

**THE IMPACT OF HIV/AIDS ON LEARNERS IN
INTERMEDIATE AND SECONDARY SCHOOLS IN
BOTSHABELO AREA**

By

**A mini dissertation submitted
in partial fulfillment for the**

**MAGISTER DEGREE:
EDUCATION: EDUCATIONAL MANAGEMENT**

in the

**School of Teacher Education
Faculty of Management Sciences**

at

The Central University of Technology, Free State

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**BLOEMFONTEIN
2009**

DEDICATION

I dedicated this study to my husband Rantoko without whose love, support and encouragement I would not have completed this task. I am blessed to have him on my side and as a silent partner in this labour.

My younger sisters Zanele, Thiwe, and Phahlakazi, also continually showed patience, understanding, and supportive throughout the entire process.

My brother in law Montoedi Botsane for his support and contribution;

My children Lerato and Mokomatshidi for their loving support and understanding for the times they had to do without the attention of a mother;

Mostly my parents in law Ntswaki and Motlhakola Senoge for their encouragement and support

Finally, to my mother Gaoratwe and father Ngubaehlangane who are both deceased .This book is a commemoration of their loss to me and to those who lost their loved ones to the HIV/AIDS pandemic.

WANI VENUS SENOGÉ

ACKNOWLEDGEMENTS

To everyone who supported and helped me during this research. I would like to express my heartfelt gratitude. It is not possible to mention everyone. I would like to address a special thanks to the following people.

My Supervisor Dr S.R.S Litheko, at the Central University of Technology for his loyal support and insightful guidance

Mr Van Rensburg for the editing and proofreading of this thesis. Your critical eye and thorough engagement in the editing of this work is acknowledged and much appreciated

Ms J Bihi from the School of Teacher Education, Central University of Technology, Free State, for her patience in typing this dissertation.

Mr K.P. Pule for his motivation and guidance in this work, from Seithati primary school in Botshabelo

All institution and persons who made a contribution to this study

The relevant Fsdoe officials for permission to conduct research in the schools

My friend and former colleague Mapule Segalo for her support and encouragement

There are also other people who have in one way or another, contributed towards the success of this study. The fact that their names have not been mentioned here does not mean that their contribution was less important. I thank them all. Above all to the Almighty God the comforter who gave me the ability, competence, motivation and sustenance to complete this research. Be the glory

DECLARATION

I WANI VENUS SENOGÉ, Student number 205068723, hereby declare that the dissertation entitled:

The impact of HIV/AIDS on learners in intermediate and secondary schools in Botshabelo area

Which is being submitted for the Masters degree at the Central University of Technology. Has not been submitted before for any degree for examination at any other University

.....
WANI VENUS SENOGÉ

.....
Date

ABSTRACT

The main purpose of this study is to investigate whether there is any impact on the quality of education in schools for both learners who are infected and affected by HIV/AIDS, more especially whether most schools are experiencing a decline in the quality of education in following areas, reduction of learner enrolment, absenteeism, lack of concentration in studies, and withdrawal syndrome from peers

The topic of this study is the impact of HIV/AIDS on learners in intermediate and secondary schools in Botshabelo area.

The impact of HIV/AIDS on learners in both intermediate and secondary schools is problematic. These pandemic are associated with emotional problems, requests for time off by learners due to illness of an individual learner, or relatives. The lack of mutual interaction and support between learner and learner affected by HIV/AIDS, and the lack of support to affected and infected learners by both schools and communities. HIV/ AIDS is the most devastating pandemic the country has faced. There is still no cure, no vaccine. Common thinking was that HIV/AIDS was only a public health challenge, but that was wrong, because education also has an important role to play, more especially because there are many learners who are infected by HIV/AIDS

The findings of the statistical analysis indicate that the pandemic is increasing the rate of absenteeism in intermediate and secondary schools in Botshabelo. The standard of education is deteriorating because of this. The findings indicated that there is uncertainty about learners who are HIV positive because of the secrecy surrounding the disease.

The limitations of this study have been indicated and recommendations have been made. Decisions on the research questions, research aims and objective have been made, as well as recommendations for further studies have been made.

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LIST OF ABBREVIATIONS/ACRONYMS

AIDS	=	Acquired Immune Deficiency Syndrome
HIV	=	Human Immunodeficiency Virus
Who	=	World health organization
ART	=	Anti retroviral treatment
Heard	=	Health economics and HIV/AIDS research division
Unaid	=	United Nations HIV/AIDS
Unicef	=	United Nations children's fund
HSRC	=	Human Sciences Research Council
ARV	=	Anti retroviral drug
MRC	=	Medical research council
SMT	=	School management team
Fsdoe	=	Free State department of education

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CHAPTER ONE

INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION

The HIV/AIDS epidemic is spreading steadily and it has created instability in schools. Numbers of learners have been born into a world where AIDS is a harsh reality. Learner's and educators are falling ill, they are taking time to take care of family members, and in many cases, they are dying as a results of AIDS. The reality of HIV/AIDS in the family is that children are caring and assuming adult responsibility before they are ready to do so. As a result of this their education is disrupted and can lead them to drop from school early to take care of the family. The issue of absenteeism is also vitally important as learners who are affected by HIV/AIDS in schools and at home, absent themselves for a variety of reasons. One of the reasons may be that they are emotionally stressed for taking care of their sick family members.

1.2 BACKGROUND OF THE STUDY

One of the major challenges facing the world's population today is undoubtedly maintaining and coping with children who are affected by HIV/AIDS. Whiteside et al (2000:95) indicated that children who lose a parent to AIDS suffer a loss and grief like any other orphans. However, their loss is exacerbated by prejudice and social exclusion, and can lead to loss of education and health care. Moreover the psychological impact on a child who witnesses his /her parent dying more sudden causes. HIV ultimately makes people ill but it runs an unpredictable course. There are typically months or years of stress, suffering or depression before a patient dies. Aids orphans are part of our generation of hope and society cannot afford to lose them. They further explained that children orphaned by HIV/AIDS will have no role models in the future and they may resort to crime.

During the next ten to twenty years, South Africa will also experience a rapid increase in the number of children growing up with no parents or with only one parent because of the effects of AIDS. This view is supported by City Press (2007:1) The United Nations Children's Fund (Unicef) reports that in African countries that have already suffered long severe epidemics, AIDS is generating orphans so quickly that family structures can no longer cope. The United Nations Children's Fund reports that South Africa has 1.2 million AIDS Orphans which translates in to 49% of all orphans in the country. According to Louw et al (2001:13) educators should set the example of unconditional love and acceptance .It is also in the classroom that the most support can be given to learners who are in distress.

Care and support lies within the heart of educator. By displaying a willingness to assist, even it is only by giving emotional support; the educator can alleviate a lot of stress. The Department of Education Guideline for Educators (Doe) (2000:13) states that educators need to be aware that learners orphaned by AIDS may face prejudice and be neglected by people who are supposed to look after them. Educators need to be vigilant about the possibility of discrimination in schools, take swift action to defuse any situation that occur, and deal effectively with perpetrators .This view is also supported by the Siyamkela Research Project (2003a:21) stating that children who are infected and affected by HIV/AIDS face many forms of discrimination and human rights abuse. They can be denied access to schools due to their known / presumed HIV status, or being subjected to verbal and physical abuse in schools. They may also being tested for HIV without the consent of the parent or guardian.

1.3 PURPOSE OF THE STUDY

The main purpose of this study is to add to the existing knowledge about the impact of HIV/AIDS on learners in intermediate and secondary schools in Botshabelo area. The purpose of this study is to research whether the quality of

education is deteriorating in most schools because of the impact of HIV/AIDS pandemic amongst learners, more especially that most schools experienced decline in enrolment and absenteeism of learners orphaned by HIV/AIDS.

1.4 SIGNIFICANCE OF THE STUDY

This research will contribute to literature on the impact of HIV/AIDS on learners in the secondary schools, and will help to come up with suggestions on how to overcome this problem in Botshabelo area. I hope this study will contribute towards reduced stigmatization and discrimination.

1.5 PROBLEM STATEMENT

The research will definitely try to illustrate either the impact that HIV/AIDS will cause in the intermediate and secondary schools in Botshabelo will be negative or positive. HIV/AIDS presently ravages the communities and it is clear that there is a need to make real headway against the fundamental drivers of this pandemic, especially gender inequality, stigma, discrimination and failure to protect and realize human rights. This challenges are perhaps the greatest of all those facing the AIDS response, and there can never be a technological fix for these social issues. There is a need for positive social change.

It can be argued from the abovementioned challenges that the pandemic leans towards the negative impact for intermediate and secondary schools in Botshabelo, that is questionnaires and statistics will be compiled in order to arrive at a conclusive research

1.6 THEORETICAL FRAMEWORK

The impact of HIV/AIDS poses a threat to learners in Botshabelo area. Many schools will be crippled by the impact of the disease on learners and families.

Learners and educators are faced with serious measures to curb the spread of HIV/AIDS pandemic. The school community fears to disclose their status and therefore there is a high rise of illness and death. It seems mysterious and shameful (South Africa, Department of Education: 2000:25). In South Africa one in four people is becoming sick with HIV/AIDS. The epidemic is destroying the most productive members of our society. South Africa as a nation is highly susceptible to the spread of HIV and vulnerable to the impact of AIDS, but there are segments in the society which are particularly susceptible and vulnerable .In South Africa, the highest rates of infection are amongst people between 20 and 44 years of age. Because a sizeable percentage of South Africa's population is aged between these years, AIDS has the potential to have a devastating effect on social economic and above all human development (Whiteside et al, 2000:58)

Illness of family members disrupts learning and teaching. Educators have to take care of an extra load when learners are absent or when they fall behind with their studies. When family members get ill or die, both educators and learners carry the burden. Aggleton et al (1990:82) indicated that young people need to be taught decision making skills that can enable them to protect themselves. According to Schenker and Friedman (1996:17) one of the main consequences of the AIDS epidemic on the education sector is a probably a decrease in the demand for education due to the absenteeism of learners and a rising number of orphans and school drop outs.

The link between poverty and AIDS is undisputed (Uys and Cameron 2003:162) They also indicated that scores of grandparents are attempting to stretch their meagre pensions so as to be able to provide food and schooling for their orphaned grandchildren. This view is supported by Schenker and Friedman (1996:49) who states that as adults get sick and die from HIV/AIDS .One of the first consequences tends to be a withdrawal of children from school. As a result orphans are less likely to have proper schooling. An orphaned child is often forced to leave school and take care of the family. Children are leaving school

earlier; they marry earlier, enter labour force earlier and are frequently sexually exploited (Uys and Cameron, 2003:176)

Lesotho is seriously affected by the AIDS pandemic. It is probable that by 2010 30 – 35 % of children will have lost one or both parents. The ability of relatives of such children to keep them in school will become a critical issue .In the context of widespread and deepening poverty, enrolment rather will decline and drop out rates will rise, (Mopeli .2006:5).HIV/AIDS has orphaned at least children under fifteen years of age. The total number of children orphaned by the pandemic since it began is forecast to almost double to 25 million by 2010. (Uys and Cameron, 2003:174)

1.7 RESEARCH AIM

This study aims to investigate the impact the impact of HIV/AIDS on learners affected and infected by the pandemic and whether or not they are coping in the school, having the heavy burden on their shoulders.

1.8 RESEARCH OBJECTIVES

- 1.8.1 To investigate the support available to learners who are affected and infected by HIV/AIDS in the school in Motheo District.
- 1.8.2 To investigate the effectiveness of peer education programs in Botshabelo Schools.
- 1.8.3 To investigate whether or not there is stigmatization and discrimination an experienced by learners affected and infected by HIV/AIDS in the Botshabelo schools
- 1.8.4 To investigate mutual interaction between ordinary learners and affected/infected learners

1.9 RESEARCH QUESTIONS

This research will answer the following questions:

- 1.9.1 What is the impact of HIV/AIDS on learners in secondary schools?
- 1.9.2 What impact does HIV/AIDS stigma have on individual learners in Botshabelo?
- 1.9.3 Are learners who are affected / infected by HIV/AIDS getting enough support from both educators and fellow learners?
- 1.9.4 What knowledge do learners possess about the dangers of HIV/AIDS?
- 1.9.5 Are educators trained to educate learners about safe sex?
- 1.9.6 How do some of such learners manage to pass in school given their pitiful condition at home?

1.10 DEFINITION OF TERMS

1.10.1 AIDS (Acquired immune deficiency syndrome)

Cusack and Singh, (1994; 8) define AIDS as an acronym for the Acquired Immune deficiency syndrome, a condition representing the most serious and often fatal illness resulting from the human immuno deficiency Virus (HIV). AIDS is the end stage of HIV infection in which the HIV destroys the immune system and the infected person's immune system becomes unable to protect the body against common, and otherwise unthreatening diseases.

1.10.2 HIV (Human immune deficiency virus)

HIV an abbreviation for Human Immuno Deficiency Virus that was identified by 1983 as an infectious agent responsible for many of the symptoms with illness associated with AIDS. HIV affects the cells of the gastrointestinal tract directly causing inflammation with diarrhea and pain. (Cusack and Singh, 1994; 8, 25)

1.10.3 Unfair discrimination

Unfair Discrimination –means direct or indirect unfair discrimination against anyone or more grounds in terms of the Constitution of the Republic of South Africa Act ,1996 (Act no 108 of 1996)

1.10.4 Educator

Educator – as defined in the Educator employment act (Act no 106 of 1994). Any person, who teaches, educates or trains other persons or who provides professional educational services at a school.

1.10.5 Schools

School means a public school or an independent school which enrolls learners in one or more grades from zero to grade twelve.

1.11 RESEARCH METHODOLOGY

The following approach will be used for the study

1.11.1 Research Approach

The approach of this study was a mixture of qualitative and quantitative. This approach was chosen by the researcher because it helps in collecting data, summarizing data, and describing. With quantitative approach it is easy to gather a large amount of information into understandable forms and its finding can be tested. With quantitative approach, subject can be examined and the researcher can generalize what she/he found from a sample to a population (Ary and Jacobs 1996:76 cited in Mopeli M 2006; 6)

1.11.2 Research Method

The researcher will use the descriptive method in this study because description is an essential extension of data; we need accurate and understandable description in order to communicate what we observe. An instrument such as a questionnaire, an interview and observation will be used to gather information from the group of subjects. Questionnaire may be used to collect self report data on the attitude and background information (Anderson et al, 1998:104).The questionnaire is like interviewing by numbers (Walker 1993 :91).According to Litheko (2005a:6) questionnaires are documents that ask the same question of all individuals in the sample.

Ary and Jacobs (1996:118) further stated that inferential statistics and descriptive statistics will be used in order to organize, summarize and describe observation. Inferential statistics is the science of making reasonable decisions with limited information. Researchers use what they observe in samples and what is known about sampling error to reach fallible but reasonable decisions about population. This view is supported by Litheko (2005a:19) who states that inferential statistics and descriptive statistics are used in order to organize, analyze and make inferences from numerical data.

1.11.3 POPULATION AND SAMPLE

1.11.3.1 Population

Population refers to the larger group from which the sample is taken. The population of this study will consist of intermediate and secondary schools in Botshabelo. Population is defined as all members of any well – defined class of people, events or objects. (Ary and Jacobs, 1996: 163)

1.11.3.2 Sample

Sampling is the procedure a researcher uses to gather people, places or things to study. A sample is a portion of a population (Ary and Jacobs, 1996:163). This view is supported by Litheko (2005a:6) who states that a sample is a selection of a population (observations are made of the elements of the sample). The study will be conducted on learners in both intermediate and secondary schools. The sampling will be done randomly. The sample will consist of learners, 10 educators and 2 SMT members in both intermediate and secondary schools situated in Botshabelo area.

1.11.4 Instrumentation

Ary et al cited in Mopeli (2006:8) describes an instrument as a device for operationally defining variables. The instrument and interviews will be used as the measuring instrument for this study.

1.11.5 Data Analysis

Analysis involves reducing and organizing the data, synthesizing, searching for significant patterns and discovering what is important (Ary and Jacobs, 1996:465). The frequency table and frequency polygon will be used to analyze the information and to show the results. The average of the total ratings will be interpreted accurately and correctly in the way the respondent has indicated. A summary will be drawn from the data.

1.12 LIMITATIONS OF THE STUDY

The following limitations might affect the smooth research process, viz

1. 12. 1 confidentiality.

- 1. 12. 2 traveling expenses.
- 1. 12. 3 availability of participants.
- 1. 12. 4 telephone Expenses.
- 1. 12. 5 participant willingness.
- 1. 12. 6 availability of material.

All these limitations will not hold the investigation at ransom.

1.13 DELIMITATION OF THE STUDY

The intermediate and secondary schools in Botshabelo area will supply data for this study. This study will not include primary schools.

1.14 CONCLUSION

HIV/AIDS is treated confidential by both the sick and affected learners. The research will uphold the standard of secrecy that might be required or practiced to secure the proper administration and relationship between the researcher and the respondents. This chapter provides the background of the study, significance of the study, statement of the problem, research questions, and purpose of the study, objectives and aims and definition of terms. The theoretical framework and methodology are also discussed briefly. Lastly the chapter provides a summary and a division of the study in the chapters to follow.

1.15 DIVISION OF CHAPTERS

Chapter 1

This chapter serves as an introduction to the study. In this chapter the problem statement, purpose of the study, aim and objectives of the research are explained.

Chapter 2

Deal with the review of literature

Chapter 3

Deal with methodology, procedure and analysis

Chapter 4

Deal with the results of the study

Chapter 5

Provides a summary of findings, conclusion, limitation and recommendations, and a suggestion for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter provides an overview of the impact of HIV/AIDS globally, in Africa, as well as South Africa. South Africa's population is young: 54 % is below 25 years of age and 12 % is below five. Changes in population structures where young to middle aged are lost will result in large numbers of orphans, as well as children in adoptive families, growing up with less adult attention. In some cases children will receive little or no attention. Many of South Africa's children will grow up with no parent or only one parent, because of the effects of HIV/AIDS (Whiteside et al, 2000:95). The prevalence of HIV is the number of people currently infected with HIV at a given point in time, because there is no cure for HIV/ AIDS. (The World Bank, 1999:8)

The impact of HIV/AIDS epidemic on the education sector forms the focus of the following literature review. Hassen Lorgat, media officer of South African democratic Teachers Union (Sadtu) emphasises the importance of teachers becoming open about their HIV/AIDS status, since the teaching profession is in crisis as a result of South African educators dying at an average age of 34. The death of educators due to HIV/AIDS has increased by more than 40 per cent in the recent years (Govender, 2001:1). As former Minister of education (The department of education ,2003:10) Kader Asmal declared AIDS an educational priority and his advisor, Kgobatli Magome has stressed the importance of removing secrecy around HIV/AIDS in order to keep uninfected people uninfected and to provide support for infected educators. HIV situation in South Africa is discussed in this chapter. Educators as the tools for change are considered in this chapter. The review includes the industry and HIV/AIDS. The HIV situation in Botshabelo and Thaba Nchu, an overview of risks faced by both

educators and learners and briefly reviews of the position of learners who are HIV positive, orphans and vulnerable children are also dealt with. Reports of HIV/AIDS will be included and the summary of the chapter.

2.2 OVERVIEW OF GLOBAL HIV/AIDS EPIDEMIC

2.2.1 Global statistics

According to Unaid there were 39, 4 million people in 2004 living with HIV across the world (2, 2 million of them were newly infected people, and 3, 1 million died of AIDS related illness (Policy project, Siyamkela research project) 2003a:202). In 1999 there were 2, 6 million deaths from HIV/AIDS. This was a higher global total than in any year since the beginning of the epidemic, despite antiretroviral therapy which starved off AIDS and AIDS death in the richer countries. Deaths among those already infected will continue mounting for some years (Whiteside et al, 2000:26). (Unaid, 2000:5) warns that unless drastic action is taken, the damage has already taken place.

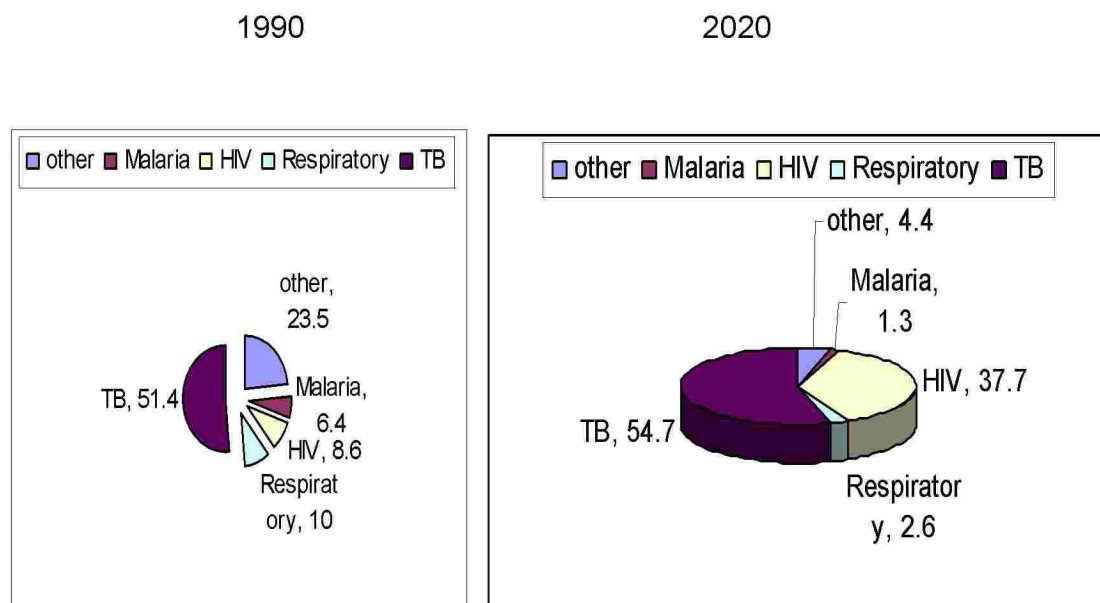
The HIV positive population still expanding –there were 5, 6 million new infections in 1999, compared to 2, 6 million deaths. The annual number of AIDS deaths can be expected to increase substantially for many more years. Around half of all people who acquire HIV become infected before they turn 25 and typically die before their 35th birthday. (Whiteside et al, 2000: 27).

HIV is already widespread in many countries in Sub Saharan Africa, and may be on the verge of exploding in other regions. Most people who develop AIDS are adults in the prime of life; the disease exacts a heavy toll on surviving family members; especially children and may exacerbate poverty and inequality (The World Bank, 1999:50)

The following points the HIV/AIDS picture for 1999:

- HIV infected people in 1999 = 5,6 million
- People living with HIV/AIDS = 33,6 million
- AIDS deaths (1999) = 2,6 million

Chart 1 Causes of aids deaths from infectious diseases among people of ages 15 to 59, in the developing world, 1990 and 2020

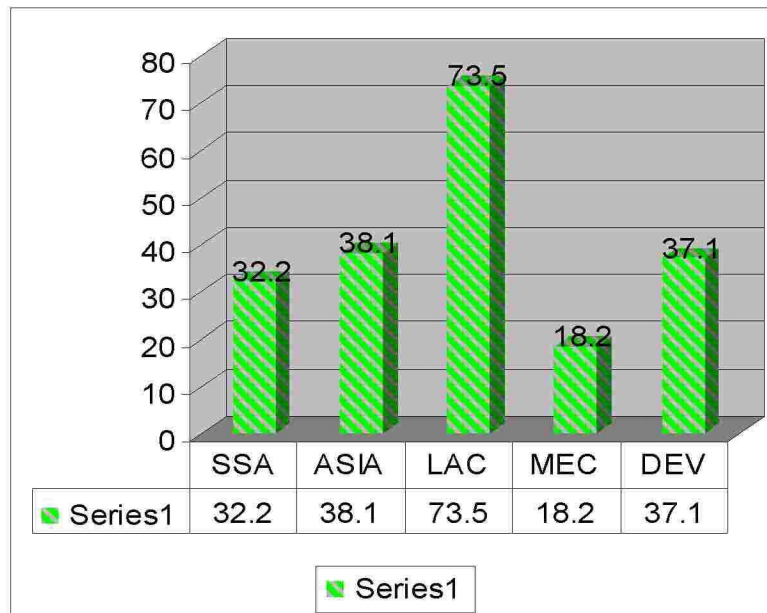


Source: The World Bank (1999)

Source: The World Bank: (1999)

Between directly causing AIDS deaths and indirectly facilitating the spread of TB, HIV will be responsible for up to half of the all adult deaths from infectious diseases in the year 2020. AIDS cast even a larger shadow on the health of prime age adults and the welfare of their dependents. In 1990, HIV was already third after TB and non TB respiratory infections as a cause of adult death in the developing world; by 2020. (The World Bank, 1999:23)

Chart 2 HIV/AIDS as a percentage of the infectious Disease Burden of Adults, the Developing World, 2020



Source: The World Bank (1997)

AIDS will account for a larger share of the infectious disease burden in regions where other infectious diseases are less of a problem.

2.2.2 Global diversity

The epidemic is not the same all over the world. Infection rates continue to rise in countries where poverty, a poor health system, lack of education, inequality and limited resources for prevention and care fuel the spread of the virus. (Whiteside & Sunter: 2000:38) This view is supported by Barnet and Whiteside (2002) cited in Unaid (2000:12) that HIV leads to financial resource and income impoverishment; and puts severe strain on individuals and households.

Table 1 Regional HIV/AIDS statistics and features, December 1999

Region	Epidemic started	Adults & children Living with HIV (prevalence)	Adult & children newly infected with HIV in 1999	Adult prevalence rate %	Proportion of HIV positive Adults who are women%	Main mode(s) Of transmission for adults living with HIV/AIDS
Sub Saharan Africa	late '70s early '80s	23,3 million	3,8 million	8,0	55	Hetero
North Africa & middle East	late '80s	220 000	19 000	0,13	20	IDU, Hetero MSM
East Asia & Pacific	late '80s	6 million	1,3 000	0,69	30	Hetero MSM
Latin America	late '70s	530 000	120 000	0,07	15	IDU, Hetero MSM
Caribbean	late '70s early '80s	1,3 million	150 000	1,96	20	MSM,IDU Hetero
Eastern Europe & Central Asia	early '90s	360 000	57 000	0,14	35	Hetero, MSM
Western Europe	late '70s early '80s	360 000	95 000	0,25	20	IDU,MSM
North America	late '70s early '80s	920 000	44 000	0,56	20	MSM,IDU
Australia & New Zealand	late '70s early '80s	12 000	500	0,1	10	MSM,IDU Hetero
TOTAL		33,6 million	5,6 million	1,1	46	MSM,IDU

Source: AIDS: the challenge for South Africa (2000:38)

Table1 shows that the prevalence rate in the fourth column is the proportion of adults (15 – 49 years of age) living with HIV/AIDS in 1999. In the last column , MSM stands for sexual transmission among men who have sex with men. IDU stands for transmission through drug use by injection, Hetero stands for heterosexual transmission.

2.2.3 HIV epidemic in Africa

In 2004 an estimated 3.1 million people in the region became newly infected; while 2, 3 million died of AIDS (Pilot Project, Siyamkela Research Project, 2003b: 202). At the beginning of 2000, it was estimated that 23, 3 million people in Sub Saharan Africa have HIV/AIDS. This means that 70 percent of the world's infections is found in an area with 10 percent of the global population. About 90 % of infant and child infections is found here. AIDS is the worst infectious disease to hit Africa in recorded history. (Whiteside and Sunter, 2000:44)

The following statistics are frightening

- In the past decade, 12 million people in Sub Saharan Africa have died of AIDS – One quarter being children.
- Each day, Aids claims another 5500 men, women and children.
- In 1998, Aids was the largest killer, accounting for 1,8 million deaths in Sub Saharan Africa ,nearly double the one million deaths from Malaria and nine times the 209 000 deaths from TB.
- A 15 year old in Zambia has a 60 % chance of dying from AIDS. (Whiteside and Sunter, 2000:44)

2.2.4 HIV situation in South Africa

Statistics confirm that the HIV/AIDS pattern in South Africa is the following the same relentless destructive pattern seen in East Africa and later in Zimbabwe

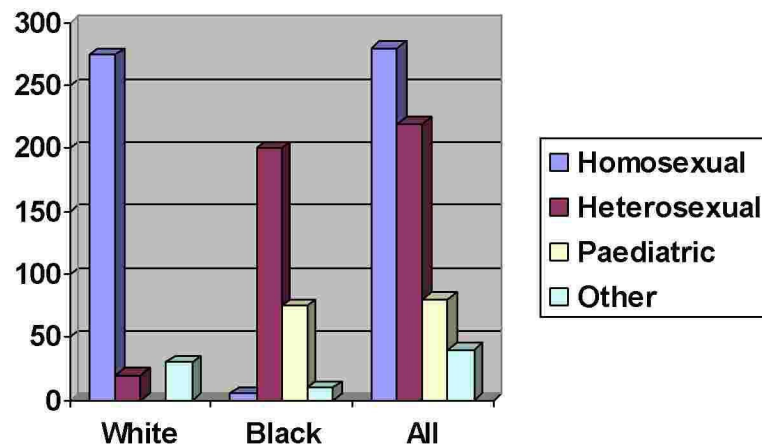
and Zambia. South Africa has already over 2 million HIV positive people. With a doubling time of about 15 months, well over 2500 people are contracting HIV daily. The calculation is simple but the result is still complex and devastating. To add fuel to our problem in South Africa, 156 000 hospital beds cannot cope with the present needs of patients. In many regions the cost of TB treatment has increased. There is also a frightening increase in the incidence of HIV in the 16 to 25 year age group (Smart et al, 1996:63)

The spread of HIV across all South African communities was further confirmed when, in 1990 the first antenatal survey was carried out. This found that 0, 8 per cent of women attending the state clinics were HIV positive.

The survey was limited as it excluded the homeland areas at the time. On the basis of this survey, it was estimated that there were between 74 000 and 120 000 HIV infected people in South Africa in 1990 (Whiteside and Sunter, 2000:48).

People working on AIDS in the 1980s felt it was inevitable that HIV would spread into the broader community. By 1991 the AIDS data case collected by the Department of National Health and Population Development showed that this was indeed the case. Over the next few years the pattern of reported AIDS cases began to mirror that of all the countries in Southern Africa. The first two cases were identified in South Africa in 1982. For the first eight years the epidemic was primarily located among white homosexuals. Nonetheless as the number of cases rose, the disease began spreading among other groups; In July 1991 the number of heterosexual transmitted cases equaled the number of homosexual cases. Since then the homosexual transmitted epidemic has been completely overshadowed by the heterosexual epidemic (Whiteside and Sunter, 2000:20).

Chart 3 AIDS cases by race and transmission mechanism (up to 1990)



Source: AIDS: The challenge for South Africa (2000:48)

There is anecdotal evidence to suggest that the number of AIDS cases is rising steadily. Here is a sample of press and other reports:

- ❖ 30% of paediatric medical admissions and 50 % of adult medical admissions at Gauteng hospital during 1998 were HIV related.
- ❖ In Gauteng hospitals, the proportion of adult medical in - patients with HIV related conditions varied from 26 – 70 %.
- ❖ A total of 405 babies died before their first birthday in the Cape Town municipality in the period January to June 1998, a 23% increase on the previous year.
- ❖ A Port Elizabeth hospital is sending AIDS babies home to make room for children with illnesses that can be cured. Everyday at the hospital at least two babies are diagnosed with AIDS. They are admitted only once and then restricted to outpatient care.
- ❖ The number of burials and cremations in Durban has shown a sharp increase in the past few years, from 2592 in 1993 / 94 to 8983 in 1997 / 98.
- ❖ In Johannesburg, 70 000 people were buried or cremated during 1999 compared to 15 000 in 1994 (Whiteside and Sunter , 2000:49)

2.3 THE IMPACT OF HIV/AIDS ON LEARNERS

The impact of HIV/AIDS causes disruption in schools. It is difficult for both educators and the school management team (SMT) to deliver effective schooling, particularly in rural area. In most schools learners who are affected by HIV/AIDS are treated the same as other learners. They are not identified as learners with special needs, unless they are experiencing serious problems which are influencing their school work, or they are not doing the work at all.

Learners who are affected by AIDS find it difficult to attend school regularly, especially learners whose “parents” are terminally ill, or who have died recently. Learners become parents because they have to take care of the younger brothers and sisters. They are also withdrawn from school for economic reasons, particularly girls. Learners find it difficult to find food, money for school fees and uniforms. Other learners may blame them about their parents who died of AIDS. (www.soulcity.org.za)

2.3.1 Learners affected by HIV/AIDS

In a number of schools there is discrimination against affected learners by other learners and by educators, and that in itself has an impact on learner’s educational opportunities. Peer education is becoming popular as a means to communicate AIDS education both in schools and in the community. We have peer groups in schools like Rads (in secondary schools) and Soul buddies in primary schools.

According to Elliot et al (2001:22) adult illness and death has a major effect on access to education and training for learners in affected households. The evidence to date suggests that school enrolment, schools drop out rates and performance are all affected. In other countries enrolment rates are high for all learners. This view is supported by Frederick (1997:20) who is cited in Mopeli

(2006:21) indicates that impact of HIV/AIDS on school going learners may overwhelm the society.

It might even transform the meaning of parenthood and childhood. Since HIV/AIDS is associated with eventual death, it should be noted that its trauma could affect a child for life, and those who are affected may drop out of school and school enrolment will eventually decline.

Educators can encourage learners to help one another. Educators could organize voluntary homework buddies. Academically successful learners could help classmates who are often absent. They can help them to catch up with class work and homework. The school can start a youth class or an AIDS club where learners prepare cheap and healthy meals for needing learners, or run a home care club when they learn basic skills of caring of home care and raise funds to give material support (Department of education, 2003:5)

It is essential that teachers receive the necessary fundamental training in preparation for them to teach about HIV /AIDS and life skills. Further more teaching of the subject HIV/AIDS must place societal pressure on teachers to act as role models and lead by example in their own lives. Teachers must also be provided with adequate learning material such as charts and anything that brings a strike message across the learners (Chiawela and Siamwisa, 1999: 45)

The development of more child friendly aids literature that can be used in schools and for community projects in rural areas is vital. Furthermore a weekly life skills period with a strong focus on AIDS should be introduced at schools from Grade 1– 12 to emphasize the importance of the topic to the learners (De Sousa and Cruz, 2000:21)

2.4 HIV / AIDS STIGMATIZATION AND DISCRIMINATION

Learners affected by HIV/AIDS seem to suffer more from stigmatization than non affected learners. They are socially isolated by community members, and other learners. HIV/AIDS attract stigmatization and discrimination in most schools and communities. Discrimination against affected learners may cause further emotional problems.

The HIV stigma faced by young people, the poor and women is partly due to the existence of these multi- layered stigmas. Regardless of HIV, the poor are considered to be of a lower social status. Age and gender are also intersect, such that younger women are more stigmatized and blamed for HIV than older women, because of the beliefs that younger women and not older women-lead promiscuous, careless, materialistic lives that results in HIV (The department of health, 2003:51) Learners who are HIV positive, orphans and vulnerable children may face a number of obstacles, including discrimination and decline in school attendance due to various reasons. Growing evidence suggests that learners and others known or assumed to be HIV positive are discriminated against. Some learners who are affected by HIV stop going to school because their parents could be dying and they have to look after them. The other reason why they stop going to school is lack of money for school fees. In some instances orphans have to generate money for their families. (<http://www.hiv/aids> info

2.5 LEARNERS HIV/AIDS KNOWLEDGE

Simple knowledge is not enough to change adolescents risky activity, and but it is not due to a lack of knowledge concerning HIV/AIDS. They can tell you that there is no cure for AIDS, and that the virus spread through blood and sexual fluids which are likely to put them at risk. Information is not enough to bring about meaningful change in behavior. (Whiteside and Sunter, 2000:4).This view is supported by Jefferies (1998,77-78) who states that there is a need to grasp the

needle regardless of how uncomfortable or embarrassing it may be. We need to teach our learners about sex and about AIDS before they reach adolescents and to develop the urge to experiment. No matter what we teach them, many will not abstain from sex. We should therefore do what we can to teach them to protect themselves. Lack of sexual knowledge is surprising. In the case of AIDS it could be deadly .Some youngsters have no idea where to obtain condoms.

2.6 LEARNER'S BEHAVIOUR TOWARDS HIV/AIDS VICTIMS

The fact that parents, educators and members of the community do not want to communicate about HIV/AIDS. It is difficult for the one who is victimized to be part of the peer group and talk freely about the situation at home where parents are ill because of AIDS related illness. According to Juma (2001:51), at the school level, it was gratifying to learn that learners have positive attitudes towards their fellow learners who have been infected with HIV/AIDS, for example in response to a statement that learners infected with HIV/AIDS should not be allowed in school 27, 8 % indicated yes and 58, 7 % indicated no, 13, 4 % were not sure as shown in table 7

Table 2 Learners attitude towards HIV/AIDS victims

	Yes	No	Not sure	Total
Learners infected with HIV/AIDS should not be allowed in school	27,8 %	58,7%	13,4%	100,0%
HIV/AIDS victims should be shunned /avoided	32,2%	51,7%	16,1%	100,0%
People with HIV/AIDS should be isolated	26,5%	60,9%	12,6%	100,0%

Source: Coping with HIV/AIDS education (Juma M, 2001:20)

2.7 THE IMPACT OF HIV/AIDS ON EDUCATORS

2.7.1 Prevalence of HIV/AIDS among educators and community members in South Africa.

The South African epidemic was the last to develop in Africa and is one of the most severe in the world. The 2002 Nelson Mandela HSRC Study of HIV/AIDS estimated that 11, 4 % of all South Africa are infected with HIV. It also found that while there was no gender difference in prevalence, female youth had far higher prevalence rates than male youth. Antenatal HIV prevalence surveys have been conducted annually in South Africa since 1990. The findings of the 2004 surveys indicated that the HIV prevalence among pregnant women who attended public health ante natal clinics was 29, 5% compared to the 27, 9% observed in 2003 (Policy Project, Siyamkela Research Project, 2003b:202).

A preliminary study conducted by the South African Democratic Union (SADTU) into mortality of its members revealed that out off 701 deaths from August 1999 to May 2000, a significance number are considered to be AIDS related. HIV prevalence was estimated to be within the range 9, 5 %t - 10 % in 2000 for education sector employees in South Africa. It was expected to rise to 18 per cent and to 21 % by 2005, and even higher later if prevention does not become effective. According to this report, prevalence of HIV is expected to reach 25 per cent (1 in 4) and educators, and 15 per cent for non – educators by 2010(Govender: 2001)

According to Wonder Hlongwa (2007:1) the Medical Research Council (MRC) this week began a frantic search for more than 600 people, amid fears that the gel they were testing as a preventative measure against contracting HIV was in fact increasing the risk of infection. Hundreds of women in South Africa, who are being used as guinea pigs in the US – funded research on HIV prevention, are feared to have contracted the virus during the course of the trials.

Hlongwa (2007:1) spoke to two women who were HIV negative before using the microbicides and are now, feel used and misled and are now dealing with their HIV positive status. According to the chief executive of the Human Science Research Council (HSRC), Oliver Shisana (2006:6) poorly paid teachers are forced to have multiple sexual partners to survive. She further explained that poverty increased vulnerability to HIV. She indicated further that there was a strong relationship between a low socio economic and a high prevalence. HIV prevalence was higher among women in their late twenties and early thirties and lower among teenagers. Nearly 40 per cent of women aged 25 and 29 years were HIV positive. Women in the early twenties and early thirties show lower rates at around 30 per cent prevalence. Older women and teenagers showed prevalence rates of 29, 5 (Policy Project, Siyamkela Research Project 2003a:203)

2.7.2 Risks faced by educators and learners

Educators and learners are more vulnerable to HIV infection. Increased in HIV infection and AIDS mortality is expanding the roles and responsibility of teachers and schools. It is for this reason that the position of learners who are HIV positive and orphaned and vulnerable children needs to be looked into ([http: www. hiv / aids info](http://www.hiv/aidsinfo)).

2.8 LEARNERS WHO ARE ORPHANED BY HIV/AIDS IN SOUTH AFRICA

South Africa is witnessing the emergence of child headed households. One of the major issues of the epidemic is the increase in orphaning. Unaid defines orphans as the children below the age of 15 who have lost either mother or both mother and father. Effectively 'orphaning' begins prior to the death of the parent. Learners may be orphaned more than once; the first time is when the parents die and then again if their grandparents who are often the people to inherit (the task of caring for the children) die (Whiteside and Sunter, 2000:96) .This view is

supported by Uys and Cameron (2003:176) who state that orphans are less likely to have a proper schooling. They marry earlier and enter labour force earlier.

According to Kgosana (2007:1) AIDS is generating orphans so quickly that family structures can no longer cope. This has resulted in an alarming rise of child headed household. Census figures provided by the department show that there just under 500 000 child headed household in South Africa in 2001. Kgosana add that (2007:8) it was Musa's (not a real name) first day at school. The young boy from Bhekuzulu Village near Escourt in Kwazulu Natal should be excited, but he has no reason to be. He will take his first walk to school on an empty stomach. His mom and dad were not there to share the moment either. They died of AIDS related illness and were buried side by side, a few meters outside the front door of their home. According to the principal Jabulani Ngcobo, the boy hardly smiles nor talk with other learners in the school. He struggles to adjust and keep to himself. Isolated by himself, and he does not join any learners in the school playgrounds.

AIDS orphans might also leave school to attend to sick family members, to work or to look after younger siblings. Learners who are HIV positive, orphans and vulnerable children may face a number of obstacles, including discrimination and decline in school due to various reasons. Growing evidence suggest that learners and others known or assumed to be positive are discriminated against. Some learners who are affected by HIV stop going to school because their parents could be dying, and so they have to look after them. The other reason why they stop going is lack of money for school fees. In some instances orphans have to generate money for their families (<http://www.hiv/aids>).

Changes in population structures where young to middle aged adults are lost will in large number of orphans, as well as children in adoptive families growing up with less adult attention than might otherwise have been the case. In some situation, children will receive little or no adult attention. Such is the lot of

increasing numbers of street children and the small but growing number of child headed households. Nearly 1 million South African children under the age of 15 will have lost their mothers to AIDS by 2005. This is estimated to increase to around two million by 2010 (Whiteside and Sunter, 2000:49).

The age of learners, when they are orphaned, as well as their gender will affect for example, the survival prospects of very young learners and the education opportunities of older orphans, especially girls. Learners who have lost their mothers will have different needs from those who have lost their fathers or both parents. More and more orphaned learners are living with elderly carers, and there has also been a rise in the number of child – headed household in some countries. The age and gender of the principal carers, and her or his relationship to the child will all influence the child's vulnerability (Elliot et al, 2001: 15).

2.9 INDUSTRY AND HIV /AIDS

HIV dramatically affects labour, setting back economic activity and social progress. The vast majority of people living with AIDS in Africa are between the ages of 15 and 49 in the prime of their working lives. AIDS weakens economic activity by squeezing productivity adding costs, diverting productive resources and depleting skills. Also, as the impact of HIV and AIDS on household grows more severe. The epidemic hits productivity through increased absenteeism. Comparative studies of East Africa business have shown that absenteeism can account for as much as 25 to 54% of company costs. Namibia's largest water Purification Company has reported that HIV/ AIDS was hindering its operation as absenteeism rose and productivity dropped. Company costs for health care, funeral benefits and pension fund commitments are likely to rise unexpectedly as early as the retirements and deaths rise (http://www.avert.org/aids_impact.htm).

2.10 REPORTS OF THE IMPACT OF HIV /AIDS

According to Kgosana (2007:21) almost one of South African orphans have lost one or both parents to HIV/AIDS. There were 15 million children who lost parents to HIV/AIDS. Learners who are orphaned by HIV/AIDS might miss out on school enrolment, have their schooling interrupted or perform poorly in schools as a result of their situation. Orphans have no one to wake them up in the morning to prepare them for school. They have to do all that themselves. They have no one to come home to after school, they rely on one another.

AIDS orphans are part of our generation of hope; society cannot afford to lose them. They are not only part of tomorrow's labour force, professionals, administrators, teachers, leaders and technicians, but they are also the progenitors of our next generation and their care should reflect these considerations. We may not abandon these economically not viable families, for apart from it being inhumane. It would bring an increase in crime, the deep impact of which we have already found intolerable (Smart et al, 1996: 71).

Learners affected by HIV /AIDS find it difficult to attend school regularly, especially children whose parents are terminally ill or who have recently died. Children become parents because they have to take care of their younger brothers and sisters. Children find it difficult to find food, fees and money for school uniforms. Other children may blame them about their parents dying of AIDS. Schools can help such learners to deal with their emotional problems and provide them with skills to make money and survive. (<http://www.soulcity.org.za>).

Some educators may not want to work with an HIV positive colleagues. Some learners might refuse teaching from those educators. They need to be given accurate information about HIV. They can also be counseled. The principal and educators will have to resolve the situation if the learners or colleagues still refuse. Educators have to take over some classes of other educators who are ill,

although it can be bitter it should be dealt with by the school in a sympathetic way. (Department of education, 2003: 25)

According to Pratt (2003:40) women are central to the concept of family to Nurturing, protecting and caring women may be both socially and culturally vulnerable to HIV infection, as they are economically dependent on men. Throughout the world they depend on men as their status is lower than that of men. They have fewer opportunities for education and to acquire financial independence and personal freedom. This often means that they have little power or control over decisions relating to the sexual behaviors of their partners, such as condom use and safer sex.

Women used as guinea pigs reported that they were made to sleep with as many people as possible. Each of the participants was paid R150 a month. Others decided to register more than once. They were told by recruiters to visit drinking spots, where there are many people and be available when men approached them. They were assured that if they contracted HIV they would not get financial compensation, but they would receive medical treatment and when their health deteriorate they would get ARV's. Zama Ncwane from Umlazi in Durban said that it was tempting for poor people to participate in the research although they did not even understand it (Hlongwa and Zulu, 2007:4). The Government has plans to make peace with its HIV/AIDS enemies Government spokesperson Themba Maseko said "The Deputy President's office will take steps to ensure that there is interaction with all other players in the country which have a meaningful contribution to make in the fight against HIV and AIDS" (Daily Sun, September, 2006:18).

2.10.1 The HIV/AIDS situation in Gauteng province

In order to understand and plan for the impact of AIDS, we need to know how many people are infected, and when will they fall ill, what care they will need and

get when they do die, how many children they would leave behind (Whiteside and Sunter, 2000:68). The department of health(2007:23) supported this view whereby 43 hospital where identified and the total number of patients assessed for treatment in July 2007 is equal to 7978, and the hospital reports of patients on treatment is 78 102 and patients assessed total number is 85 352, the total number of patients who died during readiness assessment is 2362.

Table 3: The total number of patients assesses eligible for treatment in July (2007)

	Adults above 14 years	Children below 5 years	Children 6 years to 14 years	Number of patients who completed the drug readiness assessment
MALE	1897	142	96	1025
FEMALE	3031	131	72	1582
TOTAL	4928	273	168	2607

Source: Gauteng department of health annual performance plan 2007- 2010:24

According to the above results the number of patients who completed the drug readiness assessment is 1025, as compared to to female who completed the drug readiness, they are 1582 in number and the total of both female and male is 2607. The number of both males and females who are above the age of 14 is 4928, and the number of children between the ages 6 to 14 years is 168 and the number of children below 5 years is 273

HOSPITAL REPORTS OF PATIENTS ON RETROVIRAL TREATMENT

TABLE 4 Patients on treatment

A	NUMBER OF PATIENTS ON ANTI RETROVIRAL TREATMENT FROM APRIL 2004 – MARCH 2007	75111
B	NUMBER OF PATIENTS PLACED ON ANTIRETROVIRAL TREATMENT DURING APRIL 2007	2988
C	TOTAL NUMBER OF PATIENTS ON ANTI RETROVIRAL TREATMENT FROM APRIL 2004 –APRIL 2007	78099

Source: Gauteng Department of health annual performance plan 2007-2010:39

The above results showed the number of patients on retroviral treatment from April 2004 to March 2007, and they are 75111 and the number of patients placed on antiretroviral treatment during April 2007 is 2988. The total number of patients on antiretroviral treatment from April 2004 to April 2007 is 78099.

TABLE 5 Patients assessed

A	NUMBER OF PATIENTS SEEN FROM APRIL 2004 – MARCH 2007	79752
B	NUMBER OF PATIENTS SEEN DURING APRIL 2007	5600
C	TOTAL NUMBER OF PATIENTS SEEN FROM APRIL 2004 –APRIL 2007	85352

Source: Gauteng Department of health annual performance plan 2007-2010:40

In view of the above results, it is clear that the number of patients assessed from April 2004 to March 2007 is 79757, and the number of patients seen during April 2007 is 5600. The total number of patients seen from April 2004 to April 2007 is 85352.

2.11 SUMMARY

Chapter two dealt with a literature review on HIV/AIDS in different context i.e. global, regional. To explain the impact of HIV/ AIDS further, the researcher touched on the effects of HIV/AIDS on educators, learners, orphans and vulnerable children.

Chapter Three presents research methodology.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methodology that was followed in this study. It covers the following sections, population and sample, sampling procedure, research approach, and conclusions. Research design and pilot study as they apply to the development of instruments are discussed followed by methods and procedure for collecting data, data analysis and summary.

3.2 RESEARCH APPROACH

The approach used in this study is more a mixture of qualitative and quantitative method. The researcher chose these approaches because it helped in collecting, summarizing and describing data. Quantitative approach is described as a type of research which presents results with numbers and also to generate findings which could be generalized to the target population being represented by a given research sample and qualitative approach (Imenda and Muyangwa 2006;57) .

In this study the relationship between age, gender and the level of education has been tested. According to Mopeli (2006:49) the flexibility of the quantitative and qualitative approaches allows the researcher to examine the impact of HIV/AIDS on education, learners and educators. Ary and Jacobs (1996:564) add to this view that in quantitative approach it is easy to gather a large amount of information into understandable forms and its findings can be tested generalize what she/he found from a sample to a population and qualitative approach.

3.3 RESEARCH METHOD

The researcher selected the descriptive survey research method for the collection of data because it permits the researcher to collect information from a large sample of people. A descriptive survey is also selected in this study because of its flexibility. Survey research uses questionnaires, interviews to gather information from a group of participants. Surveys are the most used technique in education and the behavioral sciences for the collection of data. It is a means of gathering information that describes the nature and extent of a specified set of data ranging from physical counts and frequencies to attitude and opinion. Surveys have, however a greater objective. Surveys must do more than merely uncover data, they must interpret, synthesize and integrate the data and point to implication and interrelationships (Isaac et al 1989:120).

This view was supported who stated that surveys are used for a wide variety of purpose [Schumacher and Mc Millan, 1989:34]. Surveys are used to learn about people's attitude beliefs, values, behavior, opinions, habits ideas, and other types of information.

According to Imenda and Muyangwa (2006:25) In this study the survey was typically abroad and general investigation of the attitudes, interests, values, preferences or opinion of a selected sample of a wider target population, as well as beliefs and biographical information of the participants in the intermediate and secondary schools at Botshabelo.

3.4 SELECTION OF SUBJECTS

3.4.1 Population

According to Litheko (2005a:6) a population is a universe or totality about which inferences (conclusion drawn) is made. In this study the target population is three

secondary schools of the Department of Education in Botshabelo area in Motheo district. White (2003:57) defines a population as a collection of objects, events or individuals having some common characteristics that the researcher is interested in studying.

3.4.2 Sample

The sample of this study consists of educators, learners and a school management team. A sample is a selected subset of a population and observations are made on the elements of the sample (Litheko 2005a:6). Schumacher and Mc Millan (1989:543) further define sample as a group of subset of subject from which data is collected. The sample consists of individuals selected from a larger group of persons, called population. This view is supported by Imenda and Muyangwa (2006:98) who states that a research sample is a small group of subjects that possess the main characteristics of the accessible population. A research sample is a group of people taking part in a given study and about whom information is to be collected. These people are often referred to as subjects or participants.

To ensure the effectiveness of sampling, it should be a drawn representative, the size should be adequate and the sample should be drawn on the ground of unprejudiced equality. The researcher used stratified random sampling because in this procedure, the population is divided into subgroup or strata, on the basis of a variable chosen by the researcher such as gender, age or level of education. Once the population has been divided, samples are drawn randomly from each subgroup. (Schumacher and Mc Millan et al, 1989: 163) According to White (2003:58) a sample can be seen as a group of subjects or situation selected from a larger population.

3.4.3 Sampling techniques

A stratified random sampling is therefore A useful blend of randomization and categorization, thereby enabling both a qualitative and quantitative piece of research to be undertaken (Litheko ,2005:8) Stratified sampling involves dividing the population into homogeneous group, each group containing subjects with similar characteristics[Cohen et al 1995:85]. This view is supported by Imenda and Muyangwa (2006:100) who states that in stratified random sampling the proportion of subjects, randomly selected from each group is usually the same as the proportion of that group in the target population. Stratified samples are particularly appropriate in studies where the research problem requires comparison between various sub groups (e.g. School management team, educators and learners).

According to White (2003:63) stratification consists of the population being divided into a number of strata which are mutually exclusive and the number of which are homogeneous with regard to some characteristic such as gender, home language or age. This sample is mainly used to ensure that the different groups/segments of a population acquire sufficient representation in the selected within each of the different strata.

3.4.3.1 Size of the sample

A stratified random sampling technique will be used to identify secondary schools in Botshabelo area in order to draw a sample for the study. The study will be conducted in the ninth grade classrooms in Botshabelo Area. The sample will include at least 10 learners and 10 educators and 2 school management team members. Ideally the sampling will be done randomly by identifying all ninth grade classrooms for the population described and using random numbers to select the sample classrooms. As this would require excessive amount of time, this sampling might need to be modified by taking a random of schools in the

area. Sampling therefore, means selecting a given number of people (subjects or participants) from a defined population, as representatives of that population.

Target schools identified for this study are the following:

Setshaba Se Maketse High School

Leratong High School

Ntateleng Intermediate School

The researcher identifies schools in Botshabelo area from which she intends to draw the sample.

3.5 INSTRUMENTATION

3.5.1 The interviews

According to Litheko (2005a:10) interviews consists of oral questions by the interviewer and oral responses by the research participants. In an interview there is direct verbal interaction between the interviewer and the subjects. A standardized interview is an oral, in person administration of a standard set of questions that are prepared in advance. The questions are usually structured or semi structured questions are phased to allow unique responses for each subjects. Regardless of the type of question, the response are coded, tabulated and summarized numerically (Schumacher and Mc Millan et al, 1989:40)

According to Cohen and Manion (2003:95) as cited in White (2003:75) an interview provides 'access' to what is inside a person's head, It makes it possible

to measure a person knowledge or information, and a person's values and preferences.

3.5.2 The questionnaire

According to White (2003:66) a questionnaire is an instrument with open and closed questions or statements to which a respondent must react. Different kinds of questionnaires can be distinguished such as mailed or posted group questionnaire. The questionnaire is a quantitative data collection method.

The researcher will request permission from the district Manager of the Free State Department of Education in the Motheo District. A structured questionnaire will be used to gather information from both the educators, learners and school management team. Confidentiality of the participants will be respected, as they will not be asked to mention their names and address as in the questionnaire.

The information on the questionnaire will be based on the impact of HIV/AIDS in secondary schools in Botshabelo. The questionnaire will be distributed directly to the principal of the three schools mentioned above by the researcher. School management team, educators and learners will be asked to complete different questionnaires. The questionnaires are divided into two Sections. Section A and Section B.

Section A – will be completed by learners

Section B – will be completed by both educators and members of the school management team.

In both Section A and Section B the questionnaire is divided into two sections:
Learner's questionnaire.

Section A - Biographical Information

Section B – Learner's attitude on the impact of HIV/AIDS

Educator's and School management team's questionnaire

Section A - Biographical information and interview details

Section B –Educator's attitude and perception of HIV/AIDS

The educator questionnaire will also be administered by the researcher. Sample questionnaire is included. These questionnaires are numbered 1,2,3,4.

According to Cohen and Manion (2003:92) an ideal questionnaire possesses the same properties as a good law. It is clear, unambiguous and uniformly workable. Its design must minimize potential errors from respondents and coders and since people participation in surveys is voluntary, a questionnaire has to help in engaging their interest, encourage their cooperation and eliciting answers as close as possible to the truth.

The questionnaire encompasses a variety of instruments in which the subject responds to written questions to elicit reactions, beliefs and attitudes. The researcher chooses or constructs a set of appropriate questions and asks the subjects to answer them, usually in a form that asks the subjects to check the response (Schumacher and Mc Millan, 1989:40).The questionnaire is a document normally distributed through the post to be filled out by the respondent himself in his own time. On occasion the questionnaire is completed by the participants under the supervision of the researcher. This is a very common technique for collecting data in educational research and most survey researchers use questionnaires (Schumacher and Mc Millan et al, 1989:40)

Questionnaires are documents that ask the same questions of all individuals in the sample. Respondents record a written response to each question item (Litheko, 2005a:6)

The questionnaire is used when information is obtained from a larger group. The following are some of the advantages of a questionnaire:

- the questionnaire permits a wide coverage at a minimum expense of time and money
- it reaches people who are difficult to contact
- it lends itself well to the collection of data which can be obtained in no other way.
- it is useful when it is impossible to interview individual personally [Mahlangu, 1987:87]

The following are some of the disadvantages of the questionnaire

- the respondent may have little interest in a particular problem and therefore may answer the questionnaire indiscriminately
- the questions may be misinterpreted and such misinterpretation may be almost impossible to detect
- the completion of long questionnaire is time consuming
- there are usually a high percentage of questionnaire which are not returned. If the response is poor the validity of the results will be affected (Mahlangu, 1987:84)

3.6 PILOT STUDY

A pilot study is a preliminary trial of research measures and techniques intended to ascertain their appropriateness in addressing appropriateness in addressing the impact of HIV/AIDS in intermediate and secondary schools in Botshabelo, the

research questions, hypothesis as well as objectives. Pilot studies are carried out with fewer subjects than will be employed in the main study. For some pilot two or three subjects are sufficient and it is rarely necessary to include more than twenty subjects.

The reasons for utilizing a pilot study in the research are as follows

- it permits a thorough of the planned procedure of data analysis thus allowing an appraisal of their adequacy in treating the data
- it often provides the research worker with ideas, approaches and clues not foreseen prior to the pilot study, resulting in increased chances of obtaining a better understanding and grounded findings in the main study, and
- in the pilot study the researcher may try out a number of alternative measures and then select those that produce the best results for the main study with some tentative evidence that would be productive (Imenda and Muyangwa,2006:76)

This view is supported by Strauss and Myburgh who states that a pilot study provides a trial run for the data collecting approaches. It provides an opportunity to test the data collecting method. It can be used to determine whether the respondents can work with the instruments or whether specific changes should be made. (Strauss and Myburgh, 2000:81-82). This view is supported by Litheko (2005:4) who states that the pilot has several functions, principally to increase the reliability, validity and practicality of the questionnaire. This view is also supported by Strauss and Myburgh (2000:81 -82) who states that a pilot study provides a trial run for the data collecting approach. It provides an opportunity to test the data collecting method. It can be used to determine whether the respondents can work with the instruments or whether specific changes should be made.

3.7 CLASSROOM PROCEDURE AND SAMPLING TECHNIQUES

The procedure to be followed in this study is as follows. The study will be divided into three stages

- Stage one : selection of respondents
- Stage two : briefing Session for the respondents
- Stage three : classroom Observation for the participants

3.7.1 Selection of respondents

The objective is to ensure that all participants participate willingly without any fear or prejudice.

Respondents will be selected by the researcher and the researcher will select randomly the grade 9 learners in Botshabelo secondary schools, the participants will be both male and female learners, the Life Orientation educators and the school management team.

3.7.2 Briefing session for the respondents

The objective of this step is to ensure that all participants are aware of what is expected of them.

The introduction will be made by the researcher and she will explain briefly the purpose of the visit and explain in full about her background as an educator and researcher. The researcher will brief the respondents about the procedure to be followed. They will be briefed that it is necessary for them to complete the necessary questionnaire. Grade 9 learners and the educators will also be interviewed a day after the session. Participants will be asked to bring back their questionnaires after the session and they will also be asked to be video recorded. They will be asked to give their consent for this. The researcher will also assure the participants that it is still within their rights to withdraw from the

study if they so wish. At the end of the session and interview the researcher will thank the participants.

3.7.3 Classroom Observation and data collection

This is regarded as the meeting between of the researcher and the participants. The researcher will obtain data from the participants. Data will be collected by means of observation; questionnaire and if possible individual interviews will be done immediately after the session. Data will be collected at the schools identified in 3.4.3.1.

According to White (2003:25) research design refers to the plan and structures of the investigation used to obtain evidence to answer research questions. According to Imenda and Muyangwa (2006:92) the research design refers to one's overall research approach, and justification of the use such an approach with regard to the problem which is investigated.

Inferential statistics and descriptive statistics will be used in order to organize, summarize and describe observation (Ary and Jacobs: 1996:118). Inferential statistics is a science of making reasonable decisions with limited information. Researchers use what they observe in samples and what is known about sampling errors to reach fallible but reasonable decisions about population (Ary et al 1996:175). Inferential statistics and descriptive statistics were used in order to organize, analyze and make inferences from numerical data, Litheko (2005a:19). This view is supported by Schumacher and Mc Millan (1989:211) who states that inferential statistics on the other hand are used to make inferences or predictions about the similarity of a sample to the population from which the sample is drawn.

According to Schumacher and Mc Millan (1989:210) add to this view that inferential statistics are used to make inferences or predictions about the

similarity of a sample to the population from which the sample is drawn. He further explains that descriptive statistics transforms a set of numbers or observations into indices that describes or characterize the data. Descriptive statistics are used to summarize, organize and reduce large numbers of observations.

White (2003;89) states that descriptive statistics is concerned with the description of and /or summarization of the data obtained for a group of individuals .Data may be described or summarized by tabulating or graphically depicting them. The purpose of descriptive statistics is to reduce large amounts of data physically to facilitate the drawing of conclusion about them.

According to Mahlangu (1987:93) descriptive methods are the standard methods which the researcher uses to describe his findings in a brief and easily understandable manner. These include aspects of organization, presentation and summarization of data, for example, tabulation and graphical representation. However, the researcher uses the method of statistical inferences when he wishes to draw conclusions, make generalizations, predictions or estimations. The results of the descriptive and inferential statistics of the study sample are presented in chapter 4.

3.8 DATA COLLECTION AND RECORDING

This is regarded as the meeting of the researcher and the participants. Researcher will obtain data by means of observation, questionnaire and if it is possible individual interviews .Data will be collected from the schools identified in 3.5.2.1.The charts and tables will be used to record the collected data.

3.9 DATA ANALYSIS

The data analysis and the presentation stated the statistical techniques to be used and specifies how the data will be presented. The researcher state the statistical test for each research questions, and if necessary the rationale for the choice of the test. The rationale may be in terms of the purpose of the study, sample size, and the type of scales used in the instrument. A statistical technique is selected on the basis of appropriateness for investigating the research question (White, 2003: 82).

An analysis of the impact of HIV/AIDS on learners in the intermediate and secondary school in Botshabelo will be done. The questionnaire will be evaluated for content and structure. The participants will be asked the questions and the results will be presented in chapter four. by calculating the responses and allocate percentages which will be interpreted as the facts for the purpose of the study

3.10 METHODOLOGICAL ASSUMPTION

3.10.1 Validity of the questionnaire

The validity may be questionable, since school children may be reluctant to report anything bad about their educators, or the school and their family members. Educators who are observing will be reminded to establish a rapport with learners as much as possible before administering questionnaires and to assure learners that the purpose of the questions does not affect them or their school and family members in any way.

According to White (2003:19) validity means that the researcher's conclusion is true or correct, that it corresponds to the actual state in reality. The researcher decided to use two types of instrument validity; they are content validity and

construct validity. Content validity refers to the extent to which the content of interest has been covered by a particular measurement instrument. The study of content validity concerns sampling procedure to construct or selected questions to constitute a given instrument (Imenda and Muyangwa, 2006:115)

White (2003:23) defines content validity as a test with content validity, and should sample the range of the behavior that is represented by the theoretical concept being measured. In establishing content validity the researcher decided to set up the committee consisting of Life Orientation educators, to check the test item and indicate whether the criteria used for these tests were related to what was to be measured, and also to check the objective and content.

According to Isaac et al (1984:120) add to this view that validity information indicates the degree to which the test is capable of achieving certain aims. Tests are used for several types of judgment; a different type of investigation is required to establish validity.

Schumacher and Mc Millan (1989:241) add to this view that validity is a judgment of the appropriateness of a measure for specific inferences or decisions that results from the scores generated. According to Litheko (2005) validity refers to the appropriateness meaningfulness and usefulness of the specific inferences made from test scores. Validity is an integrated evaluative judgment of the degree to which empirical evidence and theoretical rationales support the adequacy and appropriateness of inferences and actions based on test scores or other modes of assessment.

Construct validity concerns itself with the degree to which an instrument is based upon a particular theory or theoretical concept. (Imenda and Muyangwa, 2006: 117). To ensure that in this study construct validity is relevant, the researcher decided to construct the questionnaires from which statistical analysis was drawn to measure the impact of HIV/AIDS on learners in intermediate and secondary

schools only and not in the community. According to White (2003:23) the construct validity of a measuring instrument refers to the degree to which it measures the intended construct rather than the irrelevant construct. This view is supported by Litheko (2005a:15) who states that construct validity is an abstract, this separate it from the previous types of validity which dealt in actualities defined content. In this validity agreement is sought on the operationalised forms of a construct, what we mean when we use this construct.

3.10.2 Reliability of the questionnaire

Reliability refers to the accuracy of measuring instrument. Furthermore reliability is the proportion of accuracy to the inaccuracy of the instrument. An attempt will be made to control item reliability by asking the same question in different ways and comparing the answers. For testing reliability a pilot study will be undertaken According to Litheko (2005) Reliability is essential a synonym for consistency and reliability over time, over instrument and over groups of respondents. It is concerned with precision and accuracy, some features e.g. height can be measured precisely, whilst others e.g. musical ability cannot. For researchers to be reliable, it must demonstrate that if it were to be carried out on a similar group of respondents in a similar context, then similar results would be found.

Hudson cited in White (2003:25) defines reliability as the accuracy or precision of an instrument, as the degree of consistency or agreement between two independently derived sets of scores, and as the extent to which independent administrations of the same instrument yield the same results under comparable conditions. Schumacher and Mc Millan (1989; 243) add to this view that reliability refers to the consistency of a measurement, the extent to which the results are similar over different forms of the same instrument or occasions of data.

3.11 LIMITATIONS

As indicated in chapter one the following limitation may affect the smooth research process, viz , confidentiality and ,traveling expenses, availability of participants, participants willingness, telephone expenses and availability of material. All these limitations will not hold the investigation back.

3.11.1 Confidentiality

We should be cautious on HIV/AIDS in the sense that it is a personal issue, empowering ourselves against it, does not mean that we have to force people to tell their status to the whole world without consent. On contrary our fight can remain as private; we want it to be without disclosure as it is bound by law.

3.11.2 Travel expense and telephone expense

In order to ensure that the study runs smoothly without any obstacles. The researcher will cater for both travel expense and telephone expense.

3.11.3 Availability of material and participants

Participants are in the heart of my study. The researcher will make sure that all participants are free and they are aware of the venue of the meeting. The researcher will meet the participants at a time convenient to them. The materials to be used for the study will be available at all times.

3.11.4 Participants willingness to participate

The researchers will give all the necessary details to the participants. They will be made aware that they participate willingly and their responses are confidential. They will be asked not to write their names down. In that way they will be encouraged to participate without any fear.

3.12 SUMMARY

Chapter three describes the method of research to be used in this study. The explanation of instrumentation to be used is included in this chapter. Data collection procedure is also covered. The findings will be discussed in chapter 4 and the recommendations will be made in chapter 5.

CHAPTER FOUR

ANALYSIS AND EVALUATION OF DATA

4.1 INTRODUCTION

The purpose of this chapter is to present the results of the data analysis from questionnaire and interviews of the impact of HIV/AIDS on learners in Botshabelo area. The researcher will also focus on the discussion of the results as well as provides preliminary conclusion. The findings will be analyzed and interpreted according to the three parts. As it was discussed in chapter two that the impact of HIV/AIDS on learners was put into perspective by surveys of the literature. The research data collection was as follows. Twenty questionnaires were sent to both School Management Team and educators of the three schools that responded and only fifteen questionnaires were returned, giving a response rate of 75%.

The second section reports on the results of learners. Sixty questionnaires were sent to learners and 50 out of 60 questionnaires were completed and were available for collection. This then made all the questionnaires qualifying for the study indicating a response rate of 83%. In addition to the questionnaire, the researcher also collected data by means of interviews. The researcher interviewed four educators of different schools.

4.2 DEMOGRAPHIC AND STATISTICAL INFORMATION

4.2.1 Biographical information of respondents and educators graph analysis

The title of the questionnaire is " the impact of HIV/AIDS on Education" and consists of a number of sections. The respondents were asked about their gender, post level of educators, age, teaching experience, and their

qualifications, they were also asked about committees that they are involved in, and staff morale in general. The respondents were also asked to indicate their response with Agree, Not sure, Disagree, to the twenty one items relating to various aspects of the impact of HIV/AIDS.

4.2.2 Needs analysis

4.2.2.1 Educator's views and School and that of the Management teams

4.2.2.1.1 Male and female educators who responded

Table 6 Educator's response according to gender

Gender	Frequency	Percentage	Valid Percentage
Male	8	53.3%	53.3%
Female	7	46.6%	46.6%
Total	15	100%	100%

The number of schools consulted was three, and eight males (8) responded giving a response rate of 53.3% and seven females (7) responded, giving a response rate of 46.6 % the total number responded is fifteen (15). The results showed that males and females experience realities of HIV/AIDS differently. Males are braver than female. Females are always softer in nature.

4.2.2.1.2 Ages of respondents (Educators)

The results of table 8 below showed that the 6.6% of the respondent's ages are under 29 years or less, 53.3% of the respondent's interval is 30 – 39 and 40% of the respondents are between 40 years or more.

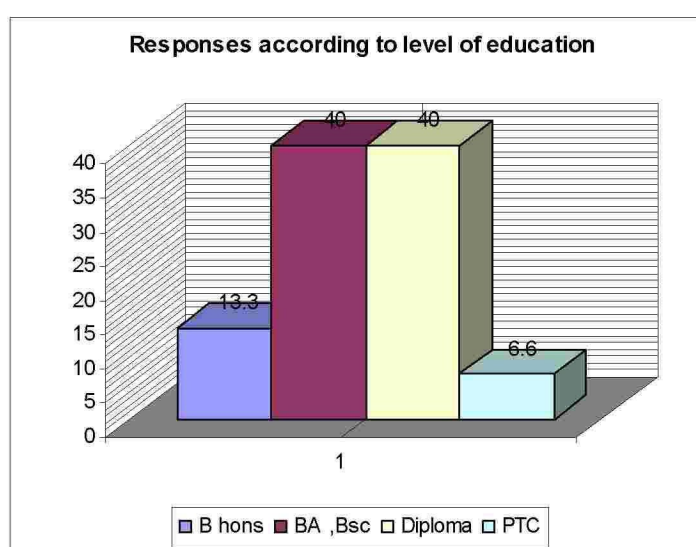
Table 7 Educator's response according to age

Age	Frequency	Percentage	Valid Percentage
29 or less	1	6.6%	6.6%
30 to 39	8	53.3%	53.3%
40 or more	6	40 %	40%
Total	15	100%	100 %

The results of table 7 showed that the 6.6% of the respondent's ages are under 29 years or less, 53.3% of the respondent's interval is 30 – 39, and 40% of the respondents are between 40 years. The majority of respondents are still fresh from college /university and therefore have done life skill as a course, it is the duty of the departmental official to empower all experienced educators who did have a chance to do life skill at a university.

4.2.2.1.3 Level of education of respondents

Chart 4 Educator's response according to level of education



The results indicated that the qualifications of the respondents are as follows ,out of total a number of 15,only 1(6.6%) had PTC,JSTC or equivalent, 6(40%) had a diploma, 6(40%) had a degree, and 2(13.3%) had B hors. The statistics suggest that educators are not engaged in further studies after obtaining basic qualification this is as good as a low desire to be fully engage in HIV/AIDS studies and teaching life skill to learners and research about HIV/AIDS and be fully committed to learners.

4.2.2.1.4 Are you a member of Gem?

Table 8 Educator's response according Committees

	Frequency	Percentage	Valid Percentage
YES	1	6.6	6.6
NO	14	93.3	93.3
TOTAL	15	100	100

The results above imply that of fifteen respondents 1(6.6%) responded with yes and 14 (93.3%) responded with No. These results showed that the majority of educator's respondents in schools are not interested in establishing HIV/AIDS committee and Gem Committees in their schools. This is not a good practice for the institution, as learners need to be empowered about the impact of HIV/AIDS. Most respondents indicated that the general impression of staff is low.

4.2.2.1.5 Is there a drop in the number of learners enrolling for school?

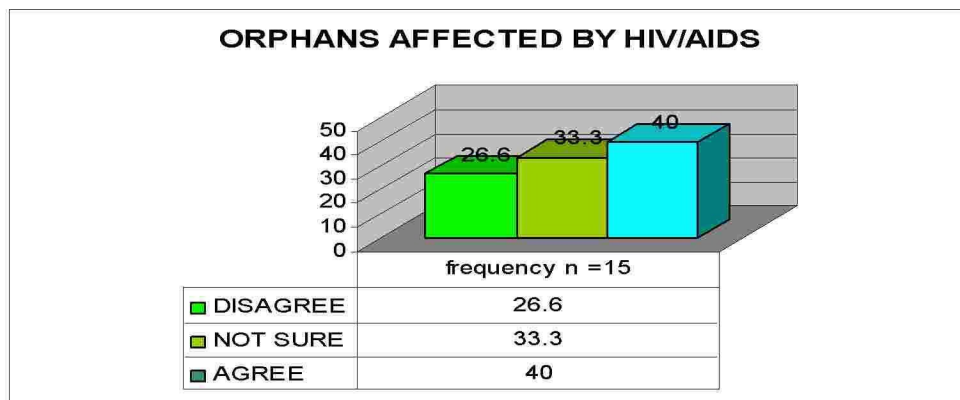
Table 9 Educator's response about enrolment in schools

	Frequency	Percentage	Valid Percentage
Agree	3	20	20
Not sure	10	66.6	66.6
Disagree	2	13.3	13.3
Total	15	100	100

The total number of respondents is 15. The respondents indicated that (3) 20% agreed that there is drop in enrolment in schools, and (10) 66.6% were not sure, (2) 13.3% disagreed. This leaves much to be desired because it is clear that HIV/AIDS has a negative impact on the enrolment of the school. One will begin to wonder whether we will be having a nation with qualified people in future, as it is shown in the statistics that HIV/AIDS has a great impact on education of our learners who are both infected and affected by HIV/AIDS.

4.2.2.1.6 Orphans affected by HIV/AIDS are less likely to have a proper education

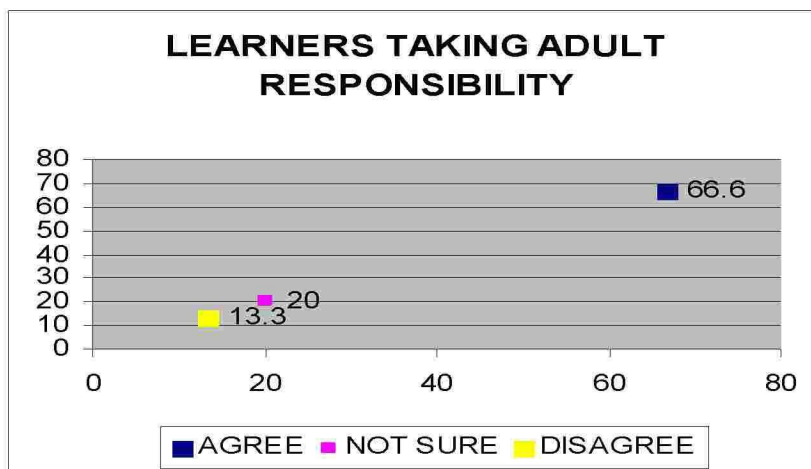
Chart 5 Orphans affected by HIV/AIDS



The respondents were requested to choose from the following three options “Agree”, “Not sure”, “Disagree”. The above figure indicates how respondents responded to the statement: (6) 40% Agree, (5) 33.3% Not sure and (4) 26.6% Disagree. Most respondents agreed that orphans are less likely to have proper education. Some orphans may be left out to look for young siblings or to take the role of the head in the family. The results showed the vulnerability of young children to HIV/AIDS

4.2.2.1.7 Do you think learners who take adult responsibility end up being uneducated?

Chart 6 Educator’s responses according to children heading their households



This leaves much to be desired as most respondents agreed that most learners who are taking the role of adulthood end up being uneducated because of the burden placed on their shoulders and taking care of siblings. They are not coping at all with the situation as some of the relative’s members are not interested in helping out. These children are left out with no option but to leave school early, marry early, seek out for employment at an early age.

4.2.2.1.8 Does the fact that learners may perhaps suffer from HIV/AIDS have an impact on your ability to teach?

Table 10 Educator's responses according to whether HIV/AIDS related disease of learners influence their ability to teach

	Frequency	Percentage	Valid Percentage
Agree	9	60	60
Not Sure	4	26.6	26.6
Disagree	2	13.3	13.3
Total	15	100	100

The researcher therefore inferred that the majority of the respondents believed that learners who are suffering from HIV/AIDS related disease have an impact on their ability to teach, (9) 60% agreed, (4) 26.6% Not sure, (2) 13.3% disagreed. It is evident that once educators are aware of learner's status, they will give them special treatment and respect their dignity. The only problem is the secrecy surrounding HIV/AIDS. The researcher concluded that it is the duty of all educators to identify learners with problems and deal with them according to their capability without digging on their personal life. Until parents feel that they are ready to disclose, as they are covered by the law.

4.2.2.1.9 Are there orphans in your school orphaned by HIV/AIDS?

Table 12 Orphans orphaned by HIV/AIDS

	Frequency	Percentage	Valid Percentage
Agree	8	53.3	53.3
Not sure	7	46.6	46.6
Disagree	0	0	0
Total	15	100	100

The results indicated that (8) 53.3% agreed that there are orphans orphaned by HIV/AIDS in the school, whereas (7) 46.6% is not sure. This view is supported by Whiteside and Sunter (2000:121) who state that children may be "orphaned" more than once, the first time when their parents die and again when their grandmother who are often the people who inherits (the task of caring for the children) dies.

4.2.2.1.10 Are there any learners caring for a dying adult with no adult support?

The results below showed that (9) 60% of the respondents is not sure whether there are some learners who are taking care of a dying adult with no adult support, whereas (5) 33.3% responded with agree, and (1) 6.6% disagree. The researcher concluded that child exploitation and neglect of children still exist.

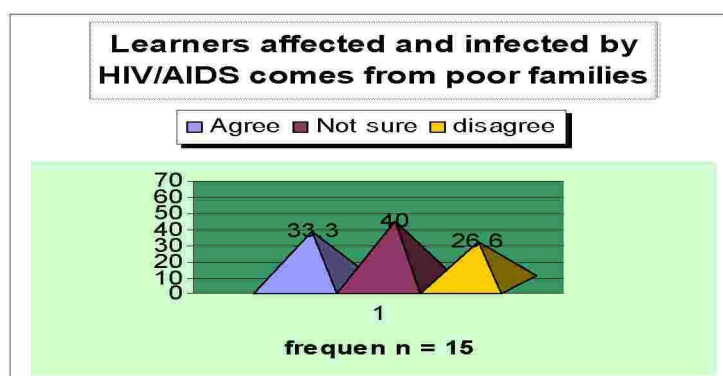
Table 12 Learners caring for a dying adult without adult support

	Frequency	Percentage	Valid Percentage
Agree	5	33.3	33.3
Not sure	9	60	60
Disagree	1	6.6	6.6
Total	15	100	100

In the light of the above statistics, it is clear that recognizing the need of vulnerable children is a task facing both educators and principals in schools. The results showed that (9) 60% of the respondents are not sure that there are some learners who are taking care of a dying adult with no adults support, whereas (5) 33.3% responded with agree, and (1) 6.6% disagree. The researcher concluded that child exploitation and neglect of children still exist. This leaves much to be desired for educators to indicate with the highest number that they are not sure, and yet schools and educators are regarded as the most important source of information on HIV/AIDS. It is about time that educators should monitor learners, even during break times.

4.2.2.1.11 Do you think that learners who are affected and infected by HIV/AIDS come from poor families?

Chart 7 Learners affected and infected by HIV/AIDS comes from poor families



With these results in chart 7, the researcher notes that (6) 40% of the respondents were not sure that learners who are both affected and infected by HIV/AIDS comes from poor families, and (5) 33.3% agreed, (4) 26.6% disagreed. The researcher concluded that most respondents were not sure because there is still a lot of secrecy surrounding HIV/AIDS. Many people are shamed and frightened to be positive. It is difficult for educators to know about children's background.

4.2.2.1.1.12 Do orphans receive any support (e.g. financial /emotional) from school?

Table 14 Educator's response on whether orphans receive any financial or emotional support from school?

	Frequency	Percentage	Valid Percentage
Agree	5	33.3	33.3
Not sure	3	20	20
Disagree	7	46.6	46.6
Total	15	100	100

The respondents indicated that (5) 33.3% agreed that orphans receive emotional support /financial support from school, (3) 20% indicated that they are not sure, whereas (6) 40% disagreed that they receive support in schools. The researcher concluded that schools are not offering emotional /financial support to these learners.

4.2.2.1.13: Do you know of any learner who is infected with HIV/AIDS in your school?

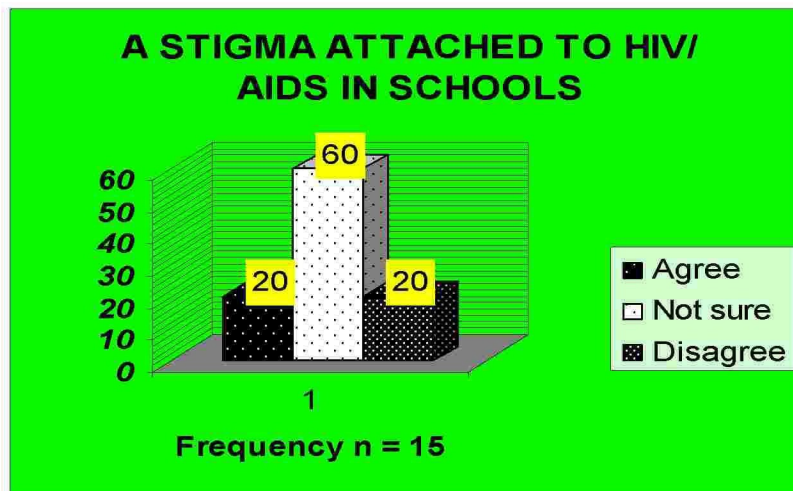
Table 15 Educator's response on whether they know of any learner who is infected with HIV/AIDS

	Frequency	Percentage	Valid Percentage
Agree	5	33.3	33.3
Not sure	4	26.6	26.6
Disagree	6	40	40
Total	15	100	100

This leaves much to be desired as most respondents disagreed with the questions (6) 40% indicated that they are not sure of learners who are infected by HIV/AIDS, because of the secrecy surrounding HIV/AIDS, (5) 33.3% indicated that they agree and (4) 26.6% they are not sure. The national policy on HIV/AIDS for schools stated clearly that no learner is compelled to disclose his /her status to the school. It explained further that unauthorized disclosure of HIV/AIDS related information could give rise to legal liability. Most educators do not want to risk their jobs by forcing learners to disclose about their status, and they should also respect the status of learners.

4.2.2.1.15 Do you think that there is stigma attached to HIV/AIDS infected learners in your school?

Chart 8 Stigma attached to HIV/AIDS in schools

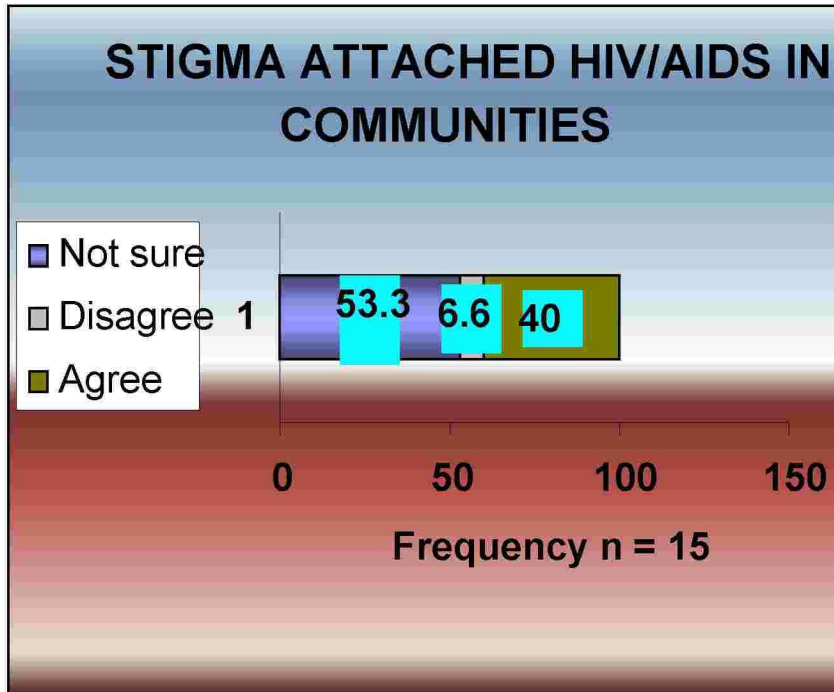


With the results the researcher notes that 60% (9) respondents indicated that they are not sure whether there is stigma attached to HIV/AIDS, 20% (3) agreed and 20% (3) disagreed. According to HSRC Nelson Mandela Foundation (2005:139) indicated that stigmatizing attitudes are decreasing because the survey showed that nearly half of South Africans aged 15 years and older think that it is acceptable to marry a person with HIV and also that a similar proportion would not have problem having protected sex with an HIV positive person.

4.2.2.1.16 Do you think there is stigma attached to HIV/AIDS in your community?

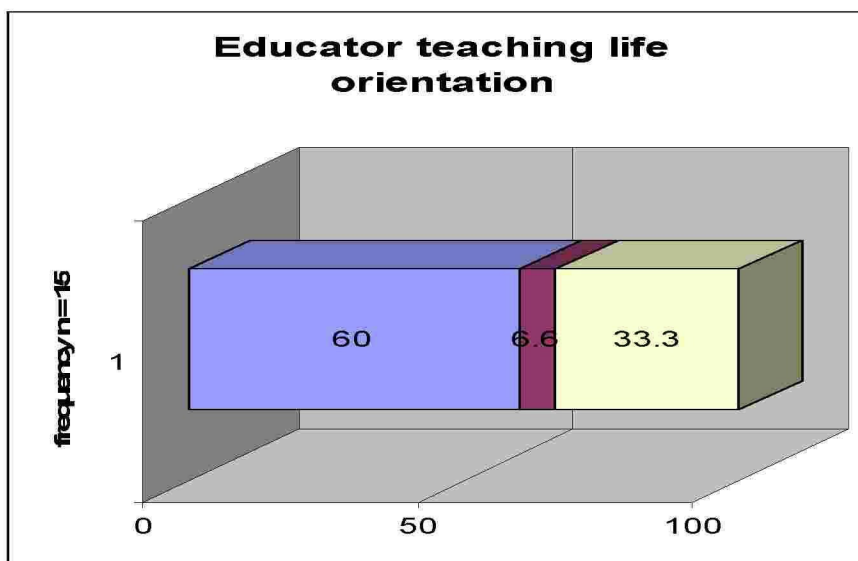
The results showed that (8) 53.3% respondents indicated that they are not sure and (6) 40% agreed, and (1) 6.6% disagreed. Stigma attached to HIV/AIDS still exists as most community members are always attaching the majority of deaths to AIDS, which in a way is a stigma. The other reason is that community members always prefer to label HIV positive people, especially after they disclosed their status. They take them as a disgrace to their community. This is not a good practice at all; community members really need a thorough knowledge of HIV/AIDS. We must not assume that they know.

Chart 9 Stigma attached to HIV/AIDS in communities



4.2.2.1.17 Are you teaching Life Orientation?

Chart 10 Life Orientation Educators



The results in chart 10 indicated that (9) 60% of respondents is teaching life orientation, and they also indicated that they are teaching HIV/AIDS as part of the curriculum, and they are also teaching learners about sexual matters, whereas (1) 6.6% indicated not sure, and (5) 33.3% indicated that they disagree. It is encouraging that most educators are teaching Life Orientation. Because of the sensitivity nature of the learning content, the educators selected to offer this learning area should be specifically trained and supported by staff responsible for life skill and HIV/AIDS committee. The teachers should feel at ease with content and should be role models with whom learners can easily identify.

4.2.2.1.18 Do you get support from parents or SGB members?

Table 15 Support by SGB members and parents

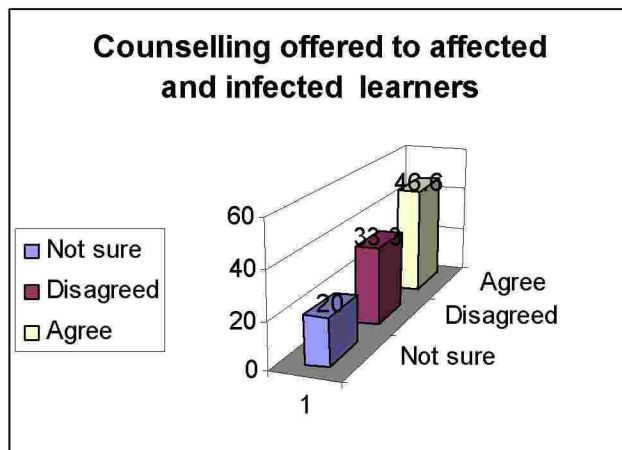
	Frequency	Percentage	Valid Percentage
Agree	6	40%	40
Not sure	8	53.3%	53.3
Disagree	0	0	0
Total	14	93.3%	93.3%
Missing case	1	6.6%	6.6%
Total	15	100 %	100%

This is not a good practice for the school as (8) 53.3% indicated that they are not sure whether they are receiving support from SGB members. All stakeholders should be involved in education of learners, and no respondents indicated that they disagree, (6) 40% indicated that they agree. The researcher concluded that school management team and educators should all device some means to involve parents in every aspects of the school. Parents/SGB members and

School management Team must also be actively involved in extra mural activities. There is 1 (6.6%) missing case.

4.2.2.1.19: Do you offer counseling to both affected and infected learners

Chart 11 Counseling offered to affected and infected



The statistic above indicated that (7) 46.6% of the respondents are offering counseling to learners who are affected and infected by HIV/AIDS, because the government is doing much to equip educators with skills of counseling, so that they can help learners. This is a good practice. The researcher concluded that the educators still are not doing enough; the schools need specialists e.g. a psychologist to help learners with problems, they should also offer counseling to peer learners who thought that if they interact with a learner perceived to have HIV/AIDS they will be infected and (5) 33.3 % disagreed, whereas (3) 20% indicated that they are not sure.

4.2.2.1.20 Do you provide care and support (e.g. Shelter, food) to orphans and vulnerable learners in your school?

Table 16 Educators response on whether they provide care and support to learners, vulnerable learners and orphans

	Frequency	Percentage	Valid Percentage
Agree	7	46.6	46.6
Not sure	4	26.6	26.6
Disagree	3	20.6	20.6
Total	14	93.2	93.2
Missing case	1	6.6	6.6
Total	15	100	100

The results showed that most respondents are providing care and support to learners, orphans and vulnerable learners in their schools,(4) 26.6% indicated that they are not sure,(3)20.6% indicated that they disagree, and (7)46.6% indicated that they agree. This is impressive as educators indicated during an interview that they are working hand in glove with the department of social development, they apply for social grants for these learners, and in that way orphans learners are able to provide their families with food. This really showed that educators are more committed their work.

4.2.2.1.21 Schools identified

Table 18 Identified Schools

The number of schools consulted was five, and only three schools responded positively giving a response rate of 75%. Twenty questionnaires were distributed and only fifteen were returned.

	Frequency	Percentage	Valid Percentage
Agree	7	46.6	46.6
Not sure	4	26.6	26.6
Disagree	3	20.6	20.6
Total	14	93.2	93.2
Missing case	1	6.6	6.6
Total	15	100	100

The results showed that most respondents are providing care and support to learners, orphans and vulnerable learners in their schools,(4) 26.6% indicated that they are not sure,(3)20.6% indicated that they disagree, and (7)46.6% indicated that they agree. This is impressive as educators indicated during an interview that they are working hand in glove with the department of social development, they apply for social grants for these learners, and in that way orphans learners are able to provide their families with food. This really showed that educators are more committed their work.

4.3 SUMMARY

All questions 1 -20 were found to be reliable more especially that they answered the research question found in the first chapter in 1.9

4.4 ADDITIONAL DATA FROM OPEN ENDED QUESTION AND INTERVIEWS

4.4.1 Introduction

The researcher interviewed life Orientation educators, head of department and deputy principal. The responses were verbal. The data collected from the respondents are presented below.

4.4.1.1 Question 1

1. In the past year has your workload increased and to what extent?

Answers

- A lot with the introduction of a new curriculum.
- Changing of curriculum has caused us to work more.
- The work increased as the learning area progressed to grade 12, and the expectation and assessment standards have to be accomplished. The number of learners makes it difficult to identify their abilities.

2. What do you think are the reasons for the work increase over the past two years?

Answers:

- The introduction of NCS.
- Changing of new curriculum.
- The curriculum expectations.
- Overcrowded classrooms.

3. How many learners left school due to the fact that they are HIV positive?

Answers:

- None.
- None that I know of.

- It has not come to my attention that children are leaving school because they are sick.

4. As an educator does the fact that other learners may perhaps suffer from HIV/AIDS related diseases have an effect on your ability to teach?

Answers:

- No.
- Yes because they need special care.
- I feel pitiful and sorrowful and it distract my teaching
- Yes because learners have to deal with the work load of the school ,whereas the body is not healthy. Less concentration experienced .Effect of medication and time spent on attending treatment .

5. Do you experience the problem of learners dropping out of school during the year?

Due to the fact that they are taking care of a sick member at home:

- Assuming adult responsibility (i.e. Child headed household).
- Not coping at all.

If yes please explain

Answers

- No.
- Not coping at all because they are sick.
- The child's parent is sick and the child is faced with family responsibility of cooking cleaning, washing clothes, and help to wash their younger brother and school work is deteriorating.

6.1 Are there any learners orphaned by HIV/AIDS in your school during the past three years?

Answers

- Yes, we have 100 learners.
- Yes, we have them.
- Not sure because we have 60 orphans at school, not aware of those who are orphaned by HIV/AIDS, because they are not open about how their parents died.

6.2 If there are at least how many are they?

Answers

- Yes, almost a quarter of the school.
- Yes +- 20 learners.
- Yes 100.
- Yes we have 60 learners.

6.3 Do you think children who are HIV positive should be taught in a special school? (If yes explain)

Answers

- No.
- Yes because many learners would be affected and other learners would not be sensitive about other issues. On special schools, there would be time for treatment, exercising, counseling and other surviving skills.

7 Do you teach Life Orientation?

Answers

- No.
- Yes.

8 Do you think learners are aware of the danger of unprotected sex?

Answers

- Yes.
- Yes, because I teach them about different diseases, also do they infect and affect people, concentration is much on the killer disease and preventative measures.

9.1 Do you discuss HIV/AIDS related topics freely in your school?

Answer

- Yes.
- No.
- Yes and even use handouts to bring understanding closer, and also expose them to other people's experience, fears and decision making. Promotion of abstinence, protection and will power.

9.2 If yes do you advise and encourage learners to

- Abstain from sex.
- To use a condom.
- Too support learners who are affected by HIV/AIDS.

Answer

Yes, but I channel them on corridors of abstinence until the right time, also to engage parents and teachers beforehand. I teach them/prepare them to treat, respect, support ,help and encourage the infected and affected learners.

10 Do you encourage parents in parent meetings to talk to their children about HIV/AIDS?

Answers

- ☐ Yes.
- ☐ No.

11 As an educator are you also affected by HIV/AIDS?

Answers

- ☐ No.
- ☐ Yes.

12 If yes how does it affect you?

Answers

- ☐ I am infected.
- ☐ I feel pitiful for the sufferer and often become distracted when teaching in class.
- ☐ I always solve learner's problems and it's heartbreaking, most learners are not emotionally strong, they need specialist.

13 Have you ever considered leaving your profession due to the risk of HIV/AIDS infection? (Fear of contracting HIV/AIDS through contact)

Answers

- ☐ No.

- No.

14 If you think about the behavior of both colleagues and learners, is there a stigma attached to HIV/AIDS in your school?

Answers

- No.
- Yes.
- No, because the day I disclosed my status, I got a lot of support from both colleagues and learners.

15 How often in the past two years has your school been invited to attend workshops with regard to HIV/AIDS?

Answers

- More than once.
- Twice a year, since last year.
- Regular workshop by health and FSDOE.
- Not as a representative from school but as an individual who network with other people (co coordinators) from Department of health.

16 Do you think the department is doing enough to train educators about HIV/AIDS?

Answers

- No.
- Yes.
- No, much has to be done .The department has to workshop educators and their seniors about the

integration of HIV/AIDS in development of learning programs in different learning areas.

17 Do you have HIV/AIDS policy in your school?

Answers

- Yes.
- Yes, but it is not effective.

18 Do you have HIV/AIDS committee in your school?

Answers

- Yes.
- Yes (composed of LO educators).
- Yes , but it is not effective

19 How effective is the committee?

Answers

- Not.
- Very effective.
- Effective, we are holding meetings every quarter.
- It is not effective at all, we are not holding meetings, and we are not engaged fully on regular workshops, announcement and latest developments.

20. Do you have learners /educators support group?

- No.
- Yes, school based support team.

- Yes, but they are not consistent.

21. Do you think it is necessary to have such a structure in the school?

- Yes.
- Yes to empower educators and strengthen sick learners through counseling.
- Yes, ideology must revolve around active, trained and dedicated educators, who will equip learner support group to deal with other learners and to help communities around them.

4. 5 SUMMARY

The interview questions range from 1 – 21 .It is evident that most educators are discouraged because implementations of HIV/AIDS committees in schools are not effective. Educators are not empowered because there are educators who are infected by HIV/AIDS. They are not empowered through workshops; they are choosing other educators who are not infected by the disease to attend workshops. The researcher concluded that there is discrimination attached to HIV/AIDS in schools.

4.6 STATISTICAL ANALYSIS

4.6.1Research questions

4.6.1.1 What is the impact of HIV/AIDS on learners in intermediate and secondary schools?

The impact of HIV/AIDS is increasing. Learners are still vulnerable, because they are still experiencing illness in their homes. In view of the interpretation of the

questionnaires, it is clear that many learners are orphaned by HIV/AIDS, because 44% of respondents agreed. Another reason that showed the impact of HIV/AIDS is absenteeism, most respondents agreed with a 64% that schools are still struggling with the rate of absenteeism, because most learners are habitual absentees. It is difficult for them to cope when they are present. It is evident that HIV/AIDS related disease forces some of the learners to leave school early, and take the role and responsibilities of adults.

4.6.1.2 What influence does stigma have on individual learners in Botshabelo?

It is evident that the rate of stigmatization is decreasing in Botshabelo. The respondents 78% responded with disagreed that learners who are positive with HIV/AIDS should be excluded in the mainstream and be placed in the special schools.

4.6.1.3 Are learners who are affected by HIV/AIDS getting enough support from both educators and learners?

Most educators responded that they are supporting learners. The researcher concluded that it is the duty of the school management team to ensure that the HIV/AIDS committee is effective and implemented.

4.6.1.4 How do some of such learners manage to pass in school given their pitiful condition at home?

Learners can achieve anything with the help and support of educators.

4.6.1.5 What knowledge do learners possess about the danger of HIV/AIDS?

Educators are doing everything in their power to ensure that learners are empowered through knowledge, skills, values and attitude in life orientation

periods. There is also support structure called school based support team that offer guidance on HIV/AIDS learners. The only thing that will have a negative impact is the fact that educators are complaining about the workload of the new curriculum and the pressure from the moderator's i.e. both internal and external moderators. Educators are in a hurry to complete the work program and the learning outcomes. The department of health should often supply the school with HIV/AIDS leaflets, condoms and presentation by experts

4.6.1.6 Are educators trained to educate learners about safe sex?

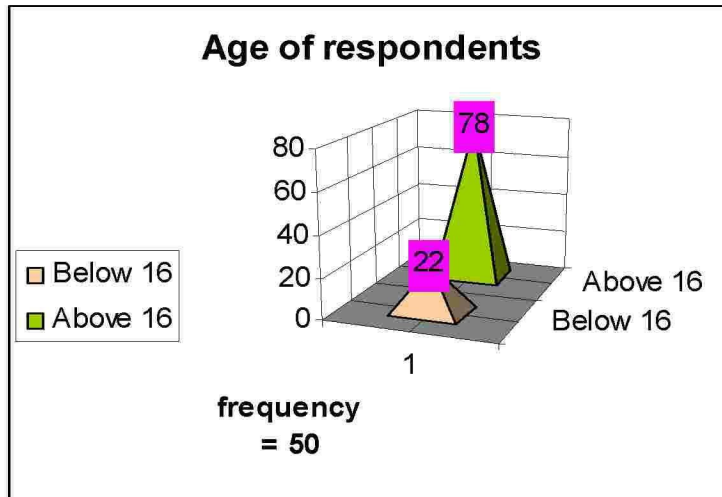
All educators teaching Life Orientation are trained, and they are still getting in service training. It is not enough; the FSD should work hand in glove with the Department of Health and Non governmental Organization (NGO's) to train educators. We are all affected by HIV/AIDS.

4.7 BIOGRAPHICAL INFORMATION OF RESPONDENTS (LEARNERS) AND GRAPHICAL REPRESENTATION

In this section the researcher will focus on the results of the questionnaire, discussion of the results. The questionnaire is entitled "The impact of HIV/AIDS on learners in Botshabelo Area ". The researcher's data collection was as follows 60 questionnaires were sent to schools and 50 questionnaire were returned by respondents, giving a response rate of 83,3 %. A response rate of 50% is considered to be adequate, and 60% as good while 70% as excellent. The questionnaire was composed of 2 sections .The first section focused on the respondents biographical information, the information was about respondent's gender as well as their age. The second part was about learner's attitude on the impact of HIV/AIDS. The scale used the following categories, agree, not sure, and disagree. The data collected from respondents will be represented below.

4.7.1 Respondents according to Age

Chart 12 Age of respondents



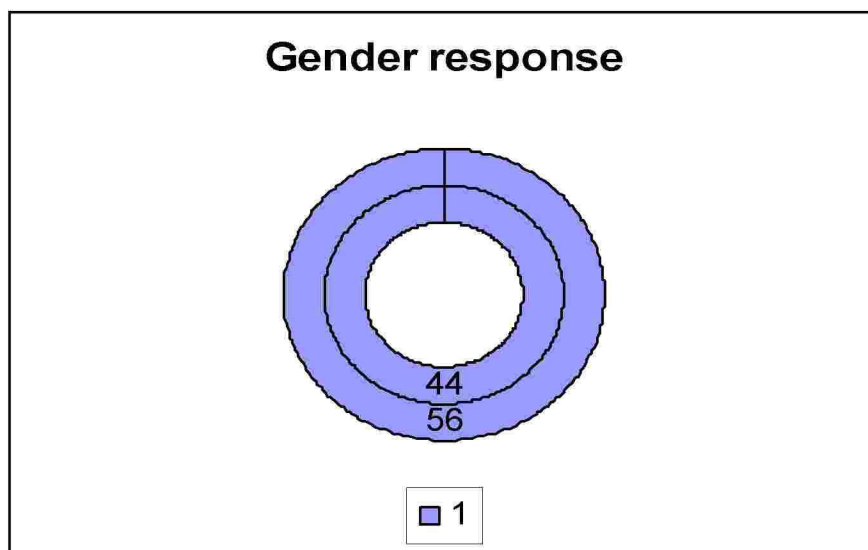
In view of the above interpretation, it is clear that in chart 12 (39) 78 % of our respondents are above the age of 16 and (11) 22% were below 16 years the age of 16. It is a sign that the level of maturity on those who are above 16 years of age is high.

4.7.2 Respondents according to gender

Chart 13 showed that it is evident that the majority of respondents were males, 56 % (28) and the females were (22) 44%, the difference between the two is 12% as the researcher was striving to get an equal number of participants (i.e. both females and males) . It also showed that girls and boys experience the realities of HIV/AIDS differently. Most boys are brave and they talk freely about HIV/AIDS. Some girls are soft by nature and shy to talk about HIV/AIDS. Tradition and culture at home also played an important role, as most african girls were taught

not to talk freely about sensitive matters like sex, HIV/AIDS, boyfriends. Others were infected by the disease through rape. Hence we have this difference.

Chart 13: Gender response



4.7.3 Learners attitude towards HIV/AIDS

The respondents were requested to choose from the following three options "Disagree. Not sure, agree". The respondents were requested to indicate how they respond to the following questions. Charts and tables will be used to represent data from the respondents. AIDS is a problem which will not just go away. We have to deal with it. Learners need to know that they do not run the risk of getting HIV from ordinary social contact with other learners who are HIV infected.

4.7.3.1 Learners absenteeism

Table 18 Responses on whether the school struggle with learner's absenteeism.

	Frequency	Percentage	Valid Percentage
Agree	32	64%	64%
Not sure	15	30%	30%
Disagree	3	6%	6%
Total	50	100%	100%

It is evident that schools are struggling with learners absenteeism ,more especially that 64% (32) of the respondents responded with agreed, and 30%(15) with not sure and 6% (3) with disagreed. This may be due to HIV/AIDS related disease. Children who have lost both parents may prefer to stay at home and to take care of their siblings, as these learners are always dealing with loss and grief alone at home, hence they will decide to leave school early. Most respondents are aware of the problem of absenteeism. The researcher concluded that it is the duty of educators to help these learners to understand what is happening and refer them to professional counselors.

4.7.3.2 Learners orphaned by HIV/AIDS

Table 19 Responses on whether in their schools many learners are orphaned by HIV/AIDS

	Frequency	Percentage	Valid Percentage
Agree	22	44%	44%
Not sure	18	36%	36%
Disagree	10	20%	20%
Total	50	100%	100%

In view of the above interpretation it is clear that many learners are orphaned by HIV/AIDS, as (22) 44% of the respondents agreed and (18) 36% of respondents not sure, and (10) 20% disagreed. It is really impressive to see that learners are aware that there are learners orphaned by HIV/AIDS. That simply means that the peer support groups will be of help to these learners. Educators will also be aware and ensure that the orphans are accepted by other learners without discrimination. The orphans will be less traumatized

4.7.3.3 Learners experiencing illness at home

Table 20 Responses on whether they know of any learner in their schools experiencing illness in their families

	Frequency	Percent	Valid Percent
Agree	20	40%	40%
Disagree	22	44%	44%
Not sure	7	14%	14%
Total	49	98%	98%
Missing case	1	2%	2%
Total	50	100 %	100%

The results showed that most respondents are not sure about learners experiencing illness in their families, 40% (20) agreed, and 44% (22) indicated that they are not sure, and only 14% (7) disagreed. There is one (1) 2% missing case. Most respondents indicated that they disagree; the researcher concluded that the respondents were afraid to tell, educators should ensure that learners are well equipped on how to deal with learners who are positive/vulnerable learners.

4.7.3.4 Do you know of any learner who is taking care of his/ her Family without adult support?

Table 21 Responses on whether they know of any learners in their school who are taking care of their families without adult support.

	Frequency	Percentage	Valid Percentage
Agree	21	42 %	42%
Not sure	16	32%	32%
Disagree	13	26%	26%
Total	50	100%	100%

This leaves much to be desired because most respondents are aware of the situation of learners heading their households: 42 % (21) indicated that they agree, 32% (16) indicated that they are not sure, and 26% (13) indicated that they disagree. It is about time for schools to implement peer group counseling ,so that they must help to relieve stress experienced by these vulnerable learners.

4.7.3.5 Do these learners cope with the situation?

Table 22 Responses on whether learners in their schools are coping with the situation.

	Frequency	Percent	Valid Percent
Agree	11	22%	22%
Not sure	24	48%	48%
Disagree	15	30%	30%
Total	50	100%	100%

The results showed that these learners who are affected by HIV/AIDS are not coping with the situation because 30% (15) of the respondents disagreed. The researcher concluded that it is surprising for learners to cope in such a situation with a heavy burden on their shoulders, without adult support. The researcher strongly feels that something should be done to ensure that these learners are off loaded, more hospice should be opened by the government, more child centre care should also be opened, to take care of these learners who are affected by HIV/AIDS.

4.7.3.6 Do you think HIV positive learners should be excluded from schools?

Table 23 Responses on whether HIV/AIDS positive learners should be excluded from schools

	Frequency	Percentage	Valid Percentage
Agree	6	12 %	12%
Not sure	5	10 %	10%
Disagree	39	78 %	78%
Total	50	100%	100%

Most respondents indicated that they disagreed 39 (78%) because all learners have the right to attend in the mainstream without being discriminated against. These learners should lead as full life as possible and should not be denied the opportunity to receive an education to the maximum of their ability. Learners should be treated fairly with respect.

4.7.3.7 Do you know of any learner who is infected by HIV/AIDS?

Table 24 Responses on whether they know of any learners in their schools who are infected with HIV/AIDS?

	Frequency	Percentage	Valid Percentage
Agree	10	20%	20%
Not sure	18	36%	36%
Disagree	22	44%	44%
Total	50	100%	100%

This leaves much to be desired, as most learners 44% (22) in the table above disagreed with the questions and 36%(18) indicated that they are not sure of learners who are infected by HIV/AIDS because of the secrecy surrounding HIV/AIDS, 10 (20 %) indicated that they agreed. The national policy for schools stated clearly that no one should be forced to disclose about his /her status.

4.7.3.8 Do you think parents must discuss sexual related matters with their children?

Table 25 Responses on whether parents should discuss sexually related matters with their children

	Frequency	Percentage	Valid Percentage
Agree	33	66%	66%
Not sure	10	20%	20%
Disagree	7	14%	14%
Total	50	100%	100%

The respondents indicated that 33(66%) agreed that parents should discuss sexual related topics with their children. As this will help with the reduction of HIV/AIDS, and 10 (20%) are not sure, whereas 7 (14%) disagreed. Parents really need to empower their children on the risk of HIV/AIDS. Young learners need to be informed that there is no vaccination and no cure for HIV/AIDS. They need to understand that prevention is the only protection against the disease. Parents should also empower their children that they must refuse to have sex.

4.7.3.9 Do you think parents should tell the school about the status of their children?

Table 26 Responses on whether parents should tell the school about the status of their children

	Frequency	Percentage	Valid Percentage
Agree	45	90%	90%
Not sure	4	8%	8%
Disagree	1	2%	2%
Total	50	100%	100%

The results indicated that 45(90%) of respondents agreed with the fact that schools should be made aware of the status of the children especially when a learner is positive, and 4(8%) of the respondents are not sure, whereas only 1(2%) disagreed as they are aware that unauthorized disclosure is illegal .This leaves much to be desired as the national policy on HIV/AIDS on school pointed out clearly that no one is compelled to disclose his or her status. To make matters worse even if an individual can confide in one person, that person must keep the information confidential.

4.7.3.10 Do you think schools should test learners for HIV/AIDS before admission?

Table 27 Responses on whether schools should test learners for HIV/AIDS before admission.

	Frequency	Percentage	Valid Percentage
Agree	14	28%	28%
Not sure	8	16%	16%
Disagree	28	56%	56%
Total	50	100%	100%

The results imply that majority of respondents 28(56%) indicated that they disagreed with the fact that learners should be tested at schools. This showed respondents recognized the fact that they must respect the dignity of learners, and the fact that testing is not a prerequisite for admission to any school. No learner may be denied admission to any school on the basis that he had refused to be tested. There is no need for schools to test learners, only 14(28%) agreed, 8 (16%) indicated that they are not sure.

4.7.3.11 Do you think learners have the right to receive education about HIV/AIDS?

Table 28 Responses on whether learners have the right to receive education about HIV/AIDS.

	Frequency	Percentage	Valid Percentage
Agree	44	88%	88%
Not sure	6	12%	12%
Disagree	0	0	0
Total	50	100%	100%

No respondents indicated that they disagreed. This is a positive sign that people who are HIV positive will not be discriminated against. Most respondents 44(88%) indicated that they agreed with the fact that these learners also have a right to education, and only 6(12%) indicated that they are not sure.

4.7.3.12 Are affected learners and infected learners criticized by their peers?

Table 29 Responses on whether affected learners are and infected learners criticized by their peers

	Frequency	Percentage	Valid Percentage
Agree	12	24%	24%
Not sure	30	60%	60%
Disagree	6	12%	12%
Total	48	96%	96%
Missing case	2	4%	4%
Total	50	100%	100%

The results below showed that most respondents 30(60%) indicated that they are not sure and 12(24%) indicated that they agreed, 6(12%) indicated that they disagreed, and we have two 2 (4%) missing cases. Most indicated that they are sure. This is a cause of concern to the researcher, as it means that affected learners are not taken care of. It means that there is ignorance involved on the side of educators. It also showed that there is no supervision when learners are playing.

4.7.3.13 Do you think educators are ill treating infected /affected learners?

Table 30 Responses on whether educators are ill-treating infected and affected learners in their schools

	Frequency	Percentage	Valid Percentage
Agree	10	20%	20%
Not sure	31	62%	62%
Disagree	9	18%	18%
Total	50	100%	100%

It evident that most respondents are not sure 31(62%), and 10(20%) indicated that they agreed, and 9(18%) indicated that they disagreed. With the exception of those who are not sure .It is evident that educators are not doing what is expected of them. Especially when looking at the number of respondents who agrees. They are doing nothing to ensure that HIV positive learners are safe at school.

4.7.3.14 Do you think there is a cure for HIV/AIDS?

Table 31 Responses on the existence of a cure for HIV/AIDS

	Frequency	Percentage	Valid Percentage
Agree	7	14%	14%
Not sure	15	30%	30%
Disagree	28	56%	56%
Total	50	100%	100%

Most respondents indicated that they disagreed 28(56%), it showed that respondents are aware that there is no cure for HIV/AIDS, and 15(30%) indicated that they are not sure, 7 (14%) indicated that they agreed. It is interesting to know that most people are aware that there is no cure for HIV/AIDS. It showed that people will abstain and the rate of HIV/AIDS will decrease.

4.7.3.15 Are you sexually active?

Table 32 Responses on whether respondents are sexually active

	Frequency	Percent	Valid Percent
Agree	13	26%	26%
Not sure	12	24%	24%
Disagree	22	44%	44%
Total	47	94%	94%
Missing cases	3	6%	6%
Total	50	100%	100%

The results indicate that 22(44%) that they disagreed that they are sexually active, this is a positive sign. It showed that learners are abstaining and HIV/AIDS related disease will reduce. 12(24%) are not sure, 13(26%) agreed. We have 3(6%) missing cases. It is evident that learners are gaining a lot of information from the learning area life Orientation. The Life Orientation educators must keep up the good work. All children should be involved; the educators should talk freely to these learners. Life orientation educators are aware that there are some sensitive issues that need only girls separately and only boys separately (e.g. when they are teaching them about parts of the body.) They really need to be applauded

4.7.3.16 .Do you think condoms prevent the high risk of being infected with HIV/AIDS of infected?

Table 33 Responses on whether condoms are preventing the risk of HIV/AIDS

	Frequency	Percentage	Valid Percentage
Agree	18	36%	36%
Not sure	15	30%	30%
Disagree	17	34%	34%
Total	50	100%	100%

The respondents agreed 18(36%) that condoms prevent the risk of HIV/AIDS, and 17 (34%) disagreed, while 15 (30%) indicated that they are not sure. It is evident that even though the condoms are not 100% safe, it is evident that condoms do prevent the risk of HIV/AIDS.

4.7.3.14 Do you think girls turn to prostitution because of lack of money?

Table 34 Responses on whether girls are turning to prostitution because of lack of money

	Frequency	Percentage	Valid Percentage
Agree	26	52%	52%
Not sure	20	40%	40%
Disagree	4	8%	8%
Total	50	100%	100%

The results showed that 26(52%) agreed that girls will turn to prostitution when because of lack of money, 20(40%) of respondents are not sure, and 4 (8%) disagreed. The majority of girls are vulnerable to HIV infection ,and they really need the support of educators .The researcher concluded that educators must teach them how to protect themselves and be protected against unwanted and unsafe sex. They should teach them to be responsible for their actions,as they are sometimes targeted by older men.

4.8 CONCLUSION

This chapter presented statistics and interpretations of the results. The interviews were done with educators and school management team and were summarized and analyzed. According to data all respondents (both learners and educators agreed that HIV/AIDS has an impact on both learners and educators .The impact of HIV should not be ignored in schools. The next chapter will concentrate on the summary, conclusion and recommendations.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS, SUGGESTIONS FOR FUTURE RESEARCHERS

5.1 INTRODUCTION

This chapter deals with summary of findings, and the findings will be presented in two parts fold .Firstly the research will focus on the conclusion drawn from the findings of the interviews and secondly the findings from the literature study .Finally recommendations concerning the impact of HIV/AIDS on learners. Data was collected by means of interviews and questionnaire, and recommendations concerning further study are given

5.2 SUMMARY OF THE STUDY

5.2.1 Findings from the literature

The literature study revealed that the impact of HIV/AIDS on learners are problematic in schools. Both learners and educators are infected and affected by the effects of HIV/AIDS. Many schools are already experiencing the effects of the epidemic as educators and learners and members of their family fall ill. As it was indicated in the second chapter that there is a lot of secrecy surrounding HIV/AIDS. Many people are still ashamed and frightened to be HIV positive. According to Whiteside and Sunter (2000:71) add to this view that the number of orphans in South Africa is forecast to reach close to two million by 2010.A child will begin to have needs that the family cannot meet and stresses that the family cannot alleviate, when the parent falls ill and household income drops.In the three schools in Botshabelo learners who are affected by HIV/AIDS are treated

the same as other learners. They are not identified as learners with special educational needs unless they are experiencing serious problems which are influencing their school work, or they are not doing their homework. The increase in absenteeism is high in both educators and learners, there is also high rate of drop outs in schools, It is only then that educators will realize the seriousness of the impact of HIV/AIDS on learners.

5.2.2 Findings from the interviews

The following were the key findings of the research from the main questions raised in chapter 1 that the study sought to answer. According to the findings it is evident that schools are struggling with learner's absenteeism, more especially that 64% of the respondents agreed that most learners are absenting themselves from school, and only 6% of the respondents were not sure. It is even worse because most learners are leaving schools because they are assuming adult responsibility; they are taking care of the parents who are ill due to HIV/AIDS, and they are also taking care of other siblings.

The number of children heading their household is increasing in Botshabelo area, and the number of orphans is also increasing. Most people are not open about their status. It was stressed in the national policy on HIV/AIDS for learners and educators in the public school that the health Act of 1977, that only require the performing the diagnosis to inform the immediate family members and the persons giving care to the person and in cases of HIV/AIDS related deaths, the person responsible for the preparation of the body of the deceased (1977: 14) To make matters worse 60% of the respondents were not sure whether children are taking care of a dying parent, hence the researcher concluded that child exploitation and neglect still exist in schools.

Another finding was that most learners are orphaned more than once, because when a biological parent dies and the grandmother take care of the child, only to

find that after some time the grandmother is also deceased, and then the responsibility lies with the child.

Even the literature supported that most children aged 15 years and older indicated that it is acceptable to marry a person who is HIV positive. Most respondents indicated that children who are HIV positive should not be taught in the special schools and should not be excluded from the mainstream. The respondents in this study namely, educators, management team, and learners expressed their views on the questionnaires. Out of the sixty questionnaires sent to learners 50 were completed and returned .This is a good response with a return rate of 83, 3%. Out of twenty questionnaires sent to educators and school management team of the three schools, fifteen (15) questionnaires were returned, giving a response rate of seventy five percent (75%). According to the data all respondents i.e. educators ,school management team , and learners agreed that HIV/AIDS has some impact on education ,for example poor performance of learners ,the rate of absenteeism is increasing in schools , lack of participation of school governing body and parents in the education of their children.

5.3 THE AIM OF THE STUDY

The aim of the study was to investigate the impact of HIV/AIDS on learners orphaned by the pandemic and find whether are they coping in schools, having a heavy burden their shoulders. The aim of the study was achieved because various factors were identified in this study as well as possible solution to this problem.

This was achieved by reviewing literature relevant to this study and information was supported by information from the respondents .The respondents included, school management teams, educators, and learners. Their response helped the researcher to achieve the aim of the study.

5.4 THE RESEARCHERS OBJECTIVES OF THE STUDY

The objective of the study included the following

- To investigate the support available to learners who are affected and infected by HIV/AIDS in the school in Motheo District.
- To investigate the effectiveness of peer education programs in Botshabelo Schools.
- To investigate whether or not there is stigmatization and discrimination experienced by learners affected and infected by HIV/AIDS in the Botshabelo schools.
- To investigate mutual interaction between ordinary learners and affected/infected learners.

The objectives of the study were achieved. These objectives assisted the researchers in providing a direction for the study because the researcher knew what she wanted to achieve at the end of the study.

5.5 THE RESEARCH QUESTIONS

The research answered the following questions

- What is the impact of HIV/AIDS on learners in secondary schools?
- What impact does HIV/AIDS stigma have on individual learners in Botshabelo?
- Are learners who are affected / infected by HIV/AIDS getting enough support from both educators and fellow learners?
- What knowledge do learners possess about the dangers of HIV/AIDS?
- Are educators trained to educate learners about safe sex?
- How do some of such learners manage to pass in school given their pitiful condition at home?

The study answered the research questions posed at chapter 1. The results of the study indicated that vulnerable learners are not well taken care of. Educators are not aware of HIV status of all learners in their schools.

Another research question posed was whether educators are trained to educate learners about safe sex and what knowledge do they pose about the dangers of HIV/AIDS. Most respondents indicated that they teach learners about abstinence and to wait for the right time. The researcher concluded that simple knowledge and how to abstain is not enough to change adolescent's risky behavior. In fact adolescents risk is not due to a lack of knowledge concerning HIV/AIDS; they can also tell you that the virus spread through blood and sexual fluid. Information is not enough to bring about meaningful change in behavior.

The need is to change the way we are teaching. We need to teach our children about sex and AIDS at a very early age, before they reach adolescence, and develop the urge to experiment. We should teach children how to protect themselves. More especially because adolescence is a time of testing and trying new things. Teenagers believe that they cannot be harmed. They believe in taking risks, they do not believe that they will come into contact with someone infected by HIV/AIDS.

Lastly the researcher's question of what influence does stigma have on individual learners in Botshabelo. It is evident that the rate of stigmatization is decreasing in schools in Botshabelo. The statistics indicated that we have an equal number indicated percentage 20% of agreed and disagreed, whilst 60% of the respondents were not sure whether there is stigma attached to HIV/ AIDS in schools.

5.6 CONCLUSIONS

In conclusion, in order to prevent new infections it may help to take learners to visit to visit the hospice to see how terminally ill people infected by HIV/AIDS are living like and this will help them to change the behavior pattern.

5.7 LIMITATION

The results of this research are interpreted with recognition of certain limitation. Initially the sample of this study was all high schools in Botshabelo area. Most of the educators were not available for interviews and appointments for distribution of questionnaires. The sample was also limited. The researcher did not allow all these limitations to hold her investigation. Hence an intermediate school was also included.

5.8 RECOMMENDATIONS

This part of the chapter with the recommendation of what need to be considered in order to prevent the impact of HIV/AIDS on learners in intermediate and secondary schools. Recommendations are discussed against the background of information from literature study and the data collected through interviews and questionnaires.

The following recommendation are made

5.8.1 The Collaboration between Fsdoe, Non governmental organization and the Department of health.

The Fsdoe should work hand in glove with the department of health as they are specialists in the subject (theme). They should involve the non governmental organization

5.8.2 The department should establish peer education

Active learning should be stressed rather than passive learning in the classroom and it can be linked to peer education. Establishment of peer education should be done differently. All learners should be encouraged to be part of the peer education. It should not be done formally in the classroom. Learners should be given a chance to draw a program convenient to them. It should be a different approach to AIDS education to young people, instead of preaching abstinence in the classroom. All gender should be encouraged to join and learners from the same background. No educators should be allowed, the chairperson of the committee should be a learner. He /She will be monitored by educators.

5.8.3 Schools must have a functioning AIDS committee and a Moral regeneration committee

Committees are there in schools but they are not functioning well. Both committees should work collaborative to decrease the risk of HIV/AIDS. Schools should work hand in glove with the religious organization. Learners will be taught about morals and why it is important for them to wait until marriage. Blanket education usually aims to inform people about which behavior are risky, and to give our learners support in changing behavior, so that those who are infected avoid transmitting and those not infected stays to protect themselves.

5.8.4 AIDS education to be included in all academic years of the school

AIDS education is included in the curriculum in both primary and high schools as well as at universities only for education students who are doing life skill (as pilot project). We are all affected by HIV/AIDS. It should be a compulsory subject for all university students.

5.8.5 PARENTS AND LEARNERS TO HAVE AN INPUT IN THE CURRICULUM CONTENT

Parents and learners should have an input of going as far as being allowed to determine the content of the curriculum on HIV/AIDS. It will be advantageous to involve them in the planning process, before an AIDS education is decided.

5.9 SUGGESTIONS FOR FUTURE RESEARCH

The present study was conducted in Botshabelo. The schools were selected randomly. The following suggestions are made:

Research should be done to determine the collaboration amongst various Non governmental organizations and the departments involved in HIV/AIDS training and development.

The actual rate of educators and learners absenteeism and the effect it has on academic outcome should be researched.

Research should be done on the number of educators and learners who are infected by HIV/AIDS.

Research is to be done on the success /failure of the implementation of HIV/AIDS programs at higher educational institutions, and how the module changes the behavior pattern of the students.

Research is to be done on determining the implementation of HIV/AIDS committees in schools, and moral regeneration committees.

5.10 SUMMARY

Chapter five presented a summary of the study, a discussion on the conclusion drawn from the research findings. Finally the recommendations were drawn and suggestions for further studies are made.

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FACULTY OF MANAGEMENT SCIENCE

SECTION A

**THE IMPACT OF HIV AND AIDS ON LEARNERS IN
INTERMEDIATE AND SECONDARY SCHOOLS IN BOTSHABELO
AREA**

QUESTIONNAIRE TO THE LEARNERS

2008

THE IMPACT OF HIV AND AIDS ON EDUCATION: A SURVEY OF LEARNERS

QUESTIONNAIRE

SECTION A

This questionnaire is for learners at high schools in Botshabelo. Please make a tick in the appropriate block which reflects your opinion on each of the items in this questionnaire. All responses are **CONFIDENTIAL**. Your identity will remain **ANONYMOUS**. Be sure to respond to all items. Please **DO NOT** sign your name

DEMOGRAPHIC VARIABLES

Thank you for participating in this study. Your responses are confidential and will be neither shown to others nor identified by your name or school. Below find questions enquiring about personal information. This information is important for the processing of data.

Please tick the applicable code or fill in the number where necessary

Example for completing section A		
Age	Above 16	x
	Below 16	

A. BIOGRAPHICAL INFORMATION OF PARTICIPANTS

GRADE:	
--------	--

AGE	ABOVE	
	BELOW	

RATING SCALE	
1.AGREE	
2. NOT SURE	
3.DISAGREE	

GENDER	MALE	
	FEMALE	

SECTION B: LEARNERS ATTITUDE ON THE IMPACT OF HIV/AIDS QUESTIONNAIRE

THE IMPACT OF HIV /AIDS ON EDUCATION (INCLUDING EDUCATORS AND SCHOOL MANAGEMENT TEAM)

This questionnaire is for educators at high schools in Botshabelo area.

All responses are **CONFIDENTIAL**. Your identity will remain **ANONYMOUS**, Be sure to respond to all items. Please **DO NOT** sign your name

SECTION A

BIOGRAPHICAL INFORMATION OF PARTICIPANTS

1. Your Gender

Male.....	☐
Female	☐

2. Your Current Post level

Principal	☐
Deputy Principal.....	☐
Head of Department.....	☐
Educator.....	☐

3. Your present Age

29 years or younger.....	☐
30 to 39 years	☐
40 to 49 years.....	☐
50 to 59 years	☐
60 years or older.....	☐

4. Yours teaching experience in years

5 years or less	☐
10 to 15 years	☐
20 to 25 years	☐
More than 30 years.....	☐

5. Your highest level of Education

PTC, JSTC or Equivalent.....	☐
	☐

Teacher's diploma (PTD, STD).....

BA, Bsc, Bcom, HDE, B tech

B hons

Masters (Med, M tech)

Doctorate (s)

Section B

6. Committees

Are you a member of Gem / HIV/AIDS committee?

Yes	No

6.1 If yes explain what are you doing as committee?

.....

.....

.....

7. Staff Morale

What is your general impression of the morale of staff at your school?

.....

.....

.....

Section C

NUMBER	STATEMENT	AGREE	NOT SURE	DISAGREE
1	Is there a drop in the number of learners enrolling for school?			
2	Do older learners in the class increase the risk of HIV/AIDS?			
3	Orphans infected by HIV/AIDS are less likely to have proper education			
4	Do you think learners who take the role of adulthood end up being uneducated?			
5	Does the fact that learners may perhaps suffer from HIV/AIDS have an impact on your ability to teach?			

6	Are there orphans in your school (orphaned by HIV/AIDS)? Are there any learners caring for a dying adult with no adult support?			
8	Do you think that learners who are affected and infected by HIV/AIDS come from poor families?			
9	Do you receive any support (e.g. financial /emotional in taking care of orphans and vulnerable)?			
10	Do you know any learner who is infected by HIV/AIDS in your school?			
11	Do you think that there is stigma attached to HIV/ AIDS in your school?			
12	What makes you think that there is stigma attached to HIV/AIDS in your school?			
13	Do you think that there is stigma attached to HIV/AIDS in your community?			
14	What makes you think that there is stigma attached to HIV/AIDS in your school?			
15	Are you teaching Life Orientation?			
16	If yes do you discuss sexual related matters with your learners			
17	Do you get support from parents or SGB members?			
18	Are they willing to participate actively in your committees? (HIV/AIDS)			

19	Do you offer counseling to both affected /infected learners?			
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20	Do you provide care and support (e.g. shelter, food) to orphans and vulnerable learners in your school			
21	Please provide brief information on the care and support			

FACULTY OF MANAGEMENT SCIENCE

SECTION A

**THE IMPACT OF HIV AND AIDS ON LEARNERS IN
INTERMEDIATE AND SECONDARY SCHOOLS IN BOTSHABELO
AREA**

QUESTIONNAIRE TO THE EDUCATORS

2008

THE IMPACT OF HIV AND AIDS ON EDUCATION: A SURVEY OF EDUCATORS OPINION

SECTION B: LEARNERS ATTITUDE ON THE IMPACT OF HIV/AIDS

Please make a cross (x) in the appropriate box, which reflects your opinion on each of the following statements:

STATEMENT	AGREE	NOT SURE	DISAGREE
1. Do you think the school struggles with learner's absenteeism?			
2. Do you think many learners are orphaned by HIV/AIDS?			
3. Do you think many learners experience illness in their families?			
4. Do you know of any learner who is taking care of his/her family without adult support?			
5. Do these learners cope with the situation?			
6. Do you think HIV positive learners should be excluded from school?			
7. Do you know of any learner who is infected by HIV/AIDS?			
8 Do you think parents must discuss sexual matters with their children?			
9. Do you think parents should tell the school about the status of their children?			
10. Do you think schools should test learners HIV/aids before admission?			

11. Do you think learners have the right to receive education about HIV/AIDS?			
12. Are affected learners and infected learners criticized by their peers?			
13. Do you think educators are ill treating infected /affected learners?			
14. Do you think there is a cure for HIV/AIDS?			
15. Are you sexually active?			
16. Do you think condoms prevent the high risk of HIV/AIDS of infection?			
17. Do you think girls turn to prostitution because of lack of money?			

 Central University of Technology, Free State	CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE SENTRALE UNIVERSITEIT VIR TEGNOLOGIE, VRYSTAAT YUNIVESITHI E BOHARENG YA THEKENOLOJI, FOREISTATA FACULTY OF MANAGEMENT SCIENCES SCHOOL OF TEACHER EDUCATION
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HOD/Superintendent general
Free State Education
Bloemfontein
9300

Sir/ Madam

Application to conduct academic research in schools in Botshabelo
(By Mrs. WV Senoge: Student number 205068723)

I hereby beg to apply to conduct academic research in the schools in Botshabelo area for the academic year 2008/9)

I am currently registered for Masters Degree in Management (MED) at Central University of Technology in Bloemfontein. The programme requires that I must research on the following topic:

The impact of HIV/AIDS on learners in Secondary Schools in Botshabelo Area

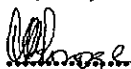
The study aims to investigate the impact of HIV/AIDS On learners orphaned by the epidemic and whether or not they are coping in the schools, having the heavy burden on their shoulders

I trust that this request of significance in the interest of education will indeed receive your unparallel attention and consideration.

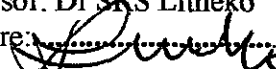
Thanking you in advance

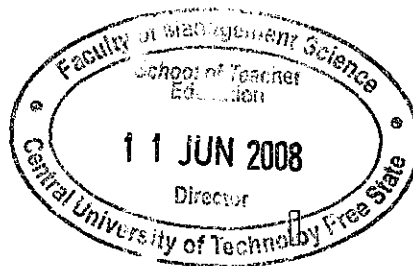
Yours Faithfully

Senoge WV (Mrs)

Signature: 

Supervisor: Dr SRS Litheko

Signature: 



Date: 11/06/2008

Date: 2008/06/12



CENTRAL UNIVERSITY OF TECHNOLOGY, FREE STATE
SENTRALE UNIVERSITEIT VIR TEKNOLOGIE, VRYSTAAT
YUNIVESITHI E BOHARENG YA THEKENOLOJI, FOREISTATA

FACULTY OF MANAGEMENT SCIENCES
SCHOOL OF TEACHER EDUCATION

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Sir/ Madam

Permission to conduct academic research in schools in Botshabelo
(By Mrs. WV Senoge: Student number 205068723)

I hereby beg to apply to conduct academic research in the schools in Botshabelo area for the academic year 2008/9)

I am currently registered for Masters Degree in Management (MED) at Central University of Technology in Bloemfontein. The programme requires that I must research on the following topic:

The impact of HIV/AIDS on learners in Secondary Schools in Botshabelo Area

The study aims to investigate the impact of HIV/AIDS On learners orphaned by the epidemic and whether or not they are coping in the schools, having the heavy burden on their shoulders

I trust that this request of significance in the interest of education will indeed receive your unparallel attention and consideration.

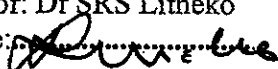
Thanking you in advance

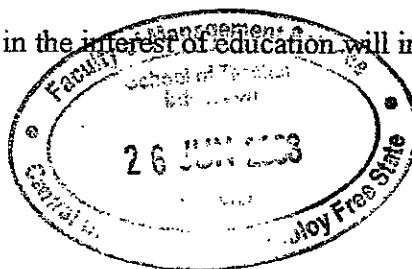
Yours Faithfully

Senoge WV (Mrs)

Signature: 

Supervisor: Dr SRS Litheko

Signature: 



Date: 2008/06/26

Date: 2008/06/26

15.10.2008 7:09



education
Department of
Education
FREE STATE PROVINCE

Enquiries: Malimane IM
Reference: 16/4/130-2008

Tel: 051 404 8662
Fax: 051 447 7318
E-mail: malimane@edu.fs.gov.za

2008 – 06 – 30

Ms. WV SENOGE
CENTRAL UNIVERSITY OF TECHNOLOGY

Dear Ms Senoge

REGISTRATION OF RESEARCH PROJECT

- 1 This letter is in reply to your application for the registration of your research project
- 2 Research topic: **The impact of HIV/AIDS on learners in Secondary schools in Botshabelo area.**
- 3 Your research project has been registered with the Free State Education Department
- 4 Approval is granted under the following conditions:-
 - 4.1 Educators and officials participate voluntarily in the project.
 - 4.2 The names of all schools and participants involved remain confidential.
 - 4.3 The questionnaires are completed and the interviews are conducted outside normal tuition time.
 - 4.4 This letter is shown to all participating persons.
 - 4.5 A bound copy of the report and a summary on a computer disc on this study is donated to the Free State Department of Education.
 - 4.6 Findings and recommendations are presented to relevant officials in the Department.
- 5 The costs relating to all the conditions mentioned above are your own responsibility.
- 6 You are requested to confirm acceptance of the above conditions in writing to:

The Head: Education, for attention: **DIRECTOR : QUALITY ASSURANCE**
Room 401, Syfrets Building, Private Bag X20565, BLOEMFONTEIN, 9301

We wish you every success with your research.

Yours sincerely

FR SEIKO
DIRECTOR : QUALITY ASSURANCE