

UNIVERSITY OF ZULULAND

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RESEARCH PROPOSAL

For the Degree of

MASTERS

In the field of

EDUCATIONAL PSYCHOLOGY

In the **FACULTY OF EDUCATION**

With the title:

**EDUCATORS' ATTITUDES TOWARDS HIV/AIDS CARE AND SUPPORT
PROGRAMME FOR HIGH SCHOOL LEARNERS IN ZULULAND DISTRICT**

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DEDICATION

This research work is dedicated to the late Prof P.T. Sibaya, Prof M.M. Hlongwane, L.O. Makhonza, P. Zulu & my family who put much effort to support me during the course of my studies.

ACKNOWLEDGEMENTS

I wish to convey my sincere gratitude to the following people who assiduously supported me during the course of this study.

My Supervisor, Prof M.M. Hlongwane for his ongoing support and encouragement that led to the success of this study.

My previous Supervisor, Professor P.T. Sibaya for the support given during my studies.

The former District Director, Mr W. du Plooy, for granting me a permission to conduct research in ten schools in Zululand District.

The educators in ten schools in Zululand District who gladly participated in my study.

DECLARATION

I, Poppie Skatane, hereby declare that this dissertation on Educator's attitudes towards HIV/AIDS Care and Support Program for high school learners in Zululand District" is my own work. It is being submitted in partial fulfilment of the requirements for the degree of Master of Education (Educational Psychology) at the University of Zululand. This work has not been submitted before, in University of Zululand or any other university for any degree. All sources that have been consulted are appropriately acknowledged both in in-text and references.

Poppie Skatane

Signed at _____ on the _____ of _____ 2017

ABSTRACT

The rapid increase in HIV/AIDS infections and its effects in families and communities are vast. Around the world, young people are at the centre of the HIV epidemic. They are at high risk for HIV/AIDS infection and are, therefore, in need of targeted interventions. As a result, South African Government has established HIV/AIDS Care and Support Program to be implemented in schools by educators. The purpose of this study is to explore educators' attitudes towards this HIV/AIDS Care and Support Program for high school learners in Zululand District. The study seeks to explore how educators in high schools view schools as centres of care and support for learners infected and affected by HIV/AIDS; and also explore their beliefs about HIV/AIDS Care and Support Program being implemented in schools by educators; as well as factors that affect the effective implementation of the program.

The results of this study should contribute to the research in the area of Sexuality Education in schools and influence the design and the implementation of HIV/AIDS Care and Support Program in high schools. The structured interviews with ten educators from ten high schools in Zululand District, comprising of five females and five males Life Orientation educators were conducted. The results reveal that the educators have positive attitudes towards HIV/AIDS Care and Support Program. However, they believe that the implementation of the program does not form part of their responsibility as educators due to lack of expertise, time, and support from school management and parents. The study also found that factors such as lack of effective training, lack of support from school management, lack of parental involvement, as well as confidentiality, hinders the effective implementation of HIV/AIDS Care and Support Program.

TABLE OF CONTENTS

DEDICATION	i
ACKNOWLEDGEMENTS	ii
DECLARATION	iii
ABSTRACT	IV
CHAPTER 1: INTRODUCTION	1
1.1 Motivation of the study	1
1.2 Statement of the problem	2
1.3 Research question	3
1.4 Aims of the study	3
1.5 Objectives of the study	3
1.6 Definition of terms	3
1.6.1 Educational support	3
1.6.2 HIV/AIDS Care and Support Program	3
1.6.3 High school learners	4
1.6.4 Life Orientation Educators	4
1.6.5 Attitude	4
1.7 METHODOLOGY	4
1.6.1 Research design	4
1.6.2 Sampling method	4
1.6.3 Procedures	5
1.6.4 Instrument	5
1.6.5 Method of data analysis	5
1.8 Value of the study	6
1.9 Structure of the thesis	6-7
1.10 Summary of the study	7
CHAPTER 2: LITERATURE REVIEW	9
2.1 Introduction	9-10
2.2 HIV/AIDS Care and Support Program	11
2.3 Special needs of children infected and affected by HIV/AIDS	12
2.4 The role of schools	13-14
2.4.1 The role of schools in the South African policy context	15

2.4.2 The role of educators	16-18
2.4.3 Factors affecting educator's attitudes educators' attitudes Towards implementation of Care and Support program	18
2.4.4 The impact of educators attitudes	19
2.5 International studies	20-21
2.6 Conclusion	21
2.7 Theoretical framework	22-26
CHAPTER 3: RESEARCH METHODODLOGY	27
3.1 Introduction	27
3.2 Research paradigm	27
3.3 Research design	28
3.3.1 Sampling design	28
3.3.2 Research instrument	29
3.3.3 The nature of the research instrument	29
3.3.5 Data analysis	30
3.3.6 Description of procedures	30
3.6 Ethical considerations	31
3.7 Credibility	31
3.8 Summary	32
CHAPTER 4: DATA ANALYSIS AND INTERPRETATION OF RESULTS	32
4.1 Introduction	33
4.2 Questions posed by this study	33
4.3. Summary of themes	33
4.3.1 Positive attitude	34
4.3.1.1 Benefits learners	34
4.3.1.2 Prevention measures	35
4.3.1.3 Stigma fighting	36
4.3.2 Provision of basic support measures	37
4.3.2.1 Referring to Professionals	37
4.3.3 Commitment of providing support and care	38
4.3.3.1 Behaviour change	38-39
4.3.3.2 Improved performance	40
4.3.4 Negative attitude	40

4.4 Factors that have an impact on care and support program	41
4.4.1 Fear of stigma	42
4.4.2 Confidentiality status of HIV/AIDS	43
4.4.3 Lack of support from stakeholders	43-44
4.4.4 Lack of training	45
4.4.5 Duty load	46
4.4.6 Mixed feelings	46-47
4.5 Summary	48

CHAPTER 5: DISCUSSION OF RESULTS

5.1 Introduction	48
5.2 Positive attitudes towards care and support program	49
5.2.1 Benefits learners	50
5.2.2 Prevention measures	51
5.2.3 Stigma fighting	51
5.3 Provision of basic support measures	52
5.3.1 Provision of basic counselling	52
5.3.2 Referring to Professionals	52
5.4 Commitment of providing support and care	53
5.4.1 Behaviour change	54
5.4.2 Improved performance	55
5.5 Negative attitudes	55
5.6 Obstacles that can hamper the implementation of care and support program	56
5.6.1 Fear of stigma	56
5.6.2 Confidentiality status of HIV/AIDS	57
5.6.3 Lack of support from stakeholders	58
5.6.4 Lack of training	58
5.6.5 Duty load	59
5.7 Interpretation of results	60
5.8 Conclusion	61
6. Summary of findings, recommendations and conclusions	62
6.1 Introduction	62
6.2 Limitations of the study	62

6.3 Research questions	62
6.4 Findings with regard to aim number 1	63
6.5 Findings with regard to aim number 2	63
6.5.1 Lack of training	64
6.5.2 Work load	65
6.5.3 Lack of support from stakeholders	65
6.5 Recommendations	66
6.6 Summary Conclusion	67
REFERENCES	68

CHAPTER 1: INTRODUCTION

1.1 Motivation for the study

The spread of HIV/AIDS, internationally and in South Africa in specific, has posed major threat to the future of the younger generation (Sarma & Oliveras, 2013, p, 3). A rapid increase of Orphans and Vulnerable Children has considerable impact in the lives of school children (Chu, 2014, p, 561; Parag, 2010, and Chao, Gow, Akintola & Pauly, 2010). While government assist by providing social grants to orphans and vulnerable children, some of these children remain unidentified for various reasons.

The majority of children spend their main portion of the day at school. As a result, schools have been viewed as proper centres that can contribute or take leadership responsibilities in identifying and providing care for and support to all learners who are experiencing barriers to learning, and orphans and vulnerable learners; as well as empowering those learners and other children about HIV/AIDS and related diseases. The need to teach learners about HIV/AIDS and sexually transmitted Infections has led to the education department to put effort such as incorporating sexuality education in the curriculum, providing training for educators in lay counselling; and increasing support to learners by providing additional staff to Special Needs Education Section (SNES). Hence, the department of education has developed a comprehensive care and support programme aimed at addressing learner challenges emanating from HIV/AIDS.

Although a number of studies have been conducted to assess the attitudes of educators towards HIV/AIDS Care and Support Programme (Sarma & Oliveras, 2013); there is a need to explore educators' beliefs and views regarding their role in the programme and the possible factor that affect the actual implementation of HIV/AIDS Care and Support Programme. The way educators view their role and their belief about the programme; as well as factors impacting the implementation; are important in ensuring the programme is implemented effectively. In the year 2000, the Department of

Education (DoE, 2000b) issued Norms and Standards for Educators. It details the roles and competencies expected of educators, including the 'community citizenship and the pastoral role'. According to Norms and Standards of Educators (DoE, 2000) an educator within the school is expected to demonstrate an ability to develop a supportive and empowering environment for the learner and respond to educational needs of learners. It is in this view that this study seeks to assess educators' attitudes towards HIV/AIDS Care and Support Programme; by exploring their beliefs about the programme and their views about their role as educators regarding the implementation of HIV/AIDS Care and Support Programme.

1.2 Statement of problem

Zululand District is a District in Vryheid which is the Northern part of Kwazulu Natal, with 769 schools, in which 235 schools have been trained in the Care and Support Programme of learners who are experiencing barriers to learning, especially those infected and affected by HIV/AIDS, this was developed to provide educational support for these learners. The training of educators took five days for each group, and it was conducted by the district officials from HIV/AIDS section. However, despite the operational programme learners are still suffering from HIV/AIDS related problems. This is confirmed by the number of referrals received by the District from high schools. This is in line with Naierman (1998) in the Care and Support Guide, and that if the needs of young, grieving children are not met, it can have dire consequences later in life.

All learners deserve quality education and normal life, as well as to reach their potential (Willis, 2007). Therefore; it is vital for all educators to realise this and have a responsibility to equip themselves with the necessary skills to care for and support these learners in the most possible way (Mashaba, 2014:1493). As a result, the study of educator's attitudes towards the HIV/AIDS Care and Support Programme in schools will lead the researcher to be able to identify the attitudes of educators and factors that can improve the extent of HIV/AIDS educational support and care for affected high school

learners, as well as to help educators to address the challenges they encounter in implementing this programme.

1.3 Research questions

This research answers the following questions:

- What are the attitudes of educators towards the HIV/AIDS Care and Support Programme for high school learners in Zululand District?
- What are the factors that have impact in the implementation of HIV/AIDS Care and Support Programme?

1.4 Aims of the study

The aim of the study is to critically assess the educator's attitudes towards the implementation of care and support program in high school in Zululand District. The study also aimed to identify the factors that impact on the implementation of HIV/AIDS care and support program.

1.5 Objectives of the study

- To assess educators' attitudes towards the HIV/AIDS Care and Support Programme for high school learners in Zululand District. KwaZulu-Natal.
- To identify factors that has impact in the implementation of HIV/AIDS Care and Support Programme.

1.5 Definition of terms

Educational support: In this study, educational support refers to the support provided by educators to high school learners who are affected by HIV/AIDS; in the form of lay counselling and referral to relevant professionals.

HIV/AIDS Care and Support Programme: A programme initiated by KwaZulu-Natal Department of Education as part of HIV/AIDS Life Skills program, whereby educators assist learners with emotional, spiritual, physical and academic needs due to HIV/AIDS , in the form of counselling and referral.

High schools learners: Learners from grade 8 to 12 that are infected with or affected by HIV/AIDS in Zululand District.

Life Orientation Educators: High school teachers employed to teach Life Orientation and appointed as Learner Support Educators.

Attitude: The way educators perceive the programme of Care and Support, what they think and feel about it and its implementation their opinions and the way they behave towards it.

1.6 Methodology

1.6.1 Research design

A qualitative research design was used for the purpose of this study. According to Maree (2012) qualitative research is designed to reveal a target audience's range of behaviour and the perception that drives it with reference to specific topic (Maree, 2012). In contrast to quantitative research, which relies on numbers and data, qualitative research focuses on how people feel, what they think and the reasons for such thoughts and feelings. According to Anderson, (2010) qualitative research recognizes the importance of the context in which behaviour occurs and issues can be examined in detail and in-depth. It produces in-depth data since the data is based on human experience that is obtained and provides an opportunity to probe (Anderson, 2010). The qualitative research design was appropriate for this study because the study seek to understand the attitudes of educators towards the HIV/AIDS Care and Support Programme in Zululand District.

1.6.2 Sampling method

This study used purposive sampling to select educators to form a sample of study. This sampling is used if the researcher wants to access a particular subgroup of people with certain characteristics. The main goal of purposive

sampling is to focus on particular characteristics of the population of interest (Laerd, 2012). Respondents of this study were high school Life Orientation educators in the Zululand District. Zululand District comprises of five circuits. The respondents were Life Orientation educators from two schools per circuit. The total number of educators in a sample was ten. The schools involved Pongola Intermediate, Sozama, Isolomuzi, Filidi, Kanyekanye, Kwasa, King Phumzuzulu, Falaza, Mdumela and Mazonke. The sampling will be purposive; Only Life Orientation educators were involved

1.6.3 Procedures

The researcher requested a permission to conduct the study from the Head of the Department of Education. Permission was also requested from the Zululand District Director. The schools were randomly selected and permission was requested from the principals of the participating schools. The researcher went to schools with all these forms. The researcher explained the purpose of the study to participants. She then ensured that confidentiality was maintained and that all participating volunteers knew they had the right to decline or withdraw from participating.

1.6.4 Instrument

The study used an in-depth interview by using interview schedule to collect data from the respondents. The in-depth interview is a qualitative research technique which involves conducting intensive individual interviews with a small number of respondents (Boyce & Neale, 2006). The purpose of in-depth interview was to collect information and establish themes out of such information.

1.6.5 Method of data analysis

The data collected using in-depth interview was analysed using thematic analysis. According to Braun and Clarke (2006) is appropriate in identifying, analysing and reporting patterns within data collected. Data was organized

data set was described in detail and interprets various aspects of the research topic. Thematic analysis involves becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes as well as producing the report.

1.7 Value of the study

This study contributes to the support and wellbeing of learners who are affected by HIV/AIDS, thus reducing the number of learners with emotional and scholastic barriers to learning. It will also assist in addressing the challenges educators are facing in implementing this programme, and increase the level of support in schools and explore ways to involve parents and the community in supporting affected learners.

1.8 Structure of the Thesis

Preliminaries: Title page, declaration, acknowledgements, dedication, abstract, table of contents, list of tables/figures, abbreviations and acronyms, and list of appendices.

Chapter One: Introduction and background of the study

Chapter One introduces the study and provides the conceptual and contextual settings of the study; problem statement; aims; objectives and research questions; significance and contributions of the study; literature review; scope and limitations of the study; dissemination of results; and definition of terms.

Chapter Two: Literature related to the area of the study

Chapter Two of the study deals with the literature review on background of care and support program; HIV care and support program in South Africa; special needs of children infected and affected by HIV/AIDS; the role of schools; the role of educators and factors affecting educators in implementing care and support program in schools. It further reviews literature on impact of educator's attitudes and international studies; lastly it's the summary of the chapter.

Chapter Three: Research Methodology

This chapter deals with research methodology and the design of the study. The chapter describes the research paradigms, research design and methodology, the qualitative approaches used, the study's population; the sampling methods and the data collection instruments. Data collection procedures and analyses are also discussed.

Chapter Four: Data presentation and analysis

Chapter Four presents results relating to each research question. In this chapter, the findings are presented in the form of themes and narrations.

Chapter Five: Results and Discussions

Chapter Five presents the clarification of the vital findings in the light of the research objectives and questions.

Chapter Six: Summary of Results, Conclusion and Recommendations

This chapter presents the summary of the results as derived from the set objectives, conclusions and recommendations of the study for the field. It also proposed areas for further research.

References

This section shows a list of references that is, books, journals, articles and online resource material that were used in developing this research project.

Appendices

These are supportive materials that are placed at the end of the dissertation and they include data collection instruments and letters of subjects.

1.9 Summary

The current chapter has explained in details the introduction of the study and the motivation of conducting the study. The chapter also discussed other significant aspects of the study such as the statement of the problem, aim, objectives, research questions, definition of terms, and structure of the study.

This chapter has further explained why care and support program significant in the survival of children.

The next chapter which is chapter two discusses the literature review.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

HIV/AIDS is, to date, amongst some of the very complex problems concerning health in the world (Abebe, 2012; Gao, Wu, Zhang, Zhang, Tang, Qui, et al. 2012). The face and demographics of our modern society are changing due to the increasing of HIV-infections (Chu, 2014; Parag, 2010 and Chao, Gow, Akintola & Pauly, 2010). The effects of HIV/AIDS in families and communities are vast (Atieno & Julius, 2008). Almost a decade ago, estimates of South Africans living with HIV were set at one in every nine people; also, in South Africa alone, it was also estimated that the number of children who are orphans because they had lost either one of their parents, or both, to deaths caused by HIV/AIDS stood at 100 000 (Hapunda, 2016). Some of the more badly affected countries show a high percentage of orphaned children because of AIDS, for instance, in Zimbabwe, 74 percent of the children are orphaned and in South Africa, 63 percent are orphaned. Also increasing, is the reported number of households which are headed by children within those regions (Hapunda, 2016).

(Parag, 2010 and UNAIDS, 2008). Conrad, (2013) also mentioned that worldwide, more than 16 million children under the age of 18 have lost one or both parents due to AIDS and millions more are indirectly affected because their families and communities are strained by other consequences of the epidemic. These children who are affected by HIV/AIDS are less likely to have their basic needs met, less likely to be in school, and are more likely to be malnourished or sick, experience psychological trauma, endure abuse and become infected with HIV (Conrad, 2013). Therefore these children need care and support in order for them to be resilient so they can survive and cope with these adverse situations. According to Narayanan, S.S & Cheang, A. W. O. (2016) a great amount of research has focussed mainly on the concept of resilience to more easily comprehend the coping with hardships by individuals and their becoming stronger.

The literature mainly focuses on cultivating the most resilience among the children and the adolescents who have to live in adverse conditions, for instance, having parents who are mentally ill or poverty (Narayanan, S.S & Cheang, A. W. O, 2016). Therefore, the program of Care and Support, if implemented effectively will enhance the resilience in children infected and affected by HIV/AIDS.

Around the world, young people are at the centre of the HIV epidemic (Sarma & Oliveras, 2013). Young people are at high risk of HIV and AIDS infection and are, therefore, in need of targeted intervention (Gao et al., 2012; Griessel-Roux, Ebersöhn, Smit and Eloff, 2005). According to UNAIDS (2008) it was derived from statistics that by the year 2015, HIV/AIDS will have affected over six million children.

Researchers agree that learners in schools need support, and educators are the ones who can provide them with support needed (Alford, Cheetham & Hauser, 2005; Blum, 2005; Griessel-Roux, Ebersöhn, Smit and Eloff, 2005; Jacob, 2005; Monsen, Ewing & Kwoka, 2013 and Parag, 2010). A supportive school environment for orphans and vulnerable children affected and infected by HIV/AIDS can be a contributor to the feeling of being more secure and can also enhance their learning ability (Chu, 2014; Giese, Go & Desmond, 2002; Giese, Meintjies, Croke & Chamberlain, 2003; Monsen, Ewing & Kwoka, 2013). According to the Global Crisis-Global action, 2001, the role of communities and community organisations, especially those involving people living with HIV/AIDS, is especially important. Their work promotes solidarity with HIV affected individuals and their families provide them with emotional support and help protects them against discrimination and violation of their rights. Hence it is of utmost importance to have this Care and Support program in school so that learners receive emotional and psychological support at school and at home.

2.2 HIV/AIDS Care and Support Program in South African schools

The program of HIV/AIDS Care and Support was started in 2001 in KwaZulu-Natal as part of several efforts to ensure inclusive education in South Africa. The aim was to ensure that schools and all its supporting structures contribute actively and positively in supporting learners affected and infected by HIV/AIDS, and to ensure that learners are cared for according to their specific needs. Educators do not only have the opportunity to teach learners to acquire life skills that can allow them to stay negative from HIV, they are also challenged with having to teach the HIV infected and affected pupils as well as support them. Therefore this program aims at assisting and guiding educators and to support them in their understanding and dealing with learners infected and affected by HIV/AIDS.

In 2000-2002, the Executive Director of READ and the founder of Sahara International realized that there is a low level of HIV/AIDS awareness. Together they decided to embark on a mission to raise more HIV awareness (Naierman, 1998). Their experience led to the development of care and support programme in schools, which was later adopted by the Department of Health. The programme was developed to provide psychosocial support to the HIV/AIDS infected and affected learner. It was developed in response to the enormity of HIV/AIDS disaster which is calling louder and clearly for strategic and of course effective use of all available structures and personnel to nurture the children.

According to Global crisis-Global action (2001) several pillars are rested upon by Support and comprehensive Care, and in order for people to know their status and effectively deal with it, voluntary HIV testing and counselling need to be included. To help with coping with the implications of living with a deadly disease, psychological support must also be included. This program of Care and Support aims at assisting educators in their ability to provide this psychological support to all the learners in need and to provide social support to help these learners, their families and their communities cope with the

economic and social consequences of HIV/AIDS. In South Africa, particularly in Kwazulu Natal, the Department of Education have developed structures to assist in providing care and support in schools. At school level, an Institution level support team have been formed which allow educators to support and help each other in addressing, supporting and caring for those learners who have learning barriers. At the District level, a District support team have been developed to assist schools and educators to handle difficult situations and to train and educate them on learner support. At the Provincial level, a Provincial level support has been developed to assist the District team on conditions and situations that appears to be difficult for the school and the District. All these structures are supposed to work together in identifying and assisting learners with barriers to learning including orphans and vulnerable children.

2.3 Special needs of children infected and affected by HIV/AIDS

International studies mention and confirm that there is evidence that educators experience a variety of behavioural and academic problems in the classroom including high rate of absenteeism, poor concentration, frequent sickness, drop-outs; and therefore, deteriorated performance and poor socialisation problems (Battalio, Dalhoe, & Shirer, 2013; Gicharu, Mwaniki, Kibui, Gichuhi & Kahiga, 2015; Hoadley, 2008 and Niang & Van Ufford, 2007). Coplan and Contello (1998) emphasize the importance of early identification of cases of HIV infections in order to start anti-retroviral therapy (ART) to avoid neurological damage (Anand, 2005 and Wolters & Brouwers, 2005), acute respiratory infections (Mishra, Otieno, Cross & Hong, 2007). Orphans and vulnerable children are facing significant psychosocial health stresses in their environment due to bereavement, poverty and changes in caregivers (Cluver, Operario and Gardner, 2008). These children, who are affected by HIV/AIDS, are less likely to be malnourished or sick, experience psychological trauma, endure abuse and become infected with HIV (DoE: White Paper 6).

2.4 The role of schools

Teens and young adults have the highest rates of sexually transmitted diseases of any age group (National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2008). Schools form part of the stakeholders that are expected to play a role in adolescents make healthy choices due to their direct contact with more than 56 million students for at least six hours a day and for thirteen critical years of their social, physical and intellectual development (National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2008). Giese, Go and Desmond (2002) extend this statement further by insisting that schools, as opposed to most other institutions, reach further into communities.

Campbell, Anderson, Mutsikiwa, Madanhire, Nyamukapa and Gregson (2016) mentioned that UNESCO's Good Policy and Practice on HIV and AIDS in Schools is one of many international policy documents that maps out a caring role for schools. According to them, this role of schools has five dimensions, the first aligned with the more familiar role for schools in imparting information and skills, and the other four advocating an expanded role for schools in relation to care and support. The five roles are: (i) the provision of HIV/AIDS related education for all children, (ii) ensuring the access and enrolment of HIV/AIDS affected learners, (iii) providing them with psychosocial support and counselling, (iv) assisting them to access the nutritional, health and medical services that they need, and (v) building partnerships between schools, local communities and relevant health and welfare agencies to support up in these roles (Campbell, et. al, 2016). According to National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (2008) research shows that well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviours among students.

In Kenya, an evaluation study of the impact of school-based education in HIV/AIDS was conducted. The study revealed that the school-based education programme was effective (Duflo, Dupas, Kremer & Sinei, 2007)

In Thailand, a 'Child Friendly School Project' was implemented from the year 1998 to 2000; the results of its evaluation revealed positive behavioural change in HIV affected students (Ward and Mendelson, 2009). The improvement was attributed to awareness activities in schools, effective counselling services with constant observation of special cases, and improved learning environment in schools (Ward and Mendelson, 2009).

The positive role played by HIV prevention programs in schools is acknowledged by several studies (Boler, 2003, Combe, 2002; Combe & Kelly, 2001; Fawole, Asuzu, Oduntan & Brieger, 1999; Hall, 2004; Shuey, Babishangire, Omiat & Bagarukayo, 1999); UNAIDS, 1997; Van Rossem & Meekers, 2000).

The programme of caring and supporting kids who are infected or affected by HIV/AIDS started in 2001 in Kwazulu-Natal, and it aimed at ensuring that schools and all their supporting structures could contribute to ensuring that infected and affected learners were cared for and supported according to their specific needs. Several Researchers (Monsen, Ewing & Kwoka (2013; 114) indicates that the success or failure of implementing inclusive educational policy and practice is dependent upon what the classroom teacher believes about such initiatives. It was realised that in the classrooms, educators are going to be faced with a challenge of more and more learners infected and affected. However, according to Beyers and Hay (2011:99), in most schools there is no dedicated staff employed to provide support and counselling to learners or teachers. Therefore this current study will like to get it from educators the challenges they face and their attitudes towards this HIV/AIDS Care and Support Program. Educators not only have the opportunity to teach pupils to acquire life skills in order to remain HIV free, but they also faced with the challenges of teaching and supporting pupils with HIV and pupils from households affected by HIV (Chao, Gow, Akintola, & Pauly, 2010).

According to Malinga, Kettaneh, Castle & Pulizzi (2009) there is considerable evidence that early HIV diagnosis can lead to greater chances of survival, fewer neurological complications, and improved health and wellbeing

outcomes. As Ward and Mendelson (2009) suggested psychosocial services had been strengthened to meet children's' need proactively. Regular schools with inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all.

2.4.1 The role of schools in the South African policy context

A number of policies have merged to promote and support the role of schools in response to HIV/AIDS pandemic and the need for greater care and support for vulnerable children (Hoadley, 2008). Hoadley (2008) argued that there is extensive policy framework in South Africa that is aimed at responding to the challenges faced by infected and affected learners in schools. Hoadley (2008) presents the following policy framework which regulates and supports the role of schools in the context of HIV/AIDS pandemic.

The *National Education Policy on HIV/AIDS for Learners and Educators* (DoE, 1999) which gives schools a specific responsibility to develop school HIV/AIDS policies to respond to the barriers learners are facing due to the impact of HIV/AIDS. This policy is accompanied by *HIV/AIDS Emergency: Department of Education Guidelines for Educators* (DoE, 2000a). In 2000 again the Department of Education (DoE, 2000b) issued Norms and Standards for Educators. It specifies the roles and competencies expected of educators, including the 'community citizenship and the pastoral role'. An educator within the school is expected to demonstrate an ability to develop a supportive and empowering environment for the learner and respond to educational needs of learners.

The pervasiveness of the *Education White Paper 6 Special Needs Education: Building an Inclusive Education and Training System* (DoE, 2001a) supports schools in responding to all learning barriers which are facing children. In addition to *White Paper 6, HIV/AIDS: Care and Support of Affected and Infected Learners, 'A Guide for Educators'* (DoE, 2001) emerged to provide guidelines for educators on how to care for and support children infected and

affected by HIV/AIDS within the context of the school. Also was the *National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS* (DoE, 2001b). This plan advocates the inter-departmental collaboration between the Department of Education, Department of Health and Department of Social Development in responding to the needs of children made vulnerable by HIV/AIDS.

The National School Health Policy and Implementation Guidelines (DoH, 2002) is intended to encourage schools to establish school-based support team to respond to the health and other barriers faced by vulnerable children. The *Tirisano Plan of Action* (DoE, 2003) afford schools an active role in the identification and registration of children for child support grants and other care and support functions in the context of HIV/AIDS. To strengthen support of HIV/AIDS infected and affected learners, the *Education Law Amendment Bill* (DoE, 2005) legislated that where people are living under poverty-stricken conditions, schools be declared 'no fee' schools.

“Further iterations to this commitment to the plight of orphans and vulnerable children in the context of HIV/AIDS include *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* and the *WHO/ILO/UNESCO consensus Statement on AIDS in Schools*, which added to the urgent call for education systems to respond to the HIV/AIDS pandemic” (Hoadley, 2008, p.141). It was in this context that the idea of schools as centres of care and support took hold in South Africa.

2.4.2 The role of educators

Due to the fast growing changing world we live in and the challenges HIV/AIDS poses to learners and educators, the role of educators will have to be much wider than it has been traditionally (Louw, et.al, 2001:5). The changing roles of educators include being able to respond to current social and educational problems with particular emphasis on the issues of violence, drug abuse, poverty, child and woman abuse, HIV/AIDS and environmental degradation, accessing and working in partnership with professional services

to deal with these issues. According to Louw et. al (2001:6), counselling as well as tutoring these learners who are in need of assistance with social and/or learning problems, and showing behaviour of a caring, committed, ethical and professional nature and an ability of understanding of education as dealing with the protection of learners and the development of the whole person. Erasmus (2013) mentioned that HIV/AIDS directly affects teachers because they are seen as conduits to convey preventative measures. Teachers should be able to identify learners affected and provide the relevant support. They should have to deal with psychosocial, emotional, health and educational impact of HIV/AIDS in the classroom.

Educators are gradually being recognized as key stakeholders in the implementation of inclusive practices at all levels of education system (Ajuwon, 2012). Education is very much involved in causing social change to enable a reduction in the incidence of HIV-infection. Many African countries offer school-based HIV/AIDS prevention programmes in schools (Nqoloba, 2010, p. 20). Little is known with regards to the feeling and beliefs of educators about being part of the implementation of these programmes (Nqoloba 2010). Naierman, (1999:3) stated that educators are still struggling to handle learners who are infected and affected because excessive stress can be detrimental and can cause stress reactions such as anxiety and withdrawal, fears and phobia, aggression and compulsive behaviours.

Internationally, studies reveal that educators have positive attitudes towards sexual and HIV/AIDS education (Nqoloba, 2010; Sarma, Islam & Gazi 2013; Schenker, 2002 and Visser, 2005; Wight, 1997; UNICEF, 2006). However, the specific studies of Life Orientation Educators' attitudes towards the actual implementation of HIV/AIDS Care and Support Programmes have not been explored. It is the pervasive view that education, particularly Life Skills Education is an appropriate vehicle through which knowledge about HIV/AIDS can be imparted to learners (Kachingwe, Norr, Kaponda, Norr Mbweza & Magai, 2005; Sarma, Islam & Gazi 2013; Schenker, 2002; Selwyn & Powel, 2006;). However, HIV/AIDS Care and Support Programmes are beyond Life Skills Education. The role of educators is extended to therapeutic role of lay

counselling (help learners accept, cope and live positively with the knowledge of being HIV-positive), referral co-ordination and instructional accommodation of learners with barrier caused by HIV/AIDS (treatment side effects, absenteeism and others). This generally causes controversy when one takes a closer look at the demands of the core curriculum as well as the academic training of educators.

In order for educators to be able to perform these roles effectively they need to have more positive attitudes towards the program of Care and Support for learners infected and affected by HIV and AIDS, and be willing to implement the program in schools.

2.4.3 Factors affecting educators' attitudes towards implementation of HIV/AIDS Care and Support Program

Literature do point at the challenges faced by educators in implementing Life Skills and HIV/AIDS education, which may also be true of HIV/AIDS Care and Support Programme in South Africa, particularly in KwaZulu-Natal, where the rate of HIV-infection is said to be statistically higher in the continent. Ochieng and Maiyo (2008) stated that in Kenya the HIV/AIDS pandemic impacts greatly on the education sector as a whole and as such it affects the quality, access, and equity in the provision of educational services. He further stated that in Kenya the education sector came up with the HIV/AIDS education policy that provides guidelines on how the infected should be handled.

The most prevalent challenges includes, need for specific training in HIV/AIDS (Ahmed, Flisher, Mathews, Jansen, Mukoma & Schaalma, 2006; Donovan, 1998; Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Mathews, Boon, Flisher & Schaalma, 2006; Sarma, Islam & Gazi 2013;; Schenker & Nyirenda, 2002; Weiler, Martin-Weiler, 2012); over-workloaded (Donovan, 1998; Sarma & Oliveras, 2013); insufficient time for Life Skills class due to non-examinable status (Ahmed, Flisher, Mathews, Jansen, Mukoma & Sckaalma, 2006; Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Sarma & Oliveras, 2013); lack of parental and community support

(Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Mathews, Boon, Flisher & Schaalma, 2006; Sarma & Oliveras, 2013; Schenker & Nyirenda, 2002; lack of support from school management and other educators (Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Donovan, 1998; Sarma & Oliveras, 2013), fears and uncertainty (Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005); as well as silence and stigma (Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Lohmann, Tam, Hopman & Wobeser, 2008 and Schenker & Nyirenda, 2002). These challenges have potential in channelling educators' attitudes in a certain direction.

2.4.4 The impact of educators' attitudes

Teachers are seen as key persons to implement inclusive education. Positive attitudes are therefore argued as playing a considerable role in implementing this educational change successfully. The study of De Boer, Pijl, Minnaert, (2010), aims at examining what attitudes teachers hold concerning inclusive education, what are the variables that are related these teachers' attitudes and also whether or not these attitudes affect how special needs pupils in regular participate socially as a result. This study revealed that a majority of teachers hold neutral or negative attitudes towards the inclusion of people with special needs in regular primary education.

Ajuwon (2012) defined attitudes as an individual's evaluative beliefs summed together. UNESCO (1994) suggested that attitudinal factors could in fact affect and influence integration of special needs children in the general classroom. Ajuwon argued that individual's attitude or belief about something affects that individual's behaviour, actions and efficacy. According to Vaz, Wilson, Falkmer, Sim, Scott, Cordier and Falkmer (2015) in their study of teachers attitudes towards inclusive education explained that attitudes are conceptualised as relatively stable constructs comprising cognitive, affective and behavioural components.

Most studies confirmed that, as educators are the ones experiencing challenges, they should indicate their views on what they think could work for the education system in supporting children in schools (Stormont, Reinke, &

Herman, 2011). Chu (2014) confirmed that what educators believed about education could make a difference in students' performance. Several researchers (Monsen, Ewing, & Kwoka, 2013 and Ajuwon, 2012) indicated that the success or failure of implementing inclusive educational policy and practice was dependent upon what the classroom teacher believed about such initiatives. In their study of HIV/AIDS attitudes among educators in Kwazulu-Natal, Chao, Gow, Akintola and Pauly (2010) mentioned that because educators are role models in the classroom and in the community, their attitudes and how they themselves treat others with HIV may have important social ramifications. If educators held stigmatising attitudes towards those with HIV, this could not only negatively impact pupils affected by HIV, but other pupils might imitate such actions and grow up with unhealthy, stigmatising attitudes.

2.5 International cases

Internationally, in Greece, teacher's attitudes have been studied with regards to the inclusion of students with disabilities in physical education classes. Doulkeridou, Evaggelinou, Mouratidou, Koidou, & Panagiotou (2011) stated that one of the most important factors contributing in successful inclusion was the attitude of physical educators towards teaching students with disabilities and special education needs, as it was believed to play a significant role in explaining physical educator's actions towards teaching students with disabilities in regular classes. Therefore, teacher attitudes need to be considered as they are the main determinant of success in inclusive classrooms (Sokal, 2012). Attitude is described as a mental and neutral state of readiness, organised through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related. Attitude is not behaviour, but the precondition of it (Doulkeridou et al., 2011).

Lambe (2011) conducted a study that examined the role of teacher educators working within a permeated teaching model in Northern Ireland, and student teacher's attitudes towards special educational needs and inclusion. His

findings indicated that while students' attitudes towards the philosophy of inclusion were generally positive, those of the educators were not necessarily reflected in the views of their subject group. Monsen, Ewing, & Kwoka (2014) mentioned that inclusive education had become a cornerstone of many government policies in an increasing number of countries, yet educators had been found to hold mixed attitudes towards its implementation and usefulness. Their study aimed to extend previous research on the effect of teacher attitudes towards inclusion in classroom learning environments, and to explore perceived adequacy of support, levels of stress and willingness to include pupils with certain difficulties.

Sokal (2012) believed that teacher's attitudes affected their behaviours, in turn influencing the classroom climate and student's opportunities for success. Therefore, teacher attitude need to be considered as they are the main determinant of success in inclusive classrooms. In Africa, Ajuwon (2012) investigated the attitudes of educators towards inclusive education. He stated that attitudes were derived from individual, evaluative beliefs summed together, and attitudinal factors could in fact affect and influence integration of special needs children in the general classroom. An individual attitude or belief about something was thought to affect that individual's behaviours, actions and efficacy (Ajuwon, 2012). Consequently, the attitudes and beliefs that those involved in education hold towards inclusion, and the academic capacity of special needs children, may influence school learning situations and the available educational opportunities for all students (Ajuwon, 2012).

2.6 Conclusion

In the previous studies, teacher's attitudes have been studied in regards to various aspects of education, inclusive education, emotional and behavioural problems, culturally and linguistically diverse backgrounds, and even HIV/AIDS. However the researcher found it difficult to find studies on the attitudes of educators on HIV/AIDS care and support programme. The literature reviewed indicates that educators' attitudes are important in implementing education programmes, therefore it is imperative to study and

know their attitudes for the programme, in order for it to be successful (Watkins et al., 2014). However, there is a gap as the researcher struggles to get previous studies on this current study. Therefore, the purpose of this current study is to close the gap by exploring educators' attitudes towards a HIV/AIDS care and support programme and whether or not educators implement this programme successfully in schools.

Ochieng and Maiyo (2008), stated that in Kenya the HIV/AIDS pandemic impacts greatly on the education sector as a whole and as such it affects the quality, access, and equity in the provision of educational services. He further stated that in Kenya the education sector came up with the HIV/AIDS education policy that provides guidelines on how the infected should be handled.

2.7 Theoretical framework

According to Kirby, Wallace, Buckworth and Sherman (2000), it is essential to have a particular theoretical framework guiding the programme design, implementation and evaluation. Education and prevention programmes are believed to be the solution in an effort to lower the rate of new infection among young people in South Africa (Gallant & Maticka, 2004). This study is guided by the theory of cognitive behaviour theory.

Origin of Cognitive behavior Theory

Cognitive Behavior Theory was pioneered by Dr Aaron T. Beck in the 1960s. Having studied and practised psychoanalysis, Dr Beck designed and carried out several experiments to test psychoanalysis concepts of depression. Fully expecting the research would validate those fundamental concepts, he was surprised to find the opposite (Gonzalez-Prendes & Resko, 2013:17) As a result of his findings, Dr Beck began to look for other ways of conceptualising depression. He found that depressed patients experienced streams of negative thoughts that seemed to arise spontaneously. He called these cognitions "automatic thoughts". He found that the patients' automatic

thoughts fall into three categories, negative ideas about themselves, the world and/or the future.

Dr Beck began helping patients identify and evaluate these automatic thoughts. He then found that by doing so, patients were able to think more realistically. As a result, they felt better emotionally and were able to behave more functionally. When patients changed their underlying beliefs about themselves, their world and other people, therapy resulted in long lasting change. Dr Beck called this approach “Cognitive therapy. It has also become known as “cognitive behavioral therapy”

According to Gonzalez-Prendes & Resko, (2013, p 14), cognitive behavioural approaches are rooted in the fundamental principle that an individual's cognitions play a significant and primary role in the development and maintenance of emotions and behavioural responses to life situations. It is based on the idea that how we think (cognition), how we feel (emotion) and how we act (behaviour) all interacts together. Specifically our thoughts determine our feelings and our behaviour.

Defining Cognitive Behavioral Theory

Solmonson, (2009,p23)., explained cognitive theory as an approach to psychology that attempts to explain human behaviour by understanding your thoughts processes, therefore, the cognitive-behavioural model is based on the assumption that thoughts and beliefs influence our behaviour, emotions and physiology. This is in line with the current study because the attitudes of educators might be influenced by their thoughts, beliefs as well as their emotions regarding HIV/AIDS care and support program.

Solmonson, (2009), also stated that from the literature, it is reviewed that multiple distinct beliefs and thoughts could be categorised under the cognitive component of personal attitudes. This indicates that what educators think about the program of care and support, and what their belief is about will determine their reaction and attitudes towards the program. Educators will also be aware of the negative interpretations they might have about the program of HIV/AIDS and the behavioural patterns which reinforce their

distorted thinking about the implementation of the program and develop alternative ways of thinking and behaving which aims to reduce their psychological stress (McLeod, 2015, p.1).

Elements of Cognitive behavioral theory

According to Kearns (2007) Cognitive behavioral theory is based on five key areas or elements which strongly influence each other and give rise to patterns of thought, behaviour and emotions. In all case of psychological distress there will be patterns of thought, feelings and behaviour that maintain and exacerbate difficulties and distress. Sometimes people will recognise some of these patterns, but more commonly they are not fully aware of the ones that maintain their difficulties.

The five interacting elements of Cognitive behavioral theory are:

Cognition, people's thoughts and beliefs

Behavior, what people do or don't do

Body, Peoples physical reactions

Emotions, people's mood

Environment, people's circumstances and relationships (Kearns, 2007).

This means that when training educators on the program of care and support, they would then need to use this theory to change the thoughts and beliefs of educators which will then affect their physical reaction, behavior and attitudes in a positive way.

Many of our thoughts are actually "automatic thoughts". In response to a variety of triggers these thoughts occur without us having to think about them. They just up and can be in the form of verbal thoughts or images. Often we are not aware that we are having automatic thoughts or we are not aware that we are having an emotional response to our thoughts (Kearns, 2007).

Kearns (2007) stated that if people feel anxious, they will experience anxious thoughts and if they are having anxious thoughts they will feel anxious. If they are depressed they will have a series of depressed negative automatic thoughts and mood and these in turn influence their thoughts and mood. This

indicates that the implementation of care and support program will highly depend on educators attitudes about the program if they feel anxious about the program they might have negative attitude about it as they will experience anxious thoughts.

People's physical responses and their behavior also change in response to their thoughts and mood, and these in turn influence their thoughts and moods. It is this interaction between the different elements that establish both the short term and long term patterns (or loops) that maintain psychological distress. In Cognitive Behavioral Theory these are often referred to as "vicious circles".

2.8 Conclusion

In the previous studies, teacher's attitudes have been studied in regards to various aspects of education, inclusive education, emotional and behavioural problems, culturally and linguistically diverse backgrounds, and even HIV/AIDS. However, the researcher found it difficult to find studies on the attitudes of educators on HIV/AIDS care and support program. The literature reviewed indicates that educator 'attitudes are important in implementing education programs, therefore it is imperative to study and know their attitudes for the program in order for it to be successful (Watkins et.al. 2014). However there is a gap as the researcher struggles to get previous studies on this current study. Therefore, the purpose of this current study is to close the gap by exploring educators 'attitudes towards a HIV/AIDS care and support program and whether or not educators implement this programme successfully in schools.

Ochieng and Maiyo (2008) stated that in Kenya the HIV/AIDS pandemic impacts greatly on the education sector as a whole and as such it affects the quality, access, and equity in the provision of educational services. He further stated that in Kenya the education sector came up with the HIV/AIDS education policy that provides guidelines on how the infected should be handled. This study believed that policies and programs can be developed to enhance the education of learners; however, teachers are the key

implementers of most programs and policies within the education system. Therefore it is critical to find ways of improving their attitudes towards implementing any program especially, the care and support program for learners infected and affected by HIV/AIDS.

This chapter further discussed the theoretical framework adopted in the study. The cognitive behavioral theory was adopted and it was chosen because it outlines that, a person's thought process influences the results of perceiving any situation. The ability to implement the care and support program is also dependent on how people perceive the program, how they interpret their own roles and lastly, psychoeducation through further trainings could improve how teachers perceive the program. The next chapter discusses the methodology used in this study.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology of this study. In research methodology, an indication of how the problem was investigated, including appropriateness of research design, sample and sampling strategy, instrumentation, interview protocol, procedure for data collection, data processing and analysis, ethical considerations as well as internal and external validity; is provided.

3.2 Research Paradigm

The objective of this study was to understand educators' attitudes towards HIV/AIDS Care and Support Programme for high school learners in Zululand District. According to Carson, Perry, Gilmore and Percy (2001) the interpretivist approach is fundamental to understanding subjective experiences based on attitudes, reasons and meanings of behaviour. The desired information in interpretivist approach is what some people think and do, what kind of problems they are confronted with, and how they deal with them (Pizam & Mansfeld, 2009). This correlates with the research question of this study.

This study adopted the interpretivism paradigm as it interprets meaning through the research participants. The study through interviews listened and interpreted what the (10) participants explained as the factors that affect the implementation of care and support program in schools. This in-depth explanation by participants was then taken as is, through development of themes from the discussions. The researcher further interpreted what the participants were saying to explain objective one (1); the attitudes of educators towards care and support program. The interpretivist paradigm is mostly used in the collection of qualitative data; and data collection methods used includes unstructured interviews, semi-structured interviews and participant observation (Livesey, 2006).

3.3 Research design

A qualitative research was used for the purpose of this study. According to Maree (2012) qualitative research is designed to reveal a target audience's range of behaviour and the perception that drives it with reference to specific topic. In contrast to quantitative research, which relies on numbers and data, qualitative research focuses on how people feel, what they think and the reasons for such thoughts and feelings. According to Anderson, (2010) qualitative research recognizes the importance of the context in which behaviour occurs and issues can be examined in detail and in-depth. It produces in-depth data since the data is based on human experience that is obtained and provides an opportunity to probe (Anderson, 2010). The qualitative research design was appropriate for this study because the study seeks to understand the attitudes of educators towards the HIV/AIDS Care and Support Programme in Zululand District. The narrative approach provided participants an opportunity to discuss the contextual issues in delivering HIV/AIDS education in high schools, as well as come up with their recommendations.

3.3.1 Sampling design

The respondents of this study were high school Life Orientation educators in the Zululand District. Zululand District comprises of five circuits in the area of Zululand Region, which comprises of rural and semi-urban schools. Although few schools consist of learners from diverse cultural background, a large number of schools consist of learners dominated by Zulu culture.

Schools were randomly selected from the list of schools in the region. The respondents were Life Orientation educators from two schools per circuit. The total number of educators in a sample were ten, including five males and five females. The schools involved are Pongola Intermediate, Sozama, Isolomuzi, Filidi, Kanyekanye, Kwasa, King Phumzuzulu, Falaza, Mdumela and Mazonke. The sampling strategy was purposive sampling; only Life Orientation educators, who have been teaching Life Orientation for at least a

year in a high school level, were interviewed. They were chosen because they would have had an experience teaching Life orientation and in the implementation of HIV/AIDS Care and Support Program.

3.3.2 Research instrument

The research instruments are measurement tools used to obtain data from research participants in a specific topic. The examples of research instruments are interview schedules, scales, tests and questionnaires. The research instrument selected should meet the intended objectives and, at the same time, respect budgetary restrictions (Bastos et al., 2014).

For the purpose of this study the research instrument interview schedule containing nine interview questions that were based on the primary research questions. These interview questions were asked from the participants. An interview protocol is attached to this chapter as Appendix A. An interview protocol was developed to ensure a consistent process of data collection across all interviews. To develop a picture of the participants, a demographic survey was developed and attached as Appendix B. Since a research instrument is researcher created, a pilot study was conducted to test if the instrument was clear and unambiguous.

3.3.3 The nature of the research instrument

The study used an in-depth interview to collect data from the respondents (c.f. annexure F. The in-depth interview is a qualitative research technique which involves conducting intensive individual interviews with a small number of respondents (Boyce & Neale, 2006). The purpose of in-depth interview would be collecting the information and establishing the themes out of such information. Interview schedule guided the interview. It had open ended questions which guided the interviews and to help the researcher to remain focus on the research topic.

The questions explored educator's attitudes towards HIV/AIDS Care and Support Program, their beliefs and feelings about the program as well as challenges they encounter in implementing the program in high schools. Boyce and Neale (2006) argued that the main advantage of in-depth interview is that they provide much more detailed information than other data collection methods. There is also an opportunity to probe as needed.

3.3.4 Data analysis

During the interview, the researcher wrote down important points and further used a voice recorder to record participant's responses. This was to ensure accuracy and to maintain credibility of data.

The first step in data analysis was transcribing the recordings of the interviews. The collected data collected using an in-depth interview was analysed using thematic analysis. According to Braun and Clarke (2006) thematic analysis is appropriate in identifying, analysing and reporting patterns within data collected. The thematic analysis organises and describes data set in detail and interprets various aspects of the research topic (Alhojailan, 2012). The researcher followed Braun and Clarke's guide to the six phases of conducting thematic analysis. Braun and Clarke (2006) argued that thematic analysis involves becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes as well as producing the report. During the data analysis process the researcher used the research assistance that assisted the researcher with transcribing, coding and developing of themes which were later compared for validation.

3.3.5 Description of procedures

Firstly, approval to conduct the study was granted by University of Zululand ethics committee. With that permission, a request was made with Department of Education; Kwazulu Natal to conduct the study. Permission was also requested from the Zululand District Director, and a letter of permission to conduct study as attached as Appendix C. A letter of invitation to participate, which is Appendix D, was sent to schools that were randomly selected. The

researcher went to schools with all these forms. The researcher explained the purpose of the study to participants using the informed consent form, Appendix E. It was also explained to participants that there is a need to use audio-recording to ensure accuracy of data, and consent was granted by participants to use audio-recording. She also ensured that confidentiality was maintained and that all participating volunteers know they had right to decline or withdraw from the study, the informed consent was read and explained to the participants to ensure that they understood the purpose of research and know their rights as participants.

3.4 Ethical considerations

The researcher explained to the participants in details the purpose of the research/study. A confidentiality form was signed by participants and the researcher to ensure and confirm the confidentiality of participants would not be compromised. The identity of the participants was protected by using pseudonyms. The researcher asked to be granted permission by participants to use their interviews in her research. The researcher explained to participants that their participation was voluntary and that their real names were not be used to protect their identities. The identifying information such as school names were not revealed data was analysed and the findings disseminated.

3.5 Credibility

To ensure trustworthiness in qualitative research, the researcher used the credibility aspect. Credibility is the first aspect, or criterion, that must be established to ask the researcher to clearly link the research study's with reality in order to demonstrate the truth of the research study's findings.

In this study credibility was achieved through clearly explaining to the participants the nature of the study, the reasons for the study and the procedure. This is supported by Brink (1993, p36) that to increase credibility, the researcher must make sure that informants are very clear on the nature of

the research e.g. Why the researcher is there, what he is studying, how he will collect data and what he will do with it. It was also enhanced through semi-structured audio-recorded interview to allow for repeated revisiting of data to check emerging themes and remain true to participants' accounts on care and support program on HIV/AIDS infected and affected learners. The records were kept to demonstrate a clear decision trail and ensuring interpretation of data are consistent and transparent. It was also achieved by engaging other researcher in listening to the participant's recordings in order to reduce research bias. This is in line with Noble & Smith (2015, p.4) on their outline for strategies a qualitative researchers must apply to ensure credibility of the study, which amongst others are, Meticulous record keeping, demonstrating a clear decision trail and ensuring interpretations of data are consistent and transparent, engaging with other researchers to reduce research bias.

3.6 Summary

This chapter presented the methodology of the study. It sets forth the description of the participants, an explanation of the measurement instrument, and the procedure that will be used to collect data, as well as an explanation of the method that will be used to analyse data. The next chapter presents data analysis.

CHAPTER 4: FINDINGS

4.1 Introduction

The previous chapter discussed research methodology, which included collection of data using the interview schedule used to conduct an in-depth interview to collect data from the respondents. This chapter presents the findings of the study. This chapter deals with the analysis, presentation and interpretation of data. The chapter is organised by first grouping the items according to the emerging themes, that is, thematic based approach. These themes emerged from the in-depth interview as responses of the educators, so they are organized into patterns according to each interview question.

This study used only one data collection tool, interview schedule. The following are the results from the interview to clarify findings of educators' attitudes towards HIV/AIDS Care and Support Programme. The presentation of findings will begin with the presentation of biographical information of the respondents to the interview.

The biographical characteristics such as age, gender, teaching experience are important factors that contribute to the educators' teaching practice (Tschannen-Moran & Woolfork Hoy (2007). This means that educators are shaped by their own teaching experiences as well as their race and gender.

4.2 Questions posed by this research

- What are the attitudes of educators towards the HIV/AIDS care and support programme for high school learners in Zululand District?
- What are the factors that have impact in the implementation of HIV/AIDS care and support programme?

4.3 Summary of themes discussed in this chapter

The themes are presented in the Table 4.1 below to give the reader the more detailed findings. These themes respond to the two aims of this study.

4.3.1 To assess educators' attitudes towards the HIV/AIDS Care and Support Program for high school learners in Zululand District.

Table 4.1

	Main Themes	Sub-Themes
Attitude towards integrating care and support programme into school routine	Positive attitude Provision of basic support measures	Benefit learners Prevention measures Stigma fighting Provision of basic counselling Referring to professionals
Attitude towards being one of the teacher of care and support programme	Commitment to providing support and care Negative attitude	Behavioural change Improved performance and knowledge sharing

4.3.1 Positive attitude

4.3.1.1 Benefit learners

Participants stated that they have a positive attitude towards care and support programme as it will benefit learners and help them (learners). This is confirmed by what one participant said about the program being helpful towards both educators and learners.

P1: "Eh, to me I don't think it is a problem and because what I see, what I know about this is that it can help learners together with teachers".

Participants believed that this program will help not only help learners but both educators as well. It is evident that learners affected and infected were not attended to because educators were not certain as to how they can intervene, this is evident because they feel and believe that now that they have this Care and Support Program learners in need will benefit from it. Participants also

believe that this program will also help them in addressing and attending to these learners effectively.

Participants also stated that their roles in schools mainly involve mentoring and motivating learners as well as care and support for HIV/AIDS affected learners. This statement confirms the positiveness of educators in supporting and caring for all learners including vulnerable ones. It's clear they are quite aware of their roles as educators.

P1: "The role is being the mother as well as the motivator in helping children that are affected by the disease".

Another participant stated that their role involves care, support and love.

P2: "To give to support, love, and a person can have someone to talk to when it comes to HIV/AIDS, also to give learners more knowledge and right information".

Participants believe in this project and believe that it is their responsibility to ensure that learners are supported and cared irrespective of the workload they have.

4.3.1.2 Prevention measures

According to participants, this programme will assist learners to gain more knowledge about HIV/AIDS and will thus reduce the infection rate.

P5: "I feel positive about this programme. It is going to reduce the number of people infected and affected. Some have a feeling that through this programme, learners will learn prevention measures, thus reducing the HIV/AIDS spread."

It is evident that participants do have a feeling that learners are not using preventative measures and they believe that this program will bring about change in high school learners 'sexual behaviour. It is evident that learners

are still ignorant and careless and lack of knowledge about HIV/AIDS, as a result adults and educators are still worried about their safety

P3: "I feel very happy because it teaches learners what to do and how to behave. It will teach learners about condoms to prevent diseases like syphilis."

The way participants are responding, it's clear they have a problem or a challenge in high schools in terms of sexually transmitted diseases. Learners are not using protection as a result find themselves with these diseases. Participates mentioned that they believe that this program it's going to help these children to be cautious and be protected from infection. However, they should also use other methods like awareness campaigns to educate learners about prevention measures and involve other stakeholders for information sharing to teach learners.

4.3.1.3 Stigma fighting

There is a belief that stigma attached to HIV/AIDS will be reduced because of care and support programme.

As stated by P1: "I feel happy because it will make the stigma attached to HIV/AIDS to be well understood "and

P10: "I believe it will help to reduce the level of infections and the mind-set about infected people will also educate the community".

It is evident according to these participants that HIV/AIDS still carry the stigma that makes it difficult for people to disclose freely and deal with the disease. It is also evident that participants feel that there is lack of knowledge and understanding about HIV/AIDS.

P1: "I feel happy because it will make the stigma attached to HIV/AIDS to be well understood. Also improves learners academically".

Lack of knowledge created the stigma amongst people. HIV/AIDS is still associated with unacceptable behaviour and so on. That makes learners to be afraid to talk about and it affects their performance in school. The program of Care and Support will help educators to fight and get rid of the stigma attached to HIV positive people.

4.3.2 Provision of basic support measures

According to participants, Care and Support Program will empower them to be able to provide basic counselling to learners in need.

P1: "I have a little background of providing basic counselling, give positive motivation to that child and refer further if that is needed."

They also indicated that they will now be able to talk to children in need and provide the necessary support.

P6: "I will talk to the child to find out what is the problem and take the matter to the SMT."

Participants indicated a full and clear understanding of counselling and the steps to be taken to refer further. This is an indication that participants are positive about Care and Support program and are willing to implement it by using the skills they have to provide assistance to learners who are affected by HIV/AIDS within their schools.

4.3.2.1 Referring to Professionals

Participants believe that they will be able to provide support to learners in need, however; they do also believe that some cases will need further referral, therefore this Program will give them knowledge as to how and when to refer and be able to identify relevant Professionals to refer to.

P7: "Since I don't have necessary skills, I will consult with people who can help the learner."

P5: "Contact Social Worker or ILST, if it is within my capabilities I will address it."

Participants indicated that they will provide counselling but they are aware of the limitations and are quite aware that they will also have to refer for further assistance thus working together with relevant stakeholders.

4.3.3 Commitment to providing support and care knowledge sharing

Participants believe in knowledge sharing and mentioned that knowledge of care and support programme will help them to be able to share information with their learners.

P4: "Will be positive because I am a teacher, working with children, having knowledge of care and support. It will allow me to share my knowledge with learners."

They also believe that knowledge should be shared with parents therefore educators do believe in sharing of knowledge in order to ensure effective implementation of care and support programme.

P6: "It is positive because I think learners will be assisted, but it's also important to also educate parents on how to teach and care for their children."

They believe that the program will not only empower them to assist learners but it will also help them to teach parents to take care and support their children.

4.3.3.1 Behaviour change

It is believed that the care and support programme can help in changing the behaviour of learners. Learners will have more knowledge of HIV/AIDS and the use and importance of protection.

P3: "I feel very happy because it teaches learners what to do and how to behave. It will teach learners about condoms to prevent diseases like syphilis, etcetera"

One participant also indicated that this programme will help learners to be more aware of HIV/AIDS and understand it better.

P4: "I will be very glad for HIV/AIDS program because it will help our learners to understand and become aware of HIV/AIDS."

P5: "I believe that this programme brings back humanity and discipline, hmm, eh, in children".

It is evident that learners are still misbehaving and not disciplined as participants still feel that they are struggling to discipline learners and teach them how to behave appropriately. However; they do believe that the program of Care and Support will assist them in changing the behaviour of high school learners to be positive. Some participants believe in the care and support programme and stated that it will be helpful and will bring about positive change.

P1: "It will be helpful and will bring about positive change in our communities. It will make us understand more of what we are going through".

Participants believe that Care and Support Program will bring about a positive change for learners and their behaviours.

P2: "yes it will be good because it does help the learners' self-esteem."

This indicates that this program can help learners to improve their self-esteem to the better. However they also feel that some learners in high schools also present with behavioural problem and believe that program will help in changing learner's behaviours.

P1: "I believe that this Program brings back humanity and discipline, hm,eh, in children."

They also mentioned that this program will also change the communities and help people have a clear understanding of HIV/AIDS Care and Support Program.

P1: "It will be helpful and will bring about positive change in our communities. It will make us understand more of what we are going through."

4.3.3.2 Improved performance

According to participants, this programme could bring about changes in the performance of learners. Some believe performance could be improved.

P1: "I feel happy because it will make the stigma attached to HIV/AIDS to be well understood. Also improves learners academically. Those children have to be taught. They underperform because of their circumstances".

It evident that participants believe that sometimes learners underperform because of problems associated with HIV/AIDS, circumstances at home due to HIV/AIDS, therefore this program will help them understand more about it and get the support they require from the school, thus improving their performance.

4.3.4 Negative attitude

Participants have indicated some positive attitudes towards Care and Support Program, however, there are participants who felt that they need some training in terms of care and support programme in order for it to be effectively implemented in high schools.

This is confirmed by P2: "Yes, there are challenges like proper training. Support of other educators is needed. So, I propose further training and involvement of all other stakeholders."

There are other participants who showed some negative and uncertain feelings.

P1: I'm happy about it but I'm a little bit afraid whether it will be implemented or not, even though it's helpful". While others feel it is not possible for the programme to be implemented in all schools.

P2: "it's a good thing but it's impossible because we haven't received it. It should be implemented here in the school and train relevant people". According to this participant (P2), training has not been done for all the high schools.

Even though there are some negative and uncertainty, most educators indicated positive attitude and believe in the programme.

P5: "I feel positive about this programme. It is going to reduce a number of people infected and affected".

4.4 The second aim of the study is to identify factors that have an impact in the implementation of HIV/AIDS Care and Support Program. The following themes are responding to this aim.

Table 4.2

Obstacles that can hamper the implementation of care and support programme	Fear of stigma Lack of support from stakeholders Lack of effective training Duty load	Confidentiality of HIV status Lack of trust
Educators' feelings about HIV/Aids care and support programme	Mixed feelings about the implementation of HIV/Aids care and support programme	Feelings of fear and impossibility Feelings of happiness.

4.4.1 Fear of stigma

Fear of stigma is one of the problems that learners are facing with regards to HIV/AIDS infection and affection. There is a stigma that is still attached to HIV/AIDS which makes it difficult for learners to talk about it. According to Vranda and Mothi (2013, p.4) a major factor that distinguishes HIV/AIDS from another chronic or terminal illness is the stigma. Too many HIV infected children and their families live in a “conspiracy of silence” and shame associated with AIDS. One of the disturbing consequences of “conspiracy silence” is that the families may be withdrawn, become socially isolated and become emotionally cut off from traditional support systems. Parents delay disclosing the children as well as their own HIV/AIDS illness status due to stigma and possible social consequences (Vranda and Mothi, 2013, p4).

P1: “Negligence, denial, fear, negative results that might come when you confess about your situation.”

Another participant mentioned that children fear their parents and that makes them not to disclose. It is evident that parents still lack knowledge and understanding of HIV, therefore it makes it difficult for children to talk to them about it. Vranda & Mothi (2013) mentioned that

P8: “Children fear their parents, some do not disclose because they don’t want to be identified. I think the proposed solution is to consult parents involved to give them knowledge about HIV; and also encourage learners to come upfront”.

P1: “Yes, we do have a lot of challenges in high school level. Youth are negligent and in denial, even when going through difficulties, they do not confess about it. Learners are afraid to come forward because of the stigma attached to the disease. They are afraid to be judged and don’t have people to trust”.

As a result it makes it difficult for participants to identify and assist these learners who are infected and affected.

4.4.2 Confidentiality of HIV status

According to participants, children still have fear about disclosing their HIV status due to the fact that they doubt confidentiality and trust from educators.

P6: "Eh, time issue in school. Educators will complain about time. Some learners are hesitating about disclosing and don't trust other teachers because of lack of confidentiality."

4.4.3 Lack of support from stakeholders

Participants have a belief that parents don't communicate with their children at home, especially about giving them HIV/AIDS information and knowledge.

P5: "I support that because learners don't get enough warning at home. So, if they are taught at school, yes".

It is also mentioned that some parents don't want their children to be assisted because they receive some money and food because of the children's condition".

P5: "The problem is that learners hide their problems. Some parents use their children to get food and money, so parents do not want children to be assisted because they will lose".

Participants also mentioned that parents are not supportive towards schools and they can't even reach some parents".

P7: "Yes there are sometimes problems. We need support from the school and also the involvement of parents. Sometimes it is difficult to go to parents and even police".

The other challenge they mentioned is that parents don't come to schools when requested to, and this makes it difficult for educators to provide care and support to learners effectively.

P3: "Learners don't speak out. Parents don't come when called to schools".

According to participants, parents are not fully involved in their children's issues and education. They don't even show up at schools when requested to.

Participants feel that the school does not provide the necessary support in terms of Care and Support for learners who are infected and affected.

P7: "is lack of support from the school, community and parents. Lack of working tools, support from social workers... difficulty identifying those children early."

Participants mentioned that they don't get enough support from the school management team and also parents and communities are not involved in assisting vulnerable learners. This becomes a challenge for them when attempting to assist these learners because they need to work together as a team in order to provide effective intervention. According to participants, there is little communication between the school, parents and other stakeholders, and this lack of communication might hamper the implementation of his Care and Support Program.

P2: " I can say lack of communication between teachers and other structures and also unfulfilled promises by relevant structures."

According to this statement, it is important for all stakeholders to communicate effectively in order to be able to care and support these vulnerable learners

4.4.4 Lack of effective training

Even though participants feel that Care and Support Program is essential and need to be implemented in schools, they still have a concern that they are not fully trained to provide it effectively.

P9: "I don't think my attitude will be positive, not unless I have training or necessary skills that will help me".

However, others mentioned that HIV/AIDS has already been incorporated into the Life Orientation subject even though it needs some improvements.

P8: "In LO, as a subject, HIV/AIDS has already been incorporated. But it must be improved".

Participants also believe that their college training was only focusing on the curriculum and not on supporting learners with learning barriers and that is what they focus on. They feel that Care and Support Program is an add on their work.

P1: "Teachers are only focusing on what they were trained for at colleges and universities. They would not allow implementing this Program because of the duty load they already have. I am new in the school, and the teachers have not been trained in Care and Support Program".

P2: "Yes there are challenges like proper training. Support of other educators is necessary so I propose further training and involve all other stakeholders who promote this program and train principals."

Above statements indicate clearly that participants have a feeling that there is a need for proper training in order for this program to be effective and successfully implemented.

P4: "it is lack of information from the part of teachers, like eh, not being trained about HIV/AIDS."

According to participants, this lack of training has a negative impact on the implementation of this Program because they feel incompetent to implement it due to lack or little training they have.

4.4.5 Duty load

According to participants, one of the reasons that make it difficult to implement Care and Support Program is the amount of work they have to perform in schools.

P1: "Teachers are only focusing on what they did at the college or university. They would not allow implementing the Program because of the duty load they already have."

P9: "It is the ability of the system itself. The school is for delivery of teaching and learning, and all other programs are suffering. Educators are focusing on completing the curriculum. The programs that are coming nearby, it should be clearly known to which duty load they will be loaded on".

Participants indicated that they have a lot of work to do and the time is not enough and they also feel that they need to concentrate on what they have learnt from their teachers colleges. They regard Care and Support as an added on duty which does not have time and space in their day to day teaching and learning. They believe that their main focus is to ensure that they cover the curriculum in time.

4.4.6 Mixed feelings

4.4.6.1 Feelings of fear and impossibility

Participants displayed a number of mixed feelings about the Program. As much as they seem to be happy about its implementation, they also showed some signs of fear and uncertainty.

P1: "I'm happy about it but I'm a little bit afraid whether it will be implemented or not, even though it's helpful."

This statement indicates that participants are not so sure about the implementation of this program in their schools, but on the other hand they do like the program.

They also indicated that this is a good Program; however, they think it's impossible to implement.

P2: "It's a good thing but it's impossible because we haven't received it. It should be implemented here in the school and train relevant people."

4.4.4.2 Feelings of Happiness

Even though some participants have fear and are uncertain about the Program, some indicated that they are happy about the program as it will help them in helping learners and will remove the stigma about HIV/AIDS and improves learner's academic performance.

P1: "I feel happy because it will make the stigma attached to HIV/AIDS to be well understood. Also improves learners academically. Those learners have to be taught, they underperform because of their circumstances."

They are also happy because they believe that Care and Support Program will bring about HIV/AIDS awareness and learners will change their behaviours.

P2: "It's a good thing because it brings awareness to the learners, especially those that are not informed. I guess I will support it."

P3: "I feel very happy because it teaches learners what to do and how to behave. It will teach learners about condoms to prevent diseases like syphilis, etc."

4.5 Summary

The results of this study suggest that educators have a positive attitude towards the implementation of HIV/AIDS Care and Support Program in schools. They believe that with proper knowledge, parents and learners will be able to deal appropriately with challenges of HIV/AIDS. They also believe that schools are in a favorable position to facilitate early identification and provide knowledge to both parents and learners.

Concerning the role of educators in providing Care and Support program, educators perceive their role as limited to delivering the curriculum. They move away from the position of providing care and support. For the educators, the program of care and support requires particular knowledge and skills, time allocation; and educators with specialized knowledge. They suggest that a specific training be provided in tertiary institutions; for those educators that are willing to be employed as guidance educators or school counselors.

Another concern for educators is that the duty load for educators in schools is a problem. Their emphasis is that educators are overloaded. The performance of an educator is determined by his or her duties that are related to the curriculum delivery. Care and support is not part of curriculum delivery; therefore, it is regarded as a waste of time. For this reason, care and support program is not properly supported by school management. The study suggests that, in addition to lack of effective training and school management support, the confidentiality of HIV/AIDS and other social ills hinders the effective implementation of care and support program. This is attributed to lack of parental involvement.

Chapter 5

Discussion of results

5.1 Introduction

The previous chapter identified and analysed the themes in terms of educator's attitudes towards HIV/AIDS Care and Support Program and the

factors that have an impact in the implementation of Care and Support Program in high schools. This chapter discusses the results of this study in relation to previous research. In this chapter, themes will be discussed within the framework of the research questions.

5.2 Positive attitudes of educators towards Care and Support Program

The results of this study suggest that educators have a positive attitude towards the implementation of HIV/AIDS Care and Support Program in high schools. This concurs with International studies that revealed that educators have a positive attitudes towards sexual and HIV/AIDS education (Nqoloba, 2010; Sarma, Islam & Gazi 2013; Schenker, 2001 and Visser, 2005; Wight, 1997; UNCEF, 2006). Participants mentioned that they are happy about the program and believe it will benefit learners. They believe that the program will be beneficial for educators, learners and the community. They indicated that because of this program they will be able to identify learners in need early and provide early interventions thus benefiting learners. This is in line with Ulug, Ozden, and Eryilmaz,(2011) that a teacher with his teaching methods and furthermore with his attitudes and behaviours, provides his students to gain a mentally healthy personality and to have a new clear world view by leaving unforgettable traces on them.

It is evident that educators, even if they come across challenges, they do have a positive attitudes towards helping and uplifting their learners. This is supported the findings of Ulug,et.al (2011) on their study of the effects of teachers' attitudes on students' personality and performance. Their most important findings of their research evidenced that teachers' positive attitudes have positively influenced students' personality as well as their life performances. This indicates that educators' attitudes play a vital role in their learners' behaviours and attitudes. The teacher also has an important role in influencing the society, creating a sound foundation towards the future of society and ensuring continuation of such actions (Ulug, et.al. 2011). The positive attitudes of educators will not only change and benefit learners but

they can also benefit societies around them as they are the role model in the communities they work in.

5.2.1 Benefit learners

The program of HIV/AIDS Care and Support was developed to ensure that schools and their structures could contribute in ensuring that infected and affected learners were cared for and supported according to their specific needs. Participants believe that learners will benefit positively from this program, they highlighted that this program will help learners in many ways.

This is supported by UNAIDS Inter-Agency Team On Education (2009), there is considerable evidence that early HIV diagnosis can lead to greater chances of survival, fewer neurological complications, and improved health and wellbeing outcomes. This means that this program will help learners to be able to be identified early and receive the necessary support from the school and the community.

According to Chu, 2014; Giese, Go & Desmond, 2002, a supportive school environment for orphans and vulnerable children affected and infected by HIV/AIDS can contribute to children feeling more secure and enhances their readiness to learn. Participants stated that if this program is effectively implemented in schools it can increase learners' academic performance. After all the aim and intention of teaching and learning is to increase the learners' performance. Renuka Devi, M.R., Devaki, P.R., and Saikumar,P. (2013) in their study of the effect of counselling on the academic performance of college students, discovered that the counselling service in colleges is effective in easing the students' personal difficulties. The constructive support which was received from individual counselling seemed to have a positive influence on the academic performance and the number of sessions correlated positively with the academic performance.

Therefore it is evident that care and support can be a tool to improve learner's performance as it also provides them with counselling and support thus relieving them for difficult and stressful situations they find themselves in.

5.2.2 Prevention measures

Participants have mentioned that the program of Care and Support can help and bring about prevention measures. Nqoloba, (2010) mentioned that many African countries offer school-based HIV/AIDS prevention programmes in schools. They believe that if learners and the community receive this program they will change the way they behave and do things differently thus preventing the spread of HIV. This is supported by National Centre for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (2008) that research shows that well-designed, well-implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviours among students. this is a clear indication that if the program of care and support is implemented effectively in schools it can help with the prevention of HIV/AIDS not only for high school learners but also for the whole community. This is supported by Global crisis-Global action, 2001 that Care and Support Program for people living with HIV can help to protect the health of the people at large by making prevention more effective.

5.2.3 Sigma fighting

Stigma is one of the things that make learners afraid to talk about their circumstances. Teachers also need to work on their attitudes as Chao, Gow, Akintola & Pauly (2010) highlighted that if educators held stigmatising attitudes towards those with HIV, this could not only negatively impact pupils affected by HIV, but other pupils might imitate such actions and grow up with unhealthy, stigmatising attitudes. Participants mentioned that this program of Care and Support will help reduce the stigma attached with HIV/AIDS thus allowing learners to talk freely and confidently about it.

According to Indian J Med Res, 2016, after more than a quarter century of the HIV epidemic, it is the considerable burden of stigma that comes with HIV which has shown to create fear about HIV testing and disclosure and drive PLHIV underground with no access to support, treatment or care. The magnitude and nature of the HIV/AIDS epidemic require an environment free of stigma and discrimination to reach the zero goals. Participants do believe that Care and Support Program can actually help in fighting the stigma against HIV thus create a positive attitude for learners, parents and the community as a whole.

5.3 Provision of Basic support measures

5.3.1 Provision of basic counselling

Educators need to be able to identify and provide the necessary counselling to learners in need because schools are viewed as proper centres that can contribute to the role of identifying and providing Care and Support to orphans and vulnerable children. Cluver, Operario and Gardener, (2008) confirmed that orphans and vulnerable children are facing significant psychosocial health stresses in their environment due to bereavement, poverty and changes in caregivers.

This might lead to learners requiring counselling session to help them deal and handle their situations better. Therefore, participants are happy about Care and support program because it will provide them with skills to provide learners with basic counselling when necessary.

According to Kachingwe, et.al. 2005, the role of educators is extended to therapeutic role of lay counselling, help learners accept, cope and live positively with the knowledge of being HIV-positive, referral co-ordination and instructional accommodation of learners with barriers caused by HIV/AIDS.

5.3.2 Referring to Professionals

Educators might not be able to attend to all the learners problems, others might be beyond their limitations hence it is vital that they have a knowledge

of when and where to refer such learners. Participants indicated that this program of Care and Support is important because it will also give them knowledge of the other relevant stakeholders and their expertise and skills; thus making it easy for them to refer to the relevant professional. This will enhance team work amongst professionals and create effective teams. This is concurred by O'Daniel M., & Rosenstein, A.H. (2008) that effective teams are characterised by trust, respect and collaboration. They believe that teamwork is endemic to a system in which all employees are working for the good of a goal, who have a common aim, and who work together to achieve that aim. Vranda & Mothi (2013) stated that family centred approach has been advocated to address family stressors, adaptation, and cultural factors impacting on the whole family. They also provide appropriate support for the infected child and his/her siblings, and connect families to services and community resources such as medical, mental health, social welfare and respite care through case management. Therefore Care and Support Program is aimed at making educators aware of their skills and expertise as well as of other professionals and be able to work together with other professionals to achieve a goal of supporting the learner who is infected or affected. Thus improving effective communication between all relevant stakeholders.

5.4 Commitment to providing support and care

Participants indicated that they are willing and want to provide support to learners who are infected and affected by HIV/AIDS by sharing by sharing knowledge and information about HIV/AIDS. This is in line with Department of Education (DoE, 2006) which mentioned that an educator within the school is expected to demonstrate an ability to develop a supportive and empowering environment for the learner and respond to educational needs of learners.

Other participant also believes knowledge should not only be shared with learners but also with parents and the communities because this program should address the learner holistically. This is also in line with what the Department of Education Guidelines for educators (DoE, 2000) which specify the roles and competencies of educators, including the community citizenship and the pastoral role. Therefore; it is evident that educators need to share

HIV/AIDS knowledge and information as well as to provide support to all involved from the child, to the family and the community surrounding that family. It is also evident according to participants that they are aware of their roles as educators and knows what is expected of them and are willing to provide that support and care.

5.4.1 Behavioural change

According to National Centre for HIV/AIDS, Viral Hepatitis, STD and TB prevention (2008) research shows that well designed programs can significantly reduce sexual risk behaviours among students. Participants also believe that the program of Care and Support will change the behaviour of learners and bring about positive change. This means that learners sometimes misbehave and are ignorant when it comes to HIV.

In Thailand, “a child friendly school project” was implemented and the results of its evaluation revealed positive behaviour change in HIV affected students (UNAIDS Inter-Agency in HIV affected students (UNAIDS Inter-Agency Task Team, 2009). The improvement was attributed to awareness activities in schools, effective counselling services with constant observation of special cases, and improved learning environment in schools (UNAIDS Inter-Agency Task Team, 2009).

Battalio, Dalhoe & Shirer, 2013 mentioned that there is evidence that educators experience a variety of behavioural and academic problems in the classrooms, including high rate of absenteeism, poor concentration, frequent sickness, dropouts and therefore deteriorated performance and poor socialisation problems.

It is evident that learners in high schools still present with behavioural problems and make it difficult for educators to care and support for them. Participants believe that this program is going to change that into positive behaviour. It is also evident that some learners who are infected and affected by HIV/AIDS lose their self-esteem and confidence and they don't believe in themselves anymore.

However, participants believe that with the implementation of Care and Support Program learners will regain their self-esteem, thus improving their performances. According to participants, this program will also help learners to take responsibility of their lives by engaging in more informed and careful sexual activities and behaviour since they will be given information and knowledge by educators. Chu, et.al (2014) mentioned that a supportive school environment for orphans and vulnerable children affected and infected by HIV/AIDS can contribute to children feeling more secure and enhances their readiness to learn.

5.4.2 Improved performance

Due to difficulties orphans and vulnerable children come across on a daily basis, it brings some tension in their school work and causes their performance to deteriorate. Participants mentioned that they are very happy about this program because it's going to improve the performance and results of learners. Chu (2014) confirmed what educators believed about education could make a difference in students' performance.

5.5 Negative attitude

Not all participants indicated positive attitude about HIV/AIDS Care and Support Program and its implementation. Some participants displayed negative and uncertain attitudes towards this program. The current findings suggest that the attitudes of educators towards the inclusion of the Care and Support Program in schools are of mixed mood. Regarding the HIV/AIDS Care and Support Program, educators view it as important in empowering and supporting learners. However, educators view the implementation as not effective. This concurs with the findings from previous studies. Lambe (2011) conducted a study that examined the role of teachers working within a permeated teaching model in Northern Ireland, and students 'attitudes towards special educational needs and inclusion. His findings indicated that while students 'attitudes towards the philosophy of inclusion were generally

positive; those of the educators were not necessarily reflected in the views of their subject group.

Also, Monsen, Ewing & Kwoka (2014) mentioned that although inclusive education had become a cornerstone of many government policies in an increasing number of countries, but educators had been seen to hold mixed attitudes towards its implementation.

5.6 Factors that can hamper the implementation of Care and Support Program

Sarma & Oliveras, (2013) highlighted that there is a need to explore educators 'beliefs and views regarding their roles in Care and Support program and the possible factors that can affect the actual implementation of the program.

5.6.1 Fear of stigma

It is evident that learners, parents and the community are still scared to disclose their statuses due to lack of information and stigma which is still attached to HIV/AIDS. This is supported by Hapunda, (2016) that there are numerous risk factors threatening children whose caregivers are dying or have died of AIDS including, withdrawal from school, witnessing caregiver suffering and decline, experiencing discrimination and stigma. According to Avert International (2017), there is a cyclical relationship between stigma and HIV; people who experience stigma and discrimination are marginalised and made more vulnerable to HIV, while those living with HIV are more vulnerable to experiencing stigma and discrimination.

According to Vranda and Mothi (2013) a major factor that distinguishes HIV/AIDS from another chronic or terminal illness is the stigma. Too many HIV infected children and their families live in a "conspiracy of silence" and shame associated with AIDS. One of the disturbing consequences of "conspiracy silence" is that the families may be withdrawn, become socially isolated and become emotionally cut off from traditional support systems. Parents delay disclosing the children as well as their own HIV/AIDS illness

status due to stigma and possible social consequences (Vranda & Mothi: 2013).

Hapunda (2016) also mentioned that children whose parents are living with HIV often experience many negative changes in their lives. They can start to suffer neglect, including emotional neglect, long before they are orphaned. It is also believed that myths and misinformation increase the stigma and discrimination surrounding HIV and AIDS. Therefore, there is a need for people to be taught and trained about HIV/AIDS and the care and support of people infected and affected.

Avert International (2017) also believe that some people living with HIV and other key affected populations are shunned by family, peers and the wider community, while others face poor treatment in educational and work settings, erosion of their rights, and psychological damage. People still associate HIV with death, and irresponsible behaviour; as a result many learners do not disclose their situations as a result do not get proper care and support.

It is evident that people are still adamant to disclose their HIV status due to the fact that most people are still not fully educated and know about HIV. HIV is still associated with negative things thus, making it difficult for parents and children to disclose and talk about it freely. Learners in high schools are still scared to talk about the challenges they face at their homes due to their sick or death of their parents because they are ashamed to talk about the illness and scared of being stigmatised and discriminated.

5.6.2 Confidentiality of HIV/AIDS and lack of trust

People, especially learners still don't have trust towards educators and parents. This lack of trust makes it difficult for them to disclose their vital and important information to them. Participants indicated that people do not trust each other as a result they don't disclose to anyone. This lack of trust and lack of confidentiality affect the implementation of Care and Support Program in High school.

5.6.3 Lack of support from stakeholders

According to Nel, et.al. (2016) support for both learners and teachers should start in the innermost structure, if learners lack support by the adult(such as the teacher or other support personnel) at this early stage, they are already at a disadvantage. In addition it also has an impact on the development of the learner when the adult, the caregiver and teacher is not supported by other adults, such as colleagues and other professionals, in his endeavours to support learners with barriers to learning (Nel, et.al. 2016).

The program of Care and Support need the involvement of all stakeholders in order to be effective. Participants explained that stakeholders are not fully involved in addressing and assisting orphans and vulnerable children. They believe that it would be easy to implement this program if there was cooperation between stakeholders. Parents also not attend to meetings and do not pitch up when the school request them to come to school. (Kachingwe et.al. 2005; Mathews, et.al. 2006)

Apart from parents, participants stated that the school management team and other educators who do not teach Life Orientation do not support the program fully. Schools have school-based support team which is meant to support the program, but they feel it does not provide enough and necessary support. The National School Health Policy and Implementation guidelines (DoH, 2002) also encourage schools to establish school-based support team to respond to the health and other barriers faced by vulnerable children.

5.6.4 Lack of effective training

Several variables are found which relate to teachers' attitudes, such as training, experience with inclusive education and pupils' type of disability (Boer, et. al, 2009). Therefore, the most prevalent challenges include need for specific training in HIV/AIDS (Ahmed, et.al. 2006). Educators are trained, but they are trained to attend to the curriculum and cover it in a certain period. Participants feel that they don't have enough and adequate training about HIV/AIDS and even about counselling, yet are expected to offer care and

support for learners infected and affected. This concurs with Campbell, et.al (2016) that many teachers lack confidence in their ability to support HIV/AIDS affected children. Many said they lack formal skills (e.g. knowledge about AIDS, how to talk to children about sex, counselling skills) This generally causes controversy when one takes a closer look at the demands of the core curriculum as well as the academic training of educators (Kachingwe, et.al 2005). Participants believe that if they can receive training then they will be confident to implement the program of care and support. This necessitates continuous teacher training, classroom support and teacher's necessary skills to know how to harness support within their own school community as well as at district level (Nel, N.M, Tlale, L.D.N, Engelbrecht, P. & Nel, M. (2016). Horne & Timmons (2009) study of "making it work: teachers' perspective on inclusion "revealed that some of the teachers' primary concerns were planning time, meeting the needs of all students, and on-going professional development to respond effectively to the increasingly diverse needs of students in the classroom. It is evident that training is very essential for educators to enable them to be confident in implementing Care and Support program'

5.6.5 Duty load

Participants stated that even though the program is so helpful and necessary, it is difficult for them to implement because of their heavy workload. One participant also mentioned that learners stay far away from the school so they cannot keep them after school to cover for care and support as there is no time during normal school hours. This concurs with Ulug, et.al (2011), that in these days the teacher has gone beyond just teaching in class, giving lectures, making exams and giving grades; the teacher also takes on the roles of organising, managing, counselling, observing and evaluating. All these roles make the duty load of educators heavy and sometimes impossible to achieve some of their duties in time. It is also sometimes difficult to address some of these learners in need after school because of the distance these learners travel; they cannot keep them in school till late. Campbell, et. Al (2016) highlighted the lack of teacher awareness of any clear caring policy in

schools and the absence of time and workload allocation for this additional work.

Wood & Goba (2011) indicated that for teachers there is no escaping the impact of the pandemic on the lives of their learners, resulting from an increased incidence of social, emotional, physical, and economic and human rights problems. The consequences of such problems are played out in the classroom as teachers struggle to balance the already challenging business of teaching and learning with the additional demands imposed by the increased levels of anxiety, limited concentration spans, severe trauma, heightened discrimination and stigma, and increased poverty experienced by learners living in this age of AIDS (Wood & Goba, 2011). According to Hoadley, (2008:149), teachers professional identities are first and foremost around teaching and learning. They view the identification, support and monitoring of vulnerable children as an additional and overwhelming task for which they are not equipped (Beyers and Hay (2011:100).

5.7 Interpretation of results

The results of this study suggest that educators have a positive attitude towards the implementation of HIV/AIDS Care and Support Program in schools. They believe that with proper knowledge, parents and learners will be able to deal appropriately with challenges of HIV/AIDS. They also believe that schools are in a favorable position to facilitate early identification and provide knowledge to both parents and learners.

Concerning the role of educators in providing Care and Support program, educators perceive their role as limited to delivering the curriculum. They move away from the position of providing care and support. For the educators, the program of care and support requires particular knowledge and skills, time allocation; and educators with specialized knowledge. They suggest that a specific training be provided in tertiary institutions; for those educators that are willing to be employed as guidance educators or school counselors.

Another concern for educators is that the duty load for educators in schools is a problem. Their emphasis is that educators are overloaded. The performance of an educator is determined by his or her duties that are related to the curriculum delivery. Care and support is not part of curriculum delivery; therefore, it is regarded as a waste of time. For this reason, care and support program is not properly supported by school management. The study suggests that, in addition to lack of effective training and school management support, the confidentiality of HIV/AIDS and other social ills hinders the effective implementation of care and support program. This is attributed to lack of parental involvement.

5.8 Conclusion

The program of HIV/AIDS Care and Support in secondary schools face challenges due to lack of effective training for educators, lack of support from management and parents care and support program not properly incorporated in the curriculum and school program, no clear direction as to who is responsible and how the program is monitored by the Department of Education; and the confidentiality of HIV/AIDS status. The Department of Education need to involve educators and let them share their concerns and provide support for them, because where teachers are given the opportunity within a supportive context to reflect and discuss the implications and the corollaries of their perspectives which may shed light for teachers on how change in beliefs and attitudes can lead to effective teaching practices for all learners (Nel,et.al, 2016).

6. Summary of findings, Recommendations and conclusion

6.1 Introduction

The main aims of the study were to determine the attitudes of educators towards HIV/AIDS care and support program in Zululand District high schools, and to identify the challenges educators face in implementing the program. Ten high schools from different wards in the Zululand District participated in the study. In order for the study to achieve its main objectives, the researcher reviewed literature on the attitude of educators and on care and support and also on the challenges educators are facing in implementing various educational programs, especially care and support. Then the researcher developed interview questions which focused on care and support program in high schools and on educators attitudes towards the program and also the challenges they are facing in the implementation of the program. This chapter gives a clear summary of findings, conclusion and recommendations that were reached in the course of the study.

6.2 Limitations of the study

The current study achieved its objectives; however, there are limitations that exist. Financial resources and time limited the study to a few number of schools from which respondents were selected. It also appeared during data collection that not all selected educators or schools were fully trained on HIV/AIDS care and support program.

6.3 Research Questions

This research answered the following questions:

- What are the attitudes of educators towards the HIV/AIDS Care and Support Programme for high school learners in Zululand District?
- What are the factors that have impact in the implementation of HIV/AIDS Care and Support Programme?

6.4 Findings with regard to aim number 1

The aim was: to assess educators' attitudes towards the HIV/AIDS Care and Support Programme for high school learners in KwaZulu-Natal. The current findings suggest that the attitudes of educators towards the inclusion of the care and support programme in schools are of a mixed mood. Regarding the HIV/AIDS Care and Support Programme, educators view the programme as important in empowering and supporting learners. However, educators view the implementation as not effective. The findings concur with the findings from previous studies. Lambe (2011) conducted a study that examined the role of teacher educators working within a permeated teaching model in Northern Ireland, and student teacher's attitudes towards special educational needs and inclusion. His findings indicated that while students' attitudes towards the philosophy of inclusion were generally positive, those of the educators were not necessarily reflected in the views of their subject group. Also, Monsen, Ewing, & Kwoka (2013) mentioned that although inclusive education had become a cornerstone of many government policies in an increasing number of countries, but educators had been found to hold mixed attitudes towards its implementation.

6.3 Findings with regard to aim number 2

The aim was: to identify factors that have impact in the implementation of HIV/AIDS Care and Support Programme. The previous studies do point at the challenges faced by educators in implementing Life Skills and HIV/AIDS education, which may also be true of HIV/AIDS Care and Support Programme in South Africa, particularly in KwaZulu-Natal, where the rate of HIV-infection is said to be statistically higher in the continent. This study also found that the implementation of HIV/AIDS Care and Support Programme is affected by factors such lack of effective training in implementation of HIV/AIDS Care and Support Programme. This was also found by, Mathews, Boon, Flisher, & Schaalma (2006); Donovan, 1998; Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005 ; Kachingwe, Norr, Kaponda, Norr, Mbweza & Magai, 2005; Mathews et,al (2006); Sarma, Islam & Gazi 2013. In their studies, Kachingwe

et.al (2005); Mathews, Boon et,al (2006); Sarma et.al (2013); Donovan, 1998; Sarma & Oliveras, 2013; found that work overload, insufficient time for Life Skills class due to non-examinable status, lack of parental and community support; and lack of support from school management and other educators, affect the implementation of HIV and Life Skills education. This study concurs with these studies in that the above factors were found to be present in educators' responses.

6.3.1 Lack of training

The results of this study revealed that there is lack of training in HIV/AIDS care and support program in high schools in Zululand District. The program of HIV/AIDS care and support program started in 2001 in Kwazulu Natal; however participants revealed that they are only trained in providing teaching and learning in schools. Even though they feel that this program is important for learners, they feel that they are not fully trained to implement it.

“I don't think my attitude will be positive, not unless I have training or necessary skills that will help me”.

Participants also indicated that they focus on the training they received in tertiary institutions which did not include HIV/AIDS care and support program. This is an indication that thorough training on care and support program is still needed for educators.

“Teachers are only focusing on what they were trained for at colleges and universities”.

This is in line with Ahmed, et.al (.2006), that the most prevalent challenges include need for specific training in HIV/AIDS. Therefore to ensure proper and effective implementation of this program, proper training on HIV/AIDS care and support program is essential in the Zululand District high schools.

6.3.2 Work load

The other challenge participants mentioned is the work load they have in schools which makes it impossible for them to implement other programs especially care and support. This concurs with Ulug, et.al (2011) that in these days the teacher has gone beyond just teaching in class, giving lectures, making exams and giving grades, the teacher also takes on the roles of organising, managing, counselling, observing and evaluating. All these roles make the duty load of educators heavy and sometimes impossible to achieve some of their duties.

“It is the ability of the system itself. The school is for delivery of teaching and learning, and all other programs are suffering. Educators are focusing on completing the curriculum. The programs that are coming nearby, it should be clearly known to which duty load they will be loaded on.”

This indicates that educators believe that the system needs to change in order for them to be able to implement other programs other than just teaching and learning. They believe that the system in itself is a barrier to implementing HIV/AIDS care and support.

6.3.3 Lack of support from stakeholders

The other challenge participants mentioned is lack of support from other relevant stakeholders. Care and support need schools to work together with other stakeholders in order to achieve its intentions. Participants indicated that stakeholders do not respond positively towards their calling for intervention which it difficult for them to assist learners who are HIV/AIDS infected and affected. They indicated that they come across incidences which they cannot handle themselves and would need the intervention and assistance of other stakeholders.

Participants feel that the most important stakeholders are the parents and the school management team, which they believe are not totally involved in the implementation of care and support program. This concurs with Kachingwe, et.al. (2005) and Mathews, et al. (2006), that parents do not attend to meetings and do not pitch up when the school request them to come to

school. It is also expected that the school management team and other educators who does not teach Life Orientation be supportive of the program as the program is for all learners within the school, but participants indicated that this is not the case, there is no support from the school management team and from other colleagues who does not teach LO.

“Yes there are sometimes problems. We need support from the school and also the involvement of parents. Sometimes it is difficult to go to parents and even police.”

It is clear with support educators would be comfortable and willing to implement this program as it clear they do want and love the program.

6.4 Recommendations

The researcher found that HIV/AIDS Care and Support Program is beneficial to learners in secondary schools in Zululand District. However, the actual implementation of the programme is faced with challenges. Educators felt that their role as educators is limited to the classroom. Although almost all respondents received training regarding HIV/AIDS care and support, they view HIV/AIDS Care and Support Programme as the area outside their expertise and scope of work. As a result educators believe that HIV/AIDS Care and Support Programme is the responsibility of social workers nurses and NGOs. Educators believe that the proper intervention of the department of education is to employ specialists in psycho-social support such school counsellors for each school. The following recommendations are made based on the results of the study:

- The role of educators needs to be clearly defined with regard to care and support in schools. Seemingly, educators' role is to identify, refer and provide instructional support to learners affected and infected by HIV/AIDS.
- Training for educators should be focused on identification, referral procedure and classroom support for learners.

- There is a need for psychological or school counsellors to be employed in each school for effective implementation of HIV/AIDS Care and Support Programme in schools.
- School Management Teams should be trained in managing HIV/AIDS Care and Support Programme in schools.
- A clear strategy should be developed to engage parents and community in care and support programme implemented in schools.

6.5 Summary and Conclusion

The aims of this study were: To assess educators' attitudes towards the HIV/AIDS Care and Support Programme for high school learners in KwaZulu-Natal; and to identify factors that hinder the implementation of HIV/AIDS Care and Support Programme for high school learners in KwaZulu-Natal. The findings of this study indicated that educators' attitudes are positive towards HIV/AIDS Program being implemented in schools. They support the program and indicated that the program would help learners and empower them to live a healthy life and be disciplined.

However, they identified factors that hinder educators to be placed as leaders in the implementation of the programme. They feel that it is not their primary duty as educators and is outside their expertise. They are also concerned about their workload. They identified the need for effective training in order for them to effectively implement the program, as they feel they are not properly and sufficiently trained.

This program of HIV/AIDS care and support is a clear indication of the vital role educator's play in supporting and caring for children's emotional being

REFERENCES

- Abebe, B. (2012). Sustainability of HIV/AIDS Care and Support Programmes. *Global Journal of Medical Research*, 12(7), 24-31.
- Ahmed, N., Flisher, A.J., Mathews, C., Jansen, S., Mukoma, W. & Schaalma, H. (2006). Process evaluation of the teacher training for an AIDS prevention programme. *Health Education Research: Theory & Practice*, 21(5), 621-632.
- Ajuwon, P. A. (2012). Making inclusive education work in Nigeria: Evaluation of special educators' attitudes. *Disability Studies Quarterly*, 32 (2), 1-11.
- Alford, S., Cheetham, N. & Hauser, D. (2005). Science and Success in Developing Countries: Holistic Programs that Work to Prevent Teen Pregnancy, HIV and Sexually Transmitted Infections. *Advocates for Youth*.
- Alhojailan, M. I. (2012). Thematic analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences*. 1(1).
- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of pharmaceutical education*, 74(8).
- Atieno, O.P & Julius, M.K. (2008). The provision of psychosocial support for HIV/AIDS positive students in tertiary institutions in Kenya: A case of Rift-Valley Province. *Problems of Education in the 21st Century*, v8.
- Avert (2017). Global information and education on HIV and AIDS.
- Battalio, R. Dalhoe, A., & Shirer, D. (2013). Walking the fine line: How high school educators "manage" behavioural issues. *The clearing house*, 86(5), 190-194.
- Beyers, C, & Hay, J. (2011). Supporting HIV-positive learners in inclusive classes in South Africa: Is it the responsibility of educators? *Journal of Social Science*, 26(2), 99-104.

- Boler, T. (2003). *The Sound of Silence. Difficulties in Communicating on HIV/AIDS in Schools*. Victoria: British Columbia.
- Boyce, C & Neale, P, (2006). Conducting in-depth Interview. Pathfinder International Watertown.
- Braun, V. & Clarke, V, (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3(2). Available from: <http://eprints.uwe.ac.uk//11735>.
- Brink, H.I.L. (1993). Validity and reliability in qualitative research: Conference paper: Vol 16. Department of Nursing: UNISA.
- Campbell, C., Anderson, L., Mutsikiwa, A., Madanhire, C., Nyamuka, C and Gregson, S. (2016). Can Schools Support HIV/AIDS Affected Children? Exploring the Ethic of Care amongst Rural Zimbabwean Teachers:
- Carson, C. Gilmore, A. Perry, C and Gronhaug, K. 9 2001). *Qualitative marketing research*. London. Emerald Publishing Limited.
- Chao, L. Gow, J., Akintola, G., & Pauly, M. (2010). HIV/AIDS stigma attitudes among educators in Kwazulu-Natal, *South African Journal of school health*, 80 (11), 561-569.
- Chu S. (2014). Teacher perceptions of their efficacy for special education referral of students from culturally and linguistically diverse background. *Education and Urban Society*, 45(3), 385-410.
- Cluver, L. Gardner, F. and Operario, D. (2008). Effects of stigma on the mental health of adolescents orphaned by AIDS. *J Adolesc Health*, 42(4).
- Combe, C. & Kelly, M.J. (2001). Education as a Vehicle for Combating HIV/AIDS Available from: http://www.portal.unesco.org/education/en/file_download.php (Accessed on 2 May 2016).
- Combe, C. (2000). Managing the Impact of HIV/AIDS on the Education Sector in South Africa. Addis Ababa: United Nations Economic Commission for Africa (UNECA).

- Combe, C. (2002). HIV/AIDS and the Education Sector. Paper Presented at the Conference 30 May to 1 June 2002, Gallagher Estates, Midrand: The Education Coalition.
- Coplan, J., & Contello, A. (1998). Early language development in children exposed to or infected or infected with human immunodeficiency virus. *Paediatrics*.
- De Boer, A., Pijl, S. J. & Minnaert, A., (2010). Regular primary school teachers' attitudes towards inclusive education: A review of the literature. *International Journal of Inclusive Education*: Published online.
- Department of Education (2001). HIV/AIDS Care and Support of affected and infected learners. White Paper
- Department of Health and human services CDC (2008). National centre for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Annual report. www.cdc.gov/nchhstp.
- Donovan, P. (1998). School-Based Sexuality Education: The Issues and Challenges. *Special Report*, 30(4), July/August 1998.
- Doulkeridou, A. Evaggelinou, C., Mouratidou, K., Koidou, E., Panagiotou, A., & Kudlacek, M. (2011). Attitudes of Greek physical education educators towards inclusion of students with disabilities in physical education classes. *International Journal of Special Education*, 26 (1), 1-11.
- Duflo, E., Dupas, P., Kremer, M. & Sinei, S. (2007). *Education and HIV/AIDS prevention: Evidence from a randomised evaluation in Western Kenya*. Background Paper to the 2007 World Development Report.
- Fawole, I.O., Suzuku, M.C., Oduntan, S.O. & Brieger, W. (1999). A school-based AIDS education programme for secondary school students in Nigeria: a review of effectiveness. *Health Education Research*, 14: 675-683.
- Gallant, M. and Maticka, T. E. (2004). School-based HIV prevention programmes for African youth. *Social Sciences & Medicine*. 58(7).
- Gao, Z., WU, y., Zhang, Y., Tang, Q., Qiu, J., Lin, X. & Du, y. (2012). Effectiveness of School-based Education on HIV/AIDS Knowledge,

- Attitude, and Behaviour among Secondary School Students in Wuhan, China. *PloS ONE* 7(9), e44881.
- Gicharu, P.W, Mwaniki, B., Kibui, A. Gichuhi, L. & Kahiga, R.W. (2015). Effects of HIV/AIDS on Pre-school Children in Kijabe Location, Kiambu County, Kenya. *International Journal of Scientific Research and Innovative Technology*, 2(3), 17-26.
- Giese, S., Gow, J. & Desmond, C. (2002). Impacts and Interventions. The HIV/AIDS pandemic and the Children of South Africa. Pietermaritzburg, University of Natal Press.
- Giese, S., Meintjies, H., Croke, R. & Chamberlain, R. (2003). Health and Social Services to address the needs of orphans and other vulnerable children in the context of HIV/AIDS. Cape Town: Children's Institute of the University of Cape Town. Available from: [http://www. web.uct.ac.za](http://www.web.uct.ac.za). (Accessed on 3 May 2016.)
- Global-crisis-Global action (2001). United Nations special session on HIV/AIDS. New York.
- Gonzalez-Prendes, A..A and Resko, S. M. (2013). Cognitive-behavioral therapy. Thousand Oaks: SAGE Publications
- Griessel-Roux, E, Ebersöhn, L. and Eloff, I. (2005). HIV/AIDS programmes: what do learners want? *South African Journal of Education*, 25(4), 253-257).
- Hall, C. (2004). Theorising changes in educators' work. Available from: <http://www.umanitoba.ca/publications/cjeap/articles/noma/theorising.chanqe.html>. (Accessed on 3 May 2016).
- Hapunda, G. (2016). Mental health situation and resilience among orphans and vulnerable children in Sub-Saharan Africa: A review. *International Journal of Emergency Mental Health and Human Resilience*: Vol.17: University of Zambia.
- Hoadley, U. The boundaries of care: education policy interventions for vulnerable children. HSRC Press. Cape Town.

- Horne, P.E., & Timmons V. (2009). Making it work: teachers' perspective on inclusion. Vol.15-Issue 3. International Journal of Inclusive Education. Published online.
- Indian Journal of Medical Research(2016). Home current issue instructions submit article: 144(6).
- Jacob, L. (2005). The myth of caring and sharing. Master's Thesis: University of KwaZulu-Natal.
- Kachingwe, S.I., Norr, K., Kaponda, C.P.N., Norr, J., Mbweza, E. & Magai, D. (2005). Preparing educators as HIV/AIDS Prevention Leaders in Malawi: Evidence from focus groups. International Electron, *Journal of Health Education*, 8: 193-204).
- Kearns, G. (2007). Cognitive Behavior Therapy and Research services. Online Site. Cbtttherapist.
- Kirby, E. (2000). Characteristics of exercise behaviour among college students: Application of social cognitive theory to predicting stage of change. Vol 31, Issue 5, pages 494-505.
- Lambe, J. (2011). Pre-service education and attitudes towards inclusion: the role of the teacher educator within a permeated teaching model. *International journal of inclusive education*, 15(9), 975-999.
- Livesey, C. (2006). The relationship between Positivism, Interpretivism and sociological research methods. AS Sociology. <http://www.sociology.org.uk>.
- Lohmann, T., Tam, P., Hopman, W.M. & Wobeser, W. (2008). Knowledge of and attitudes towards HIV/AIDS among school educators in Belize. *International Journal of Infectious Diseases*, 13, 228-235.
- Malinga, F. M., Kettaneh, A., Castle, C. & Pulizzi, S. (
- Maree, J.G. (2014). A preliminary study about the value of a combined quantitative-qualitative approach to career counselling for a student in the natural sciences: a longitudinal study. South African Journal of Science and Technology. 31(1).

- Mathews, C., Boon, H., Flisher, A.J. & Schaalma, H.P. (2006). Factors associated with educators' implementation of HIV/AIDS education in secondary schools in Cape Town. South Africa. *AIDS Care*, 18(4), 388-397.
- McLeod, S. (2015). *Cognitive Behavioral Therapy: Simply Psychology*
- Mishra, V., Arnold, F., Otieno, F., Cross, A. and Hong, R. (2007). Education and nutritional status of orphans and children of HIV-infected parents in Kenya. *AIDS education and prevention*: 19(5).
- Monsen, J. J., Ewing, D.L., & Kwoka, M. (2013). Educators' attitudes towards inclusion, perceived adequacy of support and classroom learning environment. *Learning environment research*, 17, 113-126.
- Naierman, N. (1998). Grieving kids need guidance. *Early Childhood News* (March/April): 50-53.
- Narayanan, S.S., and Cheang, A . W. O. The influence of perceived social support and self-efficacy on resilience among first year Malaysian students: Volume 34, No.2 ,2016: International Medical University.
- Nel, M.N., Tlale, L.D.N., Engelbrecht, P., and Nel, M. (2016). Teachers' perceptions of education support structures in the implementation of inclusive education in South Africa. Pretoria
- Nqoloba, T. (2010). *Attitudes of Educators Towards Sexuality and HIV/AIDS Education*. Unpublished Dissertation. University of Zululand, South Africa.: UNICEF.
- Niang, C.I. and Van Ufford, P.Q. (2007). The Socioeconomic Impact of HIV on Children in a Lo-Prevalence Context: The case of Senegal. In Cornia, Giovanni Andrea (ed.). *AIDS, public policy and child welfare*. (2nd ed.). Floren
- Noble, H & Smith, J. (2015). Issues of validity and reliability in qualitative research: Evidence based on nursing. Vol 18(2). BMJ Publishing Group.
- Ochieng, P. A. & Maiyo, K. J. (2008). The provision of psychosocial support for the HIV/AIDS positive students in tertiary institutions in Kenya: A

case of rift-valley province. Masinde Muliro University of Science and Technology. Kenya

O'Daniel, M. and Rosenstein, A.H. (chapter 33): Professional communication and team collaboration

Parag, A. (2010). *Educators' Perceptions of Teaching Learners about HIV/AIDS and of Schools as Care-giving Centres for Orphans and Vulnerable Children: The Case of an Urban Secondary School in Durban*. Unpublished Dissertation, University of South Africa.

Pizam, A and Mansfeld, Y. (2009). Positivism versus Interpretivism. London. Taylor and Francis group.

Renuka, D.M.R, Devaki, P.R., Saikumar, P. (2013). The effect of counselling on the academic performance of college students: 1086-1088

Sarma, H. & Oliveras, E. (2013). Implementing HIV/AIDS education: the impact of educators' training on HIV/AIDS education in Bangladesh. *Journal of Health Population and Nutrition*, 31(1): 20-27.

Sarma, H., Islam, M.A. & Gazi, P. (2013). Impact of training of educators on their ability, skills and confidence to teach HIV/AIDS in classroom: a qualitative assessment. *BMC Public Health*, 13: 990.

Schenker, I. (2001). New Challenges for School AIDS Education within an Evolving HIV Pandemic. *Prospects*, (3), 416-434.

Schenker, I.I. & Nyirenda, J.M. (2002). Preventing HIV/AIDS in schools. *International Academy of Education*: Indiana, vol. 9.

Selwyn, N. & Powell, E. (2007). Sex and Relationships Education in Schools: The views and Experiences of young People. *Health Education*, 107(2), 219-231.

Shuey, D.A., Babishangire. B.B., Omiat, S. and Bagarukay, H. (1999). Increased sexual abstinence among in-school adolescents as a result of school health education in Soroti district. African Medical and Research Foundation. Uganda.

- Sokal, L. (2012). What are schools looking for in new, inclusive educators? *McGill journal of education*. 47(3), 403-420.
- South African Department of Education. (1999). National Policy on HIV/AIDS for learners and educators in public schools, and students and educators in further education and training institutions. Pretoria: Department of Education.
- South African Department of Education. (2000). Education White Paper 6: Special Needs Education building an Inclusive education and training system. Pretoria: Department of Education.
- South African Department of Education. (2000a). Norms and Standards for teacher educators. Pretoria: Government Gazette No 20844.
- South African Department of Education. (2000b). HIV/AIDS Emergency: Guidelines for educators. Pretoria: Department of Education.
- South African Department of Education. (2001a). Education in South Africa: Achievements since 1994. Pretoria: Department of Education.
- South African Department of Education. (2001b). National Integrated plan for children and youth infected and affected by HIV/AIDS. Pretoria: Department of Education.
- South African Department of Education. (2002). National Curriculum Statement. Pretoria: Department of Education.
- South African Department of Education. (2003). Educators' guide on the revised curriculum statement. Pretoria: Department of Education.
- South African Department of Education. (2005). Education Law Amendment Bill. Pretoria: Department of Education.
- South African Department of Health. (2002). National School Health Policy and Implementation Guideline. Pretoria: Department of Health.
- Stormont, M., Reinke, W., & Herman, K. (2011). Educators' knowledge of evidence-based interventions and available school resources for children with emotional and behavioural problems. *Journal of behavioural education*, 20, 138-147.

- Ulug, M., Ozden, M.S, and Eryilmaz, A (2011). The effects of teachers' attitudes on student's personality and performance. *Procea social and behavioural sciences* 30: Turkey
- UNAIDS. (1997). Learning and Teaching about AIDS at school. Geneva, Switzerland, *UNAIDS*.
- UNAIDS Inter-Agency Task Team (IATT) on Children and HIV/AIDS. (2008). Expanding social protection for vulnerable children and families: learning from an institutional perspective. New York: UNICEF.
- (2009). Supporting the educational needs of HIV-positive learners in Namibia. Paris, UNESCO.
- UNICEF. (2006). School Educators Awarded for Importing Knowledge on HIV/AIDS amongst Students. Available from: <http://www.unicef.org>.
- Van Rossem, R., and Meekers, D. (2000). An evaluation of the effectiveness of targeted social marketing to promote adolescent and young adult reproductive health in Cameroon. *AIDS Education and Prevention*. 12(5).
- Vaz, S., Wilson, N., Falkmer, M., Sim, A., Scott, M., Cordier, R., Falkmer, T. (2015). Factors associated with Primary School Teachers' Attitudes towards the Inclusion of Students with Disabilities: Plos online
- Visser, M.J. (2005). Life skill training as HIV/AIDS prevention strategy in secondary schools: evaluation of a large scale implementation process. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 2(1), 203-216.
- Vranda, M.N and Mothi, S.N. Psychosocial issues of Children Infected with HIV/AIDS: Indian Journal of Psychological Medicine: 2013. Wolters Kluwer-Medknow Publications.
- Ward, V. and Mendelson, J. (2009) Supporting the educational needs of HIV/AIDS learners in Namibia. United Nations Educational Scientific and cultural organization. Namibia.
- Watkins J.A., Sello, O.M., Cluver L., Kaplan L., & Boyes M. (2014) 'At school I got myself a certificate': HIV/AIDS Orphan hood and Secondary

Education: a Qualitative Study of Risk and Protective Factors. *Global Social Welfare*, 1 (3), 111-121.

Weiler, J.M. & Martin-Weiler, C.J. (2012). Addressing HIV/AIDS education: A Look at Teacher Preparedness in Ghana. *Journal of International Social Studies*, 2(1).

Wight, D. (1997). Does Sex Education make a Difference? *Health Education*, 2: 52-56.

Willis, J.W. (2007). Foundations of qualitative research: interpretive and critical approaches. London. Sage.

Wolters, P.M. & Brouwers, P. (2005). Neurobehavioral function and assessment in children with HIV. In Textbook of Paediatric HIV Care. Eds: Zeichner, S., Read, J. Cambridge: Cambridge University Press.

Wood, L. & Goba, L. (2011). Care and support of orphaned and vulnerable children at schools: helping teachers to respond: South African Journal of Education. Vol.31: Pretoria.