problems, which influence their behaviour; 86% of the proportion was depressed and 85 % experienced a negative stigma against them.

## **5.5. Recommendations of the study**

The following recommendations will be made according to the findings of the study. The recommendations are set to respond to findings according to each objective. The recommendations were made based on school level, family level, community level and national level. The recommendations are discussed below.

### **5.5.1. School level**

- a) Based on the findings of the study. It is recommended that schools incorporate HIV/AIDS education into their curriculum to reduce the stigma and promote awareness in classrooms.
- b) It is recommended that SMT's plans involve the HIV/AIDS school policy to invite NGO's and community members to contribute towards capacity building through workshops and seminars for educators in coping with HIV/AIDS related stress.
- c) It is recommended that SMT's and educators take it upon themselves to familiarise themselves with HIV/AIDS programmes and terminology to increase their own knowledge in supporting HIV/AIDS orphans in order to reduce the stigma against them.
- d) Schools need to make interventions to fight poverty and provide for HIV/AIDS orphans and vulnerable children in schools, like planting vegetable gardens, approaching local businesses to donate clothes and food to learners who are vulnerable children.
- e) Schools need to additional nutritional supply to provide more food for orphans, schools can achieve such through creating links with NGO's and other business donors.
- f) Based on the findings it is recommended that principals and educators take initiatives without relying on the district or provincial department. This should be done to respond to the needs of orphans by providing referrals for orphans to relevant social support services.
- g) It is recommended that schools in rural areas form a caregiver's committee that will involve all the structures of the community, such as traditional leaders, SAPS and other community members to protect the rights and safety of HIV/AIDS orphans and vulnerable children.
- h) Schools need to liaise with their respective local municipalities to report on the needs and crisis faced by HIV/AIDS orphans and vulnerable children.



- i) It is recommended that schools improve the admission policy for children, to ensure that all records and information is adequate to track guardians of all children including HIV/AIDS orphans and vulnerable children.

### **5.5.2. Family level**

- a) Families play a significant role in improving the lives of orphans. It is recommended that relatives or extended families or caregivers of HIV/AIDS orphans get trained on raising orphans and responding to the special needs of orphans.
- b) Caregivers and guardians need to be empowered and supported to provide good home leadership and motivation to encourage good behaviour of orphans at school and value the correspondence with schools on matters pertaining to the education of HIV/AIDS orphans and vulnerable children.
- c) Families need to be familiarised with the psychological needs of orphans and vulnerable children. They also need to have knowledge on the psychological support available from the nearest clinic or hospital to ensure that they are well and fit for school.

### **5.5.3. Community level**

- a) In response to support of orphans, recommendations have to be made based on the community level wherein all the ecological systems co-exist. Below are the recommendations to be made at the community level.
- b) It is recommended that a community based structure that consists of all leaders, churches and local government representatives is formed in each community, so as to respond to the needs of educators and learners in the community affected and infected by the presence of HIV/AIDS in their lives. This structure is to be responsible to liaise with schools, clinics, SAPS and the nearest Department of Social Development in an emergent response to such crises in the rural communities.
- c) Community workers' intervention is needed to ensure that schools provide adequate support on HIV/AIDS related matters.
- d) Community based support groups are needed to provide support for educators who are failing to cope with the stress of HIV/AIDS related matters. Such support groups can consists of pastors, traditional leaders, councillors and indigenous people to provide their knowledge of the situation.
- e) It remains the role of the community to identify the households wherein HIV/AIDS orphans and vulnerable children live. It is recommended that community leaders

provide such information to schools for the preparation to make interventions respectively.

#### **5.5.4. Government level**

Intergovernmental relations need to be strengthened by the Department of Education, KwaZulu-Natal to ensure they follow the recommendations.

- a) It is recommended that healthcare is made easily accessible to vulnerable schools in the rural areas. It is recommended that the Department of Education prioritise poor communities where there is high prevalence of HIV/AIDS orphans and vulnerable children through specialised budget allocation. To ensure that these schools receive enough funds to provide for the needs of educators and learners affected and infected by HIV/AIDS.
- b) It is recommended that the National Department of Basic Education develop integrated plans for the provision of support for social services in rural schools to ensure that educators cope with the stress of dealing with OVC's in all provinces
- c) It is recommended that the DBE also provide workshops on stress management and coping strategies for educators in schools, by developing educator wellness programmes that will help educators to deal with work related stress and depression.
- d) It is recommended that DBE also assist provincial Department of Education to facilitate teacher development and training on the support of HIV/AIDS orphans and vulnerable children.
- e) It is recommended that Districts ensure that schools with a high rate of orphans and vulnerable children are of the highest priority in terms of infrastructure development, social support and they visit schools regularly to support educators.
- f) It is recommended that Districts profile these schools and do necessary interventions to provide assistance for SMT's in managing the crisis they are faced with in their schools.

#### **5.6. Conclusions of the Study**

Based on the findings and recommendations discussed in this study, the researcher has reached the following conclusions:

This study has explored the experiences of primary educators supporting learners who are HIV/AIDS orphans and vulnerable children in the uMkhanyakude District. Very little was found in the literature on the subject of educators' experiences. Surprisingly, in this study the

majority of educators were not even informed about school policies related to orphans and HIV/AIDS. The results of the study showed that educators are willing to support learners who are HIV/AIDS orphans and vulnerable children. However they face difficulties such as the anti-social behaviour of orphans, poor reading and writing of orphans and their inability to cope with the loss of their parents.

The study may conclude that the psychological wellbeing of orphans was a source of difficulty that caused depression and stress in the educators supporting them. Sadly, both educators and SMT's as subjects of the study pointed out that there is currently no professional help for them to cope with stress related to the burden of supporting the fast growing number of orphans in schools. Interestingly, the study discovered that educators who have had the experience of being an orphan were found to be highly effective and knowledgeable on the psychological wellbeing of HIV/AIDS orphans. This implies that their experiences as orphans helped them to create a bond with the learners who are HIV/AIDS orphans and vulnerable children.

One issue that emerges from the findings is educators with no experience of being orphans find it emotionally draining and frustrating to deal with the pain and anti-social behaviour of orphans. These findings suggest that educators have not been able to cope with such predicaments. Sadly, both SMTs and educators indicated that there is no professional support they receive related to dealing with cases of HIV/AIDS orphans and vulnerable children in primary schools.

This finding had importance in developing the conclusion that educators are not trained to offer professional support to HIV/AIDS orphans in primary school. As a result, they can only offer support limited to practical things such as food, clothes and shelter. Contrary, to the conceptual framework which provides that support is not only giving food, clothes and shelter, educators must be in a position to respond to educational, psychological and emotional needs of OVC's.

The study arrived at the conclusion that educators need additional support from social workers, psychologists and counsellors to help them respond to various needs of HIV/AIDS orphans and vulnerable children. The need for community based support structure was also a recommendation made by both SMT's and educators.

This recommendation exists to ensure that schools work with the community supporting the HIV/AIDS orphans and vulnerable children. Although this recommendation may need more

human and financial resources but educators showed a strong belief in it. The study revealed that schools do not have HIV/AIDS policies in practice which limit their opportunities for creating a caring school environment for HIV/AIDS orphans. Although most educators indicated that they have once tried to have caregivers' committees that was an attempt to provide support for HIV/AIDS and vulnerable children.

The common challenges identified by educators were a lack of resources and poor correspondence with guardians or caregivers of orphans. One may raise a conclusion that HIV/AIDS orphans receive less home support compared to non-orphans. This suggests that there is a high rate of drop out in HIV/AIDS orphans due to a lack of motivation and support from homes. The evidence presented by this finding supports the claim that most children on the streets are HIV/AIDS orphans who were neglected by their guardians. This study has demonstrated that challenges educators face with supporting HIV/AIDS orphans cannot be overcome based on a single support structure. This implies that many sectors such as NGO's, private business and other government departments have a unique role to play.

The study provided recommendations that schools, families, community and government have to work together to create a supportive and caring society for children affected and infected by the HIV/AIDS epidemic. Although previous studies have been conducted on this subject there is as yet no implementation and improvement on the conditions of HIV/AIDS orphans in primary schools in terms of support.

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## APPENDICS

### APPENDIX A: ACCESS LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH



University of Zululand, Private Bag X1001, KwaDlangezwa, 3886  
W: [www.unizulu.ac.za](http://www.unizulu.ac.za)

Department of Social Work,  
P/Bag x1001  
KwaDlangezwa  
3886  
15 October 2017

Dear Sir/Madam

#### PERMISSION TO CONDUCT A RESEARCH STUDY.

I am writing to request permission to conduct a research study in the school. I am currently enrolled in the MA Community Work programme in the Department of Social Work. The study is titled: Experiences of primary Educators supporting learners who are orphans and vulnerable children at uMkhanyakude District KwaZulu-Natal.

The study focuses on the educators' experience in supporting learners who are HIV/AIDS orphans and vulnerable children in their schools. The researcher's main aim is to interview educators and issue about their experiences regarding the support they offer at the school level. The participants will be anonymous, real names will not be used. Willing educators, who volunteer to participate, will be given a consent form to sign. Your approval to conduct this study will be greatly appreciated. I would be happy to answer any questions or concerns that you may have about the research project.

Your assistance in this matter will be appreciated.

Supervisor: Prof. J.D Thwala email: [thwalai@unizulu.ac.za](mailto:thwalai@unizulu.ac.za) T: +27 (0) 35 9026811

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## APPENDIX B: PARTICIPANT INFORMED CONSENT



**UNIVERSITY OF  
ZULULAND**

University of Zululand, Private Bag X1001, KwaDlangezwa, 3886

**W:** [www.unizulu.ac.za](http://www.unizulu.ac.za)

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### **PARTICIPANT INFORMED CONSENT DECLARATION**

(Participant)

Research Project Title: Experiences of primary school educators supporting learners who are HIV/AIDS orphans at uMkhanyakude District KwaZulu-Natal.

1. Sifiso Gift Sibeko from the Department of Social Work, University of Zululand has requested my permission to participate in the above-mentioned research project.
2. The main aim and objectives of his research project, and of this informed consent declaration have been explained to me in a language that I understand.  
I am aware that:
3. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.
4. The purpose of the research project is to explore experiences of primary school educators supporting learners who are HIV/AIDS orphans at uMkhanyakude District KwaZulu-Natal
5. The University of Zululand has given ethical clearance to this research project and I have seen/ may request to see the clearance certificate.
6. The KwaZulu-Natal Department of Education has granted permission for this study to be conducted in schools.
7. I understand that by participating in this research project. I will be contributing in the improvement of supporting learners who are HIV/AIDS orphans and vulnerable children in primary school. I also understand that my views and experienced are of great significance, there is no correct or wrong answer but they are useful information required for the research project.

8. It has been elaborated to me that the goal of this study is to empower educators, school social workers, principals, policy makers, curriculum developers and community based NGO's with a holistic insight to improve teacher-support to OVC's programmes.
9. I am clear that this study is important to raise awareness on building the caring and supportive schools and communities when it comes to HIV/AIDS orphans and vulnerable children. Recommendations of the study will help improve the strategies and programmes on how to respond to the needs of orphans and vulnerable children. The study will help put forward the suggestions on how to overcome the problem of HIV/AIDS crisis in rural schools.
10. I understand that upon completion the Department of Education in KwaZulu-Natal will be provided with the findings of this study that can contribute in improving conditions for HIV/AIDS orphans support in schools.
11. I will not be compensated for participating in the research, but my out-of-pocket expenses will be refunded.
12. There may be risks associated with my participation in the project. I am aware that
  - a. The research embarked on will not harmfully disturb the physical, social security of the contributors. The possibilities (risks) and profits of the research to the potential contributors will be fully reflected; if this research could lead to pointless physical damage it will not be commenced.
  - b. there is a 0% chance of the risk materializingThe researcher intends publishing the research results in the form of dissertation However, confidentiality and anonymity of records will be maintained and that my name and identity will not be revealed to anyone who has not been involved in the conduct of the research.
13. I have been informed that any enquires in connection to this research project can be directed to:

Mr. Sifiso Gift Sibeko

Mobile: 0834033704

email:Sifiso.sibeko@me.com

14. By signing this informed consent declaration, I am not waiving any legal claims, rights or remedies.

15. A copy of this informed consent declaration will be provided to me, and the original will be kept for records of the research project.

I, ..... have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been coerced in any way and I voluntarily agree to participate in the abovementioned project.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date



## APPENDIX C: DATA COLLECTION INSTRUMENT

Questions    Time Allocated: 60 minutes

Interviewer: Sifiso Gift Sibeko

Student Number

Topic: Experiences of primary educators supporting learners who are HIV/AIDS orphans and vulnerable children in uMkhanyakude District Kwa-Zulu Natal.

Cell no: **083 4033 704**

E-mail: [Sifiso.sibeko@me.com](mailto:Sifiso.sibeko@me.com)

### **Section A: Difficulties primary school educators experience with supporting learners who are HIV/AIDS orphans and vulnerable children.**

1. Does your experience as a child helps you in supporting learners who are HIV/AIDS orphans and vulnerable children?

.....  
.....  
.....

2. How do you Identify HIV/AIDS OVC's in your classroom?

.....  
.....  
.....

### **Section B: Available opportunities for primary school educators supporting HIV/AIDS orphans and vulnerable children.**

3. Does your school has a policy for HIV/AIDS OVC's support related?

.....  
.....  
.....

4. Have you received any capacity building training or workshop concerning the support of learners who are HIV/AIDS orphans and vulnerable children so far as an educator?

.....  
.....  
.....

**Section C: Challenges for primary school educators supporting HIV/AIDS orphans and vulnerable children.**

5. Do you experience stress in your profession due to the presence of HIV/AIDS OVC's in your class?

.....  
.....  
.....

6. What is your experience with the behaviour of the HIV/AIDS OVC's in your class?

.....  
.....  
.....

7. What do you think can be done to solve the problem?

.....  
.....  
.....

-----The end-----

# APPENDIX D: PERMISSION LETTER TO CONDUCT THE STUDY IN KZN DoE INSTITUTION



education

Department:  
Education  
PROVINCE OF KWAZULU-NATAL

Enquiries: Phindile Duma

Tel: 033 392 1004

Ref.:2/4/8/907

Mr SG Sibeko  
PO Box 1027  
Piet Retief  
2380

Dear Mr Sibeko

## PERMISSION TO CONDUCT RESEARCH IN THE KZN DoE INSTITUTIONS

Your application to conduct research entitled: "EXPERIENCES OF PRIMARY SCHOOL EDUCATORS SUPPORTING LEARNERS WHO ARE HIV/AIDS ORPHANS AND VULNERABLE CHILDREN AT UMKHANYAKUDE DISTRICT KWAZULU-NATAL", in the KwaZulu-Natal Department of Education Institutions has been approved. The conditions of the approval are as follows:

1. The researcher will make all the arrangements concerning the research and interviews.
2. The researcher must ensure that Educator and learning programmes are not interrupted.
3. Interviews are not conducted during the time of writing examinations in schools.
4. Learners, Educators, Schools and Institutions are not identifiable in any way from the results of the research.
5. A copy of this letter is submitted to District Managers, Principals and Heads of Institutions where the Intended research and interviews are to be conducted.
6. The period of investigation is limited to the period from 12 September 2016 to 26 March 2018.
7. Your research and interviews will be limited to the schools you have proposed and approved by the Head of Department. Please note that Principals, Educators, Departmental Officials and Learners are under no obligation to participate or assist you in your investigation.
8. Should you wish to extend the period of your survey at the school(s), please contact Miss Connie Kehologile at the contact numbers below
9. Upon completion of the research, a brief summary of the findings, recommendations or a full report/dissertation/thesis must be submitted to the research office of the Department. Please address it to The Office of the HOD, Private Bag X9137, Pietermaritzburg, 3200.
10. Please note that your research and interviews will be limited to schools and institutions in KwaZulu-Natal Department of Education.

UMkhanyakude District

Adv. MB Masuku  
Acting Head of Department: Education  
Date: 20 September 2016

..Championing Quality Education - Creating and Securing a Brighter Future

KWAZULU-NATAL DEPARTMENT OF EDUCATION

Postal Address: Private Bag X9137 • Pietermaritzburg • 3200 • Republic of South Africa

Physical Address: 247 Burger Street • Anton Lembede Building • Pietermaritzburg • 3201

Tel.: +27 33 392 1004/41 • Fax.: +27 033 392 1203 • Email: Kehologile,Connie@kzndoe.gov.za/Phindile.Duma@kzndoe.gov.za • Web:www.kzneducation.gov.za

Facebook: KZNDOE...Twitter: @DBE\_KZN...Instagram: kzn\_education...Youtube:kzndoe

## APPENDIX E: ETHICAL CLEARANCE CERTIFICATE

**UNIVERSITY OF ZULULAND  
RESEARCH ETHICS COMMITTEE**  
(Reg No: UZREC 171110-030)



**RESEARCH & INNOVATION**

Website: <http://www.unizulu.ac.za>  
Private Bag X1001  
KwaDlangezwa 3886  
Tel: 035 902 6887  
Fax: 035 902 6222

### ETHICAL CLEARANCE CERTIFICATE

Certificate Number	UZREC 171110-030 PGM 2017/410			
Project Title	Experiences of primary school educators supporting learners who are HIV/AIDS orphans and vulnerable children at UMkhanyakude District KwaZulu-Natal			
Principal Researcher/ Investigator	Sibeko SG			
Supervisor and Co-supervisor	Prof JD Thwala	Mr MM Shabalala		
Department	Social Work			
Faculty	Arts			
Type of Risk	Medium risk – Data collection from people			
Nature of Project	Honours/4 <sup>th</sup> Year	Master's	<input checked="" type="checkbox"/> x	Doctoral
				Departmental

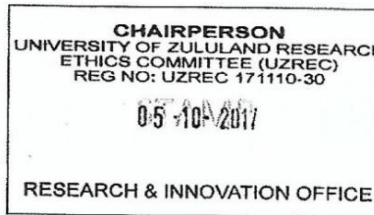
The University of Zululand's Research Ethics Committee (UZREC) hereby gives ethical approval in respect of the undertakings contained in the above-mentioned project. The Researcher may therefore commence with data collection as from the date of this Certificate, using the certificate number indicated above.

- Special conditions:
- (1) This certificate is valid for 2 years from the date of issue.
  - (2) Principal researcher must provide an annual report to the UZREC in the prescribed format [due date-01 July 2018]
  - (3) Principal researcher must submit a report at the end of project in respect of ethical compliance.
  - (4) The UZREC must be informed immediately of any material change in the conditions or undertakings mentioned in the documents that were presented to the meeting.

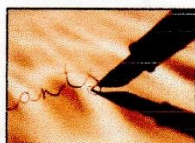
The UZREC wishes the researcher well in conducting research.

  
Professor Gideon De Wet

Chairperson: University Research Ethics Committee  
Deputy Vice-Chancellor: Research & Innovation  
27 September 2017



*Bel Lettres*  
*Editing Services*



31 January 2018

To whom it may concern

**Re: Language editing of MA (community work) thesis for Sifiso Sibeko**

This letter serves to confirm that I, Isabel Rawlins did language editing in the dissertation named above. I therefore grant permission for the document to be sent for external examination.

Yours truly,

• Isabel Rawlins MACW (Rhodes)



## APPENDIX G: TURNITIN REPORT

# M.A COMMUNITY WORK

*by Sifiso Sibeko*

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**Submission date:** 12-Jan-2018 11:00AM (UTC+0200)

**Submission ID:** 902101200

**File name:** Sibeko\_Mini\_Dissertation\_07\_01\_2018Rev11Jan2018.docx (1.6M)

**Word count:** 27626

**Character count:** 169214

## M.A COMMUNITY WORK

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SIMILARITY INDEX

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