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Caring relationships between teachers and vulnerable learners in the context of HIV and AIDS: A study in quintile 1 schools in rural South Africa

Carien Vorster

A research report submitted to the Wits School of Education, Faculty of Humanities, University of the Witwatersrand in partial fulfilment of the requirements for the degree of Master of Education by combination of coursework and research.

Johannesburg, 2014

ABSTRACT

This study explores the nature of caring relationships between teachers and vulnerable learners in the context of HIV and AIDS. Two learners who were orphaned and affected by HIV and AIDS, and a teacher were interviewed at each of two high schools. The interviews with the learners focused on their needs and the social institutions that they looked to for support, while the interviews with the teachers centered on their view of learners' needs and on ways in which they supported the learners. The needs of learners are interpreted against the background of Erikson's theory of psychosocial development, and the way that caring relationships between teachers and learners function are described using Noddings' theory of care. The study found that vulnerable learners do look to the school for care and support, and that the best level of care is received by engaging in a reciprocal caring relationship with a sympathetic teacher. The research report shows that the needs of vulnerable learners that cause barriers to learning can be alleviated by the attention and empathetic actions of their teachers, and that these learners are being educated in the process to become caring individuals. In the context of the Department of Basic Education's Care and Support for Teaching and Learning initiative, this study shows that existing grassroots practices are effective and offer an opportunity to build a network of care from the bottom up.

KEY WORDS

Orphans and vulnerable children (OVC), HIV and AIDS, Erikson, psychosocial development and support, Noddings, care, caring relationship, Care and Support for Teaching and Learning initiative (CSTL).

DECLARATION

I declare that this research report is my own unaided work. It is being submitted for the degree of Master of Education at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

Carien Vorster

14 February 2014

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CHAPTER 1

Background and introduction to the study

In the quest for better education outcomes in South Africa, the close relationship between education, well-being and health has gained prominence. On the one hand physical and psychological health are prerequisites for learning, while on the other hand better education can contribute to greater health and well-being. The important role of schools in promoting overall health among learners through providing psychosocial support and access to a range of other health services is formalised in the *Action Plan to 2014* of the Department of Basic Education (2011).

From a deficit paradigm it is often assumed that in poor, rural communities schools are less able to fulfil this role, partly because teachers have limited capacity to provide psychosocial support, and partly because there is a scarcity of professional resources in such areas (DBE, 2011; Moletsane, 2012). One of the particular problems that confront rural schools is learners living without adults because of a high prevalence of HIV and AIDS and parents who are migrant workers. Learner's social problems are further exacerbated by pervasive poverty (DBE, 2011; DBE, 2005).

In the absence of parents, and given the vision of the Basic Education Department for schools, teachers are called upon to care for and support learners. The ideal way to fill the gap left by parents is for teachers to form individual caring relationships with vulnerable learners, but the reliability and effectiveness of such a method is in question. Learners may not want to engage in a caring relationship with a teacher, and not all teachers may be willing to commit themselves to such an extent.

1.1. The problem

When I was a young teacher in an affluent, urban secondary school in the Western Cape, I knew that my learners' personal problems affected their ability to engage

effectively with their work. Many learners chose to confide in me and ask my advice on problems ranging from complex friendships and boyfriend troubles to drug abuse and suicide attempts. I often found that absent and disinterested parents made their problems worse.

The school was very concerned with the pastoral and psychosocial care of its learners, not because of policy, but because of its ethos of care. Although there was a dedicated school counsellor and mentorship programs, learners often formed caring relationships with other teachers and preferred them as mentors.

On reflection I assume learners chose me as their confidante because I was young and they could identify with me, and I was always friendly and interested in them as people. I taught languages and frequently used opportunities to speak to them about life questions that presented themselves in prescribed literature. I noticed their moods and appearances, and if I suspected that something was the matter, the school was ready with information on the child's personal circumstances, and I could make an informed decision on how to approach her to offer support. In other cases learners would come to me out of the blue, first being friendly and chatty and soon opening up about something that bothered them.

Years later, through my work for an education development nongovernmental organisation (NGO), I participated in the implementation of a systemic school improvement project in a rural district. The project was concerned with District officials, principals, teachers, parents and community members, but not with learners themselves. Given my experience as a teacher, I was very aware of how these learners' personal needs could affect their ability to learn and of the impact this could have on the success of the project. This Education District was particularly poor, lacking in infrastructure, services and resources. Both learners and teachers had to cope with difficult personal circumstances, but I was curious about the exact nature of learners' needs. During my workshops with teachers they would sometimes bemoan socio-economic issues as obstacles to learning, and I wanted to find out how they worked with these issues in the classroom.

1.2. The study

Previous studies have found that poverty is one of the major causes of vulnerability for children living in rural areas (DBE, 2005), and that the large number of orphans are living in even worse poverty (Goldberg & Short, 2012; Bennell, 2005; Foster & Williamson, 2000). Children who have lost their parents are often destitute and traumatised (Ogina, 2010), and those who were orphaned by AIDS are likely to suffer long term mental health problems (Li et al., 2009; Cluver, Orkin, Gardner & Boyes, 2012).

The literature recommends that schools play a primary role in identification and monitoring of orphans and vulnerable children (OVC) (Kinghorn et al., 2002; Bennell et al., 2002; Bialobrzeska, Marneweck, Mhlanga, & Mphisa, 2008), while the *Action Plan to 2014* of the DBE (2011) states that schools should provide psychosocial support to orphans and other vulnerable learners, and must facilitate access to a range of support services. The DBE's new Care and Support for Teaching and Learning (CSTL) initiative places the school at the centre of the care strategy with coordinating functions (DBE, 2012), as suggested earlier by Visser (2009). Empirical studies have shown that schools partially provide for some learners' material and psychosocial needs in an ad hoc manner through donations and counselling (Ogina, 2010; Williams, 2010).

The strategies suggested in the literature by civil society and government policies rely on good infrastructure and on solid administrative and coordinating capacities. However, empirical studies show that the modes of care in under-resourced schools are much less systemic and much more dependent on sympathetic individuals. From my own experience I suspected that a reactive rather than a preplanned response would get closer to relieving the needs of vulnerable learners and that that would only be possible through knowing children individually. It seemed like a logical next step to explore the nature of caring as it happens in schools based on relationships between teachers and learners.

The contribution of my study is fourfold: Firstly, it has a rural focus that places the impact of this particular context on learners' needs and teachers' responses in the spotlight; secondly, it recognises existing grassroots practices that are working to some extent; thirdly it privileges the voices of children in researching the impact of

being an orphan through AIDS; and fourthly, through its qualitative design it will move towards a more detailed account of the impact of and response to HIV and AIDS to complement more common quantitative analyses.

The purpose of this study is therefore to explore caring relationships as a school-based practice of care for AIDS orphans in the context of poor and poor performing rural South African schools. To this end, the study aimed to answer the following three questions:

- What are the needs of vulnerable learners?
- Where do vulnerable learners look for caring relationships?
- How do caring relationships with teachers support vulnerable children?

This study concerns itself with people, including minors, which has ethical implications. In order for the study to be ethically sound, I presented the research design to the Ethics Committee of the University and was granted permission to proceed. Permission to conduct research in the schools was obtained from the Provincial Department of Basic Education and from the principals of the schools.

Informed consent was obtained from all participants by means of forms explaining the nature of the research as well as the way in which the data would be used. The sampling techniques of the study did not allow for participants to volunteer, but no-one was forced to participate in the study against their will. The identity of all participants was kept in confidence through the use of pseudonyms in the report.

1.3. The report

The research report begins by establishing a theoretical framework for the analysis of the data, partly based on Erikson's theory of psychosocial development, as well as drawing on Noddings' approach to care in schools. It then presents an overview of the literature on the needs of vulnerable children and school-based support initiatives. The research design and method are explained, which is followed by a selected presentation of the findings integrated with a discussion of its contribution to existing scholarship. The report ends with a summary of the findings and its application.

CHAPTER 2

Theoretical framework and literature review

This research is informed by theoretical perspectives, empirical work, policy frameworks and recommendations from civil society concerned with the needs of vulnerable learners, particularly in rural schools, and school-based initiatives for support. In this chapter I will first discuss Erikson's theory of psychosocial development as a framework for understanding the nature of their needs, and then Noddings' approach to care in schools with a focus on caring relationships as a framework for interpreting modes of support. Next I will review the literature on the needs of orphans and vulnerable children, with a special focus on those affected by HIV and AIDS and living in rural areas. Lastly I will review the range of responses from government, NGOs and schools.

2.1. Erikson's theory of psychosocial development

Erikson's theory of the development of identity has been influential in understanding the interaction between influences of a psychological nature and those from the social context, as well as seeing people as active in their own development (Donald, Lazarus & Lolwana, 2011). Erikson presents eight stages of development, linked to physiological growth and to significant social interactions. (See Table 1 below.) In each phase there exists tension between opposing forces that present a challenge which must be resolved in order to acquire certain virtues that will encourage healthy development of identity. A person's unique experiences and social context will influence how the challenge is negotiated (Erikson, 1978; Donald et al., 2011).

Erikson's first five developmental stages

Age	Radius of significant persons	Crisis/ challenge	Identity virtue
Infancy	Maternal person/ primary caregiver	Trust vs mistrust	Hope
Early childhood	Paternal person	Autonomy vs shame and doubt	Will
Early to mid-childhood	Basic family	Initiative vs guilt	Purpose
Mid- to late childhood	Neighbourhood and school, teachers, mentors	Industry vs inferiority	Competence
Teenage years	Peer groups, in- and out-groups, Independence from family	Identity vs role confusion	Loyalty

Table 1: Erikson's first five developmental stages (Adapted from Hook, 2009, and Friedman & Schustack, 2011)

Developmental dysfunction occurs when a person's experiences in any given phase are predominantly negative, particularly linked to the important social interactions or major role player(s) of that phase (Donald et al., 2011, Hook, 2009). However, Erikson holds an optimistic view of development, and so he asserts that there is no point where all is lost. Instead we continue to explore and re-explore the way previous challenges were resolved (Hook, 2009; Erikson, 1978; Donald et al., 2011). Craig (as cited in Hook, 2009, p. 286) explains: "Children who are denied attention in infancy can grow to normal adulthood if they are given extra attention at later stages."

Although stage theories are criticised for placing too much emphasis on order and predictability (Rutjens, Van Harreveld, Van der Pligt, Kreemers & Noordewier, 2013) the usefulness of Erikson's theory for this study lies in the possibility to revisit past developmental dysfunctions towards establishing a firm and healthy identity. This active participation in self-development is useful as a framework for understanding the psychosocial needs of adolescent learners in the context of AIDS and orphanhood. The family as a social context is disrupted in the lives of orphans and it is therefore likely that they will look for ways of modifying their past experiences. Erikson does not provide detail of how renegotiation may take place, but

interpretations by Hook (2009) and Donald et al. (2011) place social interactions at the heart of this process. Within this framework, the study explores how caring relationships with teachers can help vulnerable learners to renegotiate deficits in their psychosocial development and to successfully continue on the road to maturity.

2.2. Noddings' approach to care in schools

Caring as a moral ideal

Nel Noddings' approach to care positions it as a "moral ideal", saying that "good" people are also caring people, and that education should promote this ideal. Her notion of care is based on a feminine approach to people and their problems, whereby the problem and possible solutions are made concrete and practical and lead to action; the matter becomes personal. This is contrasted with the traditional male approach, which tends to be more detached. The problem is thought of in the abstract and solutions are found in law and principle. Although these are traditional gendered approaches, Noddings advocates for both men and women to practice caring according to the "feminine" model, asserting that her approach supersedes cultural differences (Noddings, 1984).

At the heart of the morality of care lies the caring relation. Humans should learn to care for people, including the self, animals and plants, objects and ideas. The relation that is important to this study is the caring relationship between people. Noddings calls the two parties the "one-caring" and the "cared-for". The relationship is meant to be reciprocal and each party has a role to fulfil. The one-caring should perform two actions, called "engrossment" and "motivational displacement". Engrossment means to give your full attention (Noddings, 1992), and to really listen to what the cared-for says and means. Motivational displacement refers to putting yourself in the other's shoes. It encapsulates a personal concern for the problems and projects of the cared-for, a position called "inclusion".

There is a danger here that the one-caring may become burdened by the responsibility for the protection and welfare of someone else. However, Noddings' view is that engrossment must not be overly intense or pervasive in the life of the one-caring, and that it should not be all emotional feeling, but rather "a mode of consciousness" (1984:33). She warns that overburdening will cause the one-caring to be in need of care.

The role of the cared-for is to acknowledge the one-caring and to respond by sharing her experiences and feelings. The care must be accepted but not necessarily the advice; instead the cared-for remains firmly responsible for his or her own decisions. If the cared-for does not respond, the one-caring will become despondent and the caring relationship will cease to exist.

Caring in schools

Noddings refines her ideas about caring by framing it in the context of the school. She argues that, instead of academic development and achievement, the first duty of the school is to produce moral and happy human beings. She writes:

> "We must take public responsibility for raising healthy, competent, and happy children. I will argue that the school must play a major role in this task, and I will argue further that the school cannot achieve its academic goals without providing caring and continuity for students." (1992:14)

The method of educating children in an ethic of care has four components: modelling, dialogue, practice and confirmation (Noddings, 1984; 1992). *Modelling* is grounded in the belief that a child can only learn to care through experiencing care. *Dialogue* refers to open-ended conversations which form the basis of the relationship. *Practice* is part of learning, and opportunities for learners to care must be created deliberately and not left to circumstance. *Confirmation* is to affirm the best in the child and to encourage development towards her best qualities.

To this end schools should create conditions in which caring could flourish, and new teachers should be mentored into the practice of caring. Noddings goes on to describe an alternative curriculum to liberal education that is organised around six centres of care, namely care for self, care for intimate others, care for strangers and

distant others, for animals, plants and the earth, for human-made objects and care for ideas (Noddings, 1992). Of these, the *care for intimate others* is important to this study, as this is the category where she describes the caring relationship between teacher and learner.

Noddings does not describe how the caring relationship is established. A picture emerges as she describes teachers who are respectable and trustworthy, and who give their full attention to achieving learners' goals, creating the impression that learners would be encouraged to confide in such a teacher. The method does, however, explain the experiences that would sustain the relationship from both sides. It states that the cared-for will always need to be understood, received, respected and recognised, and will look for these experiences in caring relations. On the other hand the one-caring will be driven by a moral ideal of herself to sustain the caring relationship (Noddings, 1992).

The nature of caring relationships in schools becomes clearer through the following illustrations: "…the cared-for 'grows' and 'glows' under the perceived attitude of the one-caring," (her inverted commas) (Noddings, 1984:67), and:

> "When the student associates with the teacher, feeling free to initiate conversation and to suggest areas of interest, he or she is better able to detect the characteristic attitude (of caring) even in formal… situations such as lectures. Then a brief contact of eyes may say, 'I am still the one interested in you… You still matter more (than the lecture).'" (1984:20)

She elaborates that "the student is infinitely more important than the subject." (1984:20). Here Noddings touches on the tension between the school's responsibility to teach and its responsibility to care. She clearly emphasises caring, partly because it is generally neglected, at least in her context, and she advocates for at best a balance of the two interests.

This approach assumes that anyone can learn to be caring, but no-one can be forced to do so through a system or rules. In this way caring schools would naturally foster caring in teachers, while a policy of care and support may not result in true caring relationships. Noddings criticises systemic care in two ways. Firstly, she does not consider it as "moral" to care for learners only so that they could learn harder and achieve better. Instead, she says, we should care for learners because it is the

ethical thing to do. She uses the example of the school feeding scheme in American schools, which was established because learners who came to school hungry were unable to learn properly. She argues that hungry learners should be fed at school not for academic purposes, but because "loving people compassionately feed hungry children." (Noddings, 1992: 13)

Secondly, Noddings does not believe that the moral ethic of care can be institutionalised through rules; she sees caring as an individual ethic, and caring actions as the unique result of a caring and trusting relationship. In other words the personalities of the individuals are important in all caring relations. Caring also has to happen immediately and in close proximity, which means that you cannot care for someone distant (Schutz, 1998).

The socio-economic context of Noddings' ideas is important to this study, because the schools where the data was collected were in a particularly poor rural area. These conditions are likely to influence the kinds of needs the children may have, as well as the needs the teachers may have, and their capacity to provide support. Although she never states what kinds of needs her care strategy aims to address, Noddings refers to the pervasive issues of her time as teenage pregnancy, suicide, underage and excessive drinking, violence, poverty and non-nuclear families (Noddings, 1992). She sees all children as in need of care and as longing for caring relationships. This links with Erikson's theory that we all revisit developmental stages and have opportunities to renegotiate development through "substitute" caring relationships, among other experiences.

Noddings refutes claims that teachers should be trained to discuss moral matters such as death and sex, or to give counselling. She says:

> "Teachers do not need degrees in counselling to advise students on the usual academic and personal problems… All decent adults are (prepared for this work)." (1992: 69)

Although Noddings acknowledges that professional counsellors will be needed for "special problems", she argues that guidance from an existing caring relation has more value, even in cases of trauma or bereavement, than a foreign expert brought in to mediate the situation. This review will show that common problems in rural

quintile 1 schools in South Africa are more serious and debilitating than those Noddings refers to, but that professional support is not readily available.

2.3. The needs of vulnerable learners

A rural context

Features of the rural context need to be taken into consideration in this study. Rural communities are often characterised by endemic poverty, a lack of resources and infrastructure, unemployment, malnutrition, gender inequality, gender-based violence, a high prevalence of HIV and AIDS, fostering and child-headed households (Lawrence, 2006; DBE, 2005). Many adults are migrant workers who leave their children in the care of relatives. These left-behind children can feel lonely, especially when they live with grandparents and have little contact with their parents. Children who have a bad relationship with their parents may feel particularly isolated (Jia & Tian, 2010).

While it is important to explore the impact of these socio-economic factors on the vulnerability of learners, this study will use a strength paradigm rather than a deficit paradigm that is so often used in rural research, in an effort to investigate grassroots solutions (Moletsane, 2012; DBE, 2005).

Orphanhood

It follows that most children living in rural areas are vulnerable to some degree, some are also orphans, or left-behind children, some of whom are also affected by HIV and AIDS. Orphans are considered particularly vulnerable because their parents are not there to provide in their physical, social and psychological needs, and they are traumatised by death (Ogina, 2010). Fathers are often absent from their children's lives and their identities are unknown. When the mother dies, the child effectively becomes a "double orphan" (Bennell, 2005).

Not knowing who one's father is, is recognised as a major cause of distress in young people. A study in the Eastern Cape found that children whose fathers were not spoken of by other adults in the household, felt that it implied negative sentiments

towards him and towards them as his children as a consequence. Culturally these children were not at liberty to enquire about their fathers, because it would show disrespect for adult authority (Nduna & Jewkes, 2012).

Research shows that the death or absence of the father is followed by the family's decline into poverty (Case & Ardington, 2005), while others claim that mothers are perceived as more instrumental to economic stability (Goldberg & Short, 2012). Nevertheless, households where orphans live are comparatively poorer, either because the main breadwinner died or because the orphan had been taken in by a family who was already strapped for resources. In educational terms it is the schooling of the poorest orphans that suffers most, because learners are often sent home from school for not having the required uniform or materials, or they refuse to go to school for the same reason (Goldberg & Short, 2012; Bennell, 2005; Foster & Williamson, 2000).

Poverty can also increase sexual risk for orphans. In their Ugandan study Ssewamala, Han, Neilands, Ismayilova and Sperber (2010) gave money and mentorship to one group of orphans and no support to the control group. They found that more wealth, coupled with mentorship, was associated with the participants having less intention to engage in sexual risk-taking. Exploitation in the face of poverty is also a reality, as Nduna and Jewkes (2012) found with one of their participants who moved with her family from the township to the village after her father died. She experienced a decline in her social status to such an extent that she and her sister were approached by an older man for sexual favours in exchange for money "to help their mother".

Similarly, many orphans undergo a change in living conditions when their parents pass away (Ogina, 2010). Elderly women or siblings are the main foster parents for orphans in South Africa (Kelly, Parker & Gelb, 2002), which often involves relocation from urban to rural settings. As a consequence the children's education is disrupted. Grandparents often live in poverty with no means to earn an income and instead of their children looking after them in their old age, they are now looking after their childrens' children, without any financial support (Foster & Williamson, 2000; Kelly et al., 2002).

Grandmothers, however, emerge as the best caregivers, because the orphan is one of their own and does not have to compete with the women's own children living in the same household, a problem that will be discussed later. Although grandmothers are often poorer compared to aunts, they are perceived as more trustworthy with orphans' money, whether from inheritance or social grants (Goldberg & Short, 2012).

Informal adoption and fostering arrangements can cause great distress for orphans, because the process is often unpredictable and frequently puts them in a difficult economic position (Nduna & Jewkes, 2012). They are also likely to be separated from siblings in the process, which may lead to much higher levels of anxiety, depression, anger and dissociation than for orphans who stay with their brothers and sisters (Gong et al., 2009). However, siblings who stay together on their own in child-headed households are no better off, as these households are characterised by high mortality rates, food insecurity and low school enrolment, as well as malnutrition, lack of health care, increased demands for labour, loss of inheritance, forced migration, homelessness, crime and exposure to HIV/AIDS infection (Kelly et al., 2002).

The closeness of the kinship that orphans share with their carers, and in particular with the head of the household, has an influence on their progress in school and on their physical and mental health. Orphans have a relative educational disadvantage across time when compared to non-orphans, but orphans who live with relatives are likely to achieve better than other orphans. The closer the kinship, the higher the educational outcomes (Thomas, 2010; Bennell, 2005). Case and Ardington (2005) argue convincingly that the mother is often the "education champion" whose encouragement and dedication helps children succeed academically. They are supported by Thomas (2010), who found that paternal orphans do better in school than maternal orphans, while children with stepmothers have worse educational outcomes than "own" children.

Apart from the negative educational outcomes, research shows that fostering is also detrimental to children's physical and mental health. Orphans typically have fewer clothes, which are of an inferior quality, compared to biological children living in the same household, they have more chores and are less likely to be sent to school. On an affective level, orphans are treated harshly by constantly being reminded that

they are not the mother's own. They are scolded for small errors and generally not treated or spoken to kindly (Goldberg & Short, 2012).

The love of parents, and particular a mother, is unique and cannot be substituted, not even by a grandmother. This goes some way to explaining why mothers give preferential treatment to biological children in the household compared to orphans. This effect is compounded in situations of extreme poverty, because mothers tend to allocate scarce resources to their own children first (Goldberg & Short, 2012).

The harsh treatment associated with stepmothers can also come from other members of the orphan's social circle. In their study, Goldberg and Short (2012) found that people who work with children, like teachers and policemen, have very negative perceptions of orphans, saying that orphans are criminals, that they behave in an anti-social manner and abuse drugs and alcohol. The following words were used to describe orphans: stubborn, troublesome, dissatisfied and ungrateful. This suggests a vicious circle where the negative perception is a result of stigma, and the perception fuels the negative behaviour along with the effects of trauma and distress, which then serves to confirm the perception.

AIDS orphans

Evidence shows that the effects of orphanhood are worse for children whose parents died of AIDS. Households that are struck by AIDS-related disease and death may take children out of school so that they can help earn a living. In communities affected by HIV and AIDS, poverty eventually becomes pervasive so that orphans become destitute in a situation where the extended family structure and the community safety net are both eroded (Kelly et al., 2002; Foster & Williamson, 2000).

AIDS-related deaths usually follow a drawn-out sickness and there is a high chance that the remaining parent will also die. Children may also be anxious about their own HIV status and that of their siblings (REPSSI, 2009). There may be clustered deaths in a family, compounding the psychological distress experienced by the children, including shock and trauma, fear and anxiety, sadness and grief, and loss of social capital and self-esteem (Goldberg & Short, 2012; Xu et al., 2009).

Experiences of social isolation, dropping out of school, relocation and increased workload increase the stress and trauma of dealing with the death of parents. It has been found that affected children are not likely to “bounce back” from this negative psychological state, especially after the death of the mother (West & Wedgwood, 2001; Foster & Williamson, 2000; Kelly et al., 2002; Case & Ardington, 2005).

Studies that compare the mental health of children affected by HIV and AIDS to that of control groups have found that:

> “AIDS orphans and vulnerable children reported experiencing a higher total occurrence, density, duration, initial impact and lasting impact of traumatic events compared to comparison children.” (Li et al., 2009)

It has also been found that mental health problems persist and get worse as AIDS-affected orphans grow older, compared to other orphans and non-orphans. Results from a longitudinal study by Cluver et al. (2012) show that:

> “There was a steep rise in psychological distress in the AIDS-orphaned group, but no rise with age amongst other-orphans and non-orphans… In other words … growing up predicts increased mental health problems for AIDS-orphaned youth, but not for other-orphans and non-orphans.” (2012: 363; 368)

The lasting impact of traumatic events leads to poor social skills within the peer group and results in loneliness for orphans. In addition, they feel that they have no control over their future and they lose hope and all interest in education (Li et al., 2009). Even if they do go to school, their negative psychological state has an adverse impact on their education, a point which is widely supported in the literature (West & Wedgwood, 2001; Kelly et al., 2002; Case & Ardington, 2005; Xu et al., 2009). It is also claimed that the stigma and discrimination associated with HIV/ AIDS compromise the rights of orphans and limit their access to opportunities and benefits, including education (Smart, 2003).

In many cultures and communities HIV/AIDS is a stigmatised disease. West and Wedgwood (2001) have found in their study in China that AIDS is viewed by many as retribution for immoral behaviour, and Kwenda (2009) found that in Zimbabwe AIDS is often linked to witchcraft, attitudes which increase stigmatisation of those affected. Lawrence found in the Eastern Cape that parents demanded for HIV

positive learners to be taken out of school for fear that their children will be infected (2006). In contrast, Bennell et al. (2002) argue that stigma is not such a pervasive problem as it is made out to be in the literature. Zhao et al. (2011) explored the relation between the level of AIDS knowledge and stigmatisation in China and found that greater knowledge was associated with less stigmatisation. Interestingly, children affected by HIV and AIDS had less knowledge of the condition than children who were not affected. The explanation offered by the authors is that carers may fear upsetting children who had lost both parents to AIDS if they talk too much about it, and that orphans themselves may avoid the topic due to the associated trauma. Similarly, parents are not open to their children about their illness and cause of death for fear that the child will not be able to keep the secret (Xu et al., 2009).

2.4. The response from government, schools and civil society

Targeted support for AIDS orphans

There are several policies, initiatives and recommendations in response to the challenges faced by vulnerable children, but solutions are troubled by the debate around the appropriateness of preferential treatment for children orphaned by AIDS. The majority of arguments in the literature are against special treatment for affected children. This is because, at community level, it will be unacceptable for orphans to qualify for assistance based on the cause of their parents' death, and may contribute to stigma (Bennell et al., 2002; Foster & Williamson, 2000; Bialobrzeska et al., 2008). There are those who argue that *orphans* have special circumstances and needs which warrant targeted policies, but oppose programs that distinguish between AIDS-orphans and other-orphans (Case & Ardington, 2005).

It has been shown that, compared to other vulnerable children, those affected by HIV and AIDS have aggravated needs and tend to suffer from long term mental health problems that do demand special intervention. However, stigma is such a problem that provision should rather be made within the context of services for all OVC, for example, the appointment of a school counsellor and the implementation of a school feeding scheme for the benefit of all vulnerable children (Bennell, 2005; West & Wedgwood, 2001).

School-based support

This study is concerned with school-based modes of support, but the suitability of schools to fulfil this role is contested. There are some who argue that schools are ideally placed to reach vulnerable learners on a daily basis, and that schools are likely to have the best facilities and human resources in impoverished communities. Others feel that schools are not suited for this role because their ethos opposes the sociocultural traditions of many families, particularly in rural areas of Southern Africa.

It is argued that, because teachers see their learners every day, they are in a good position to identify and monitor psychosocial problems (Kinghorn et al., 2002; Bennell et al., 2002). Others have found that it is a complicated and delicate process which is often conducted in a "vague, understated, unsystematic and largely unrecorded" manner (Bialobrzeska et al., 2008, p. 6). Some say that schools should mobilise community support for vulnerable learners (Kinghorn et al., 2002), while others argue for schools to be the coordinators of support initiatives from government, NGOs and the community (Visser, 2009). This idea of schools as coordinators of a multi-sectoral response to OVC is embodied in the Care and Support for Teaching and Learning initiative (DBE, 2012), but the concern is that schools do not have the capacity to coordinate a multi-faceted support program of this scale (Bialobrzeska et al., 2008).

Most writers agree that schools should be sympathetic to learners' personal needs and should, in some way, provide emotional support (DBE, 2011; Visser, 2009; Kinghorn et al., 2002; Bennell et al., 2002). Lawrence (2006) found evidence of teachers who model caring relationships among staff and between teachers and in the process educate learners to be caring individuals. They facilitate practice in caring for the learners by asking them to bring ingredients to school for a big pot of soup for everybody, and by accompanying them to the homes of community members suffering from AIDS to help in the house and garden. These methods of educating children to care clearly resonate with Noddings' ideas.

The notion of "child-friendly schools" that are "safe, protective and supportive" (DBE, 2008) seems particularly urgent in the face of research showing that the school can be a hostile environment for AIDS orphans where they are victim to gossip and

exploitation (Kwenda, 2009), and even ostracised and beaten by teachers (Nordveit, 2010). Kwenda (2009) argues that school can be experienced as a place full of "others" from whom orphans must keep their secrets. He states that the nature of the school is one of rules, efficiency and time constraints, so that it does not lend itself to unstructured and unpredictable activities such as counselling. He further claims that some coping mechanisms, such as bringing religious objects to school which are believed to be safeguards from evil spirits, are against school rules. So it appears that the school in its current shape and form does not necessarily lend itself to supporting AIDS orphans. He writes:

> "While the school represented 'normality' for these children, it was a normality which at the same time was alienating… What is reproduced is the middle-class culture of modernity on which education is based, and which is largely divorced conceptually and perceptually from the lived worlds of AIDS orphans." (Kwenda, 2009: 289; 291)

Instead Kwenda suggests changes to the curriculum that are similar to Noddings' view of moral education:

> "Teachers should actually plan class activities… designed to foster tolerance, understanding, respect for diverse ways of doing and knowing, openness, and critical thinking about these issues." (2009: 290)

The literature further recommends a holistic approach to school-based care which includes psychosocial support for emotional security and the development of positive personal identity. Within this framework peer education, support and counselling are very important and school timetables should be adapted to make time for these activities. It is also recommended that the curriculum should include broad-based life skills and vocational training and preparation for school-leaving and out-migration as many children affected by HIV/AIDS will leave school early (West & Wedgewood, 2001). An enabling environment must be created for teachers so that they can fulfil their supporting roles, and all teachers must be trained as counsellors (Bennell, 2005).

In its *Action Plan to 2014* (DBE, 2011) the Department of Basic Education says that it is essential for schools to respond to the needs of orphans, considering substantial recent increases in the number of enrolled orphans, but at the same time concedes that schools lack capacity:

> "Schools should provide a range of psychosocial support, both on a collective and individual basis. … This ideal has been difficult to realise, however, due to limited capacity amongst teachers in the area of psychosocial support and a shortage of external professionals, such as social workers, psychologists and cultural workers available to visit schools." (DBE, 2011)

Their view is similar to Noddings' opinion that schools should take public responsibility for raising happy and healthy children. However, where Noddings suggests that caring should be the main concern of schools, the DBE's Action Plan prioritises other goals relating to efficiency and access to Early Childhood Education (DBE, 2011).

The Care and Support for Teaching and Learning (CSTL) Program is an initiative that the DBE committed to through SADC (DBE, 2012). It aims to prevent and mitigate factors that impact negatively on the enrolment, retention, performance and progression of vulnerable learners through nine priority areas, one of which is psychosocial support. CSTL further serves as a coordinating body for other health promoting initiatives and programmes in the Education sector, much as Visser (2009) suggested. It functions as a support system with "layers", similar to the earlier Circles of Support-model (SADC, 2007). The child in school is directly supported by the teacher, school-based support team (SBST), school management team and school governing body. Behind them are the parents and foster parents, extended family and other caregivers. On the next level various government departments support the child through their specialised service, including the departments of Basic Education, Social Development, Health and others. Supplementary to these departments are NGOs, CBOs, development agencies and donor funders.

A *National Support Pack* (DBE & MIET Africa, 2010) has been developed to mainstream the CSTL program throughout all South African schools. It brings

together information, best-practice examples, tools and case studies of effective care and support practice in schools and offers guidelines for implementing a pilot of the program in an Education District. It is a generic resource which is complex and lengthy and written for varied contexts, and its value will depend on the capacity of CSTL Task Teams to adapt the tools and other resources to meet needs within its own environment.

2.5. Evidence from the field

A number of empirical studies on school-based psychosocial support show that caring relationships with teachers do help vulnerable children to cope with their difficult circumstances, but that teachers find it hard to cope with the scope of children's needs. Material needs are the most pressing and the most visible, compared to emotional needs that are harder to identify (Ogina, 2010). Teachers find that they have to deal with socio-economic problems in the community which affects learners at school. While poverty is endemic to rural and township communities, the most prevalent issue in rural areas is neglected children without parents, while in urban areas sexual abuse of children and pregnancy are the main problems. Some vulnerable children are violent and aggressive, and teachers in township schools are often threatened by criminality (Ogina, 2010; Williams, 2010).

Many teachers report that they cannot cope with the combined workload of teaching and providing psychosocial care, with some arguing that caring duties distract them from their main responsibility of teaching, particularly in secondary schools. Classes in township schools are overcrowded, and in both rural and urban settings material and professional resources are insufficient (Ogina, 2010; Williams, 2010). Most teachers want training, better pay and endorsement from their principals for the role of carer, while others are not willing to take on the responsibility at all. In many schools there is an informal referral system to willing teachers which can cause tension between colleagues. Some caring teachers feel that their attitude is the result of an individual ethic, much like Noddings' view (1984), while others think that everyone should be involved, and blame their colleagues for not doing their part (Ogina, 2010; Williams, 2010; Chitiyo, Changara & Chitiyo, 2010).

Despite these challenges many teachers support vulnerable children by giving them food and clothes, providing counselling, and facilitating professional support where possible (Ogina, 2010; Williams, 2010; Lawrence, 2006). Due to the prevalence of violence in township schools, teachers there also have to administer first aid, having to be "doctors" on top of being teachers (Williams, 2010, p. 17). Homework clubs are another channel for psychosocial support when supervised by teachers, because they provide moral encouragement and emotional support for learners without parents (REPSSI, 2009). Interestingly, some teachers try to combat stigma by encouraging learners in counselling to hide their feelings and "to be like other learners" (Ogina, 2010, p. 4). In another school education was seen as an important instrument against stigma. The staff confronted cultural reservations about sexual education at school and also facilitated sessions for the parents where members of the community disclosed their status and shared their stories. This approach was effective in their community (Lawrence, 2006). In some schools learners boarded with sympathetic teachers during the week because the daily walk home would be too strenuous (Chitiyo et al., 2010), while other teachers adopted AIDS orphans into their families (Lawrence, 2006).

Overall there is sufficient convincing evidence that individual caring relations with a teacher provide substantial support to vulnerable learners. Halfors et al. (2011) found that having a dedicated, trained "helper teacher" at school who assists in resolving attendance issues as part of a holistic care intervention, improves attendance, reduces the tendency towards high risk sexual behaviour and gives children hope for the future. Williams (2010, p 28) argue that "individual educators' efforts sometimes make all the difference to a child".

2.6. Conclusion

A review of the literature has shown that some of the needs of vulnerable learners are determined by the causes of their vulnerability and some are the result of their context. In the context of poverty, the physical and material needs of learners are paramount, and psychosocial problems become equally important under the added conditions of orphanhood and AIDS. It seems imperative that there are targeted support strategies for children who are affected by HIV and AIDS, but that it should

be done through inclusive programs in the face of stigma. This study contributes to the debate around school-based strategies by taking the perspective of responsive care initiatives as opposed to recommendations and policies that are complex and require a high level of capacity, often with the caveat that the resources to make it work are not available. The study explores care at a grassroots level that exists out of necessity in order to make learning possible. The foundation of this response is framed within Noddings' notion of a reciprocal relationship of individualised care. Erikson's theory shows us how learners whose psychosocial development has been upset, look for interactions that can help them revisit the negative experiences of the past and renegotiate the developmental problems they encountered.

CHAPTER 3

Research design and method

3.1. Introduction

The aim of this research project is to explore the phenomenon of caring relationships between teachers and vulnerable learners in rural quintile 1 schools in South Africa in the context of HIV and AIDS.

To this end, the study aimed to answer the following three questions:

- What are the needs of vulnerable learners?
- Where do vulnerable learners look for caring relationships?
- How do caring relationships with teachers support vulnerable children?

These questions could best be answered through a qualitative approach that allows the researcher to explore the experience of the caring relationship between teacher and learner from the perspective of the participants in their own context. This experience should construct the "reality" of the caring relationship, because "individuals construct reality in interaction with their social worlds" (Merriam, 2009, p. 22).

As researcher I have the necessary communication and interpersonal skills for qualitative research (Merriam, 1998). I was further in the fortunate position to gain a good understanding of the particular context of the schools in the study because I had worked and spent a lot of time in the area. I knew the principals and some of the teachers through in-service training workshops, and this afforded me a level of familiarity and trust from the adult participants.

The first phase of the research project was to conduct a review of literature on the topic, including policies and empirical studies. The literature led me to care theory and, more specifically, an approach to caring as a moral ideal, formulated by Noddings (1984), and later formulated more specifically for education (Noddings, 1992). Because I realised that vulnerable learners would have psychological

problems, I also explored theories of psychosocial development and chose to work with Erikson (1978).

3.2. Case study

I chose a case study design within the qualitative research tradition, because the phenomenon of caring relationships between learners and teachers could thereby be studied as a bounded, two-way relationship in its real-life context (Merriam, 1998). The design allowed me to do a detailed description of this mode of care in two rural schools and may contribute to a better understanding of caring relationships as a school-based mode of care. (Rule & John, 2011). The study should be seen as an instrumental case study, as described by Rule and John (2011), as I have identified an issue (school-based care and support for vulnerable learners) and then selected a specific case (that of the caring relationship between teacher and learner) that I wanted to investigate in order to better understand the larger issue of school-based support.

The case study is interpretive in nature because its purpose is to describe, understand and interpret the phenomenon within a particular context. The first step was therefore to construct a rich, thick description that could illuminate the school-based caring relationship and how it was different from other modes of care. I looked for multiple cases that could provide breadth and depth to the description, as is explained below under sample selection. The next step was to use aspects of Erikson's theory of psychosocial development and Noddings' method of caring to interpret these caring relationships in a poor, rural context.

I expected the socio-economic attributes of the geographical context and the school's own history of low achievement to have implications for the needs of learners and the responses from teachers. As Rule and John put it: "Contextuality is a very important aspect of case study research," (2009: vi) and Merriam writes: "Interpretive research assumes that reality is socially constructed, that is, there is no single, observable reality" (2009, p. 8). The context is therefore foregrounded in the interpretation of the caring relationships as the "present reality that informs people's lives" (Rule & John, 2011, p. 48).

My criteria for the context (schools) were that they had to be rural quintile 1 schools, and that they had to be in the same education District, so that they would have similar infrastructure and have access to similar resources. Further, the schools were known to be struggling academically, since the cluster from which the schools in the study were drawn had been identified by the School Improvement Project where I worked as the worst performing cluster in the District. I used a strength paradigm as opposed to a deficit paradigm, in response to the criticism in the literature that deficit paradigms are not useful in obtaining constructive solutions (Moletsane, 2012; DBE, 2005). I did this by focusing on the "dynamic interactions" of people who "live, learn and work in these communities" through the participation of those directly affected (Moletsane, 2012, p 3).

I further aimed to explore the way caring relationships functioned in a context that differs from that in which Noddings developed her approach. She holds a Western, developed world perspective on learner's needs and on the nature of schools. This is evident in quotations such as "in today's typical classroom…" which is illustrated by statistics from a Girls Scouts of America survey (1992: 1), and "Schools were not always like this. When my husband and I were in high school…" (1992:2), clearly indicating a singular perspective on the nature of schools, and by extension on the nature and function of caring relationships between teachers and learners.

3.3. Sample

I chose to do my study in high schools because the children would potentially be more articulate about their problems and feelings than primary school children. This was for two reasons, one being that they were older and so more able to talk about their feelings on sensitive topics such as death and sex, and also because their command of English would probably be better than in the primary school.

I was looking for typical cases, rather than diverse or extreme cases, as described by Rule and John (2011). The definition of vulnerability among children is wide and fluid; therefore I was guided by the literature on rural contexts in setting up criteria for the child participants in the study. The indication is that poverty is the main socio-economic problem, followed by a large percentage of children living without parents,

and high levels of HIV infection (DBE, 2005). I chose to include only AIDS-orphaned children in my study, because I wanted cases where learners would potentially have very severe needs that affected many aspects of their lives, including their lives at school. It is my understanding that these needs do not represent “extreme cases”, as defined by McMillan and Schumacher (2006), but were typical of the needs in the context and would therefore provide a useful contrast to Noddings’ “usual academic and personal problems.” (1998, p. 69)

I used purposeful sampling because it was a small sample and I wanted it to be potentially as useful as possible (McMillan & Schumacher, 2006; Cohen, Manion & Morrison, 2011). I realised that it would be difficult to identify AIDS-affected children because of the stigma and secrecy surrounding the disease. Sampling methods in other empirical studies relating to AIDS-affected children used local clinics to identify AIDS-affected children and to obtain their cooperation before their identities were revealed to the researchers (Tao et al., 2009). Other studies include AIDS-affected children in vulnerable groups without singling them out, while acknowledging that their needs would likely be more severe (Goldberg & Short, 2012). I decided not to use any information obtained outside of the context of the school, because I was exploring the response of teachers to learners’ needs, it would be important to find out how they identified AIDS-affected learners. For this reason I decided to do network sampling, starting with the principals of the five high schools in the cluster (McMillan & Schumacher, 2006).

I included teachers in the study that were known to be sympathetic and caring and had a track record of supporting children in coping with their personal problems. I used reputational sampling by asking the principals to identify teachers in their schools whom they thought fitted the criteria (McMillan & Schumacher, 2006; Cohen et al., 2011). I further asked them to collaborate with the chosen teachers to identify learners in their schools who had been orphaned by AIDS. I did not specifically ask them to identify particular instances of caring relationships and to get the pair involved to participate in the study, because that would remove the opportunity to explore how the relationships were formed in their natural setting.

I initially interviewed two principals, four teachers and 14 learners, seven boys and seven girls, from four of the five schools. I wanted to include both genders to provide a comparative dimension. Such a large sample was necessary in order to identify

learners who were orphaned by AIDS and in individual caring relationships with teachers. After listening to, and making notes on each of the 20 interviews, I was able to select a sample of two teachers and four learners.

It happened at some schools that the sample of learners chosen by the principals and teachers changed on the day of the interview, because some learners were absent and then replaced by other learners. This could be the reason why some learners did not reveal HIV as a cause for vulnerability in their narratives. I chose a "shortlist" of learners based on interviews that indicated parents who died after a long illness. In many cases the learners said that their parents died of TB and, given the high co-infection rates of TB and HIV, particularly among migrant workers, I used it as an additional indicator of AIDS-related mortality (SANAC, 2014).

After selecting the school where I had been fortunate to interview a teacher and learner who were in a caring relationship with each other, I chose the second school based on learners from the "shortlist" who were closest in age to the learners from school 1. This was to allow comparison, to minimise possible variation and to stay as close as possible to a typical matched sample. The principals were dropped from the study because the data from those interviews did not help answer the research questions. My final sample therefore was made up of four learners, a boy and a girl from each school, and two teachers, one from each school.

3.4. Data collection

The case study design allows for the researcher to be the primary collector and interpreter of data through personal interviews, which is particularly useful for topics of a sensitive nature (Merriam, 1998). I did individual interviews in a bid to make the participants feel as comfortable and free as possible. Even when I discovered that I had a pair of participants who were in a trusting, caring relationship, I chose to interview them separately in order to preserve the integrity of information regarding the relationship. I resided in the area for a week to conduct the interviews which varied in duration from 25 to 55 minutes, with an average length of 38 minutes. Considering Cohen et al.'s guidelines on researching powerless and vulnerable groups (2011, p. 176), I did the interviews at school because it was their domain

and they did not incur any additional traveling or costs in order to participate. They were also free to leave the interview at any stage and immediately be assimilated back into their classes.

The nature of the interviews varied depending on whether the participant was a learner or a teacher. All interviews could be considered semi-structured, but seen on the continuum between structured and unstructured as described by Merriam (1998), the interviews with learners tended to be less structured and more informal in order to impose as little direction on the conversation as possible. As Cohen et al. put it:

> "A schedule is prepared that is sufficiently open-ended to enable the contents to be reordered, digressions and expansions made, new avenues to be included, and further probing to be included." (2011, p. 236)

I asked the learners to tell me their life stories, and in doing so, to talk about their lives at home, their lives at school and their lives in the community, including with their friends (see Appendix F). I came up with these categories based on the literature on orphans' needs, and because I wanted them to talk freely about different areas of their lives. This was done to see what they wanted to share and in what order the information came out. I did not ask them to tell me about caring relationships directly, but looked for the information in their spontaneous stories. I did some probing where I thought it was necessary and appropriate, but avoided too much probing because of the sensitive nature of the topic.

For the interviews with the teachers I used a more structured approach, in the sense that I had a list of questions in the interview schedule that I wanted answers to (see Appendix G). However, the interviews were conversational in nature and I explored new avenues of information as they arose.

3.5. Data analysis

The aim of data analysis and synthesis was to arrive at a description of the experience of care and caring through the reciprocal relation, including factors that lead to the forming of the relationship, and factors that determine the nature and function of the relationship. My expectation was to find formal systems of care in the

schools under the leadership of the principals, which were organised around whole school interventions and individual caring and mentoring relationships. After reading the literature on similar studies and the theories of Erikson and Noddings, I bracketed my prior knowledge and beliefs about caring relationships (Merriam, 2009) to let the data speak for itself in the first phase of analysis.

At the time of data collection, I coded each interview with the number of the school (School 1 and School 2), a pseudonym for the participant (of which I kept a separate index matched to the real names), the age and grade of the learners, and subjects taught by the teachers. As a first step in analysing the voice recorded data, I transcribed each interview as closely as possible, without including general discussions that were off topic (see Appendix A).

In order to understand what constituted my data and what the relationships were between different concepts, I followed the process of analysis as described by Mouton (2001) by breaking up the data into manageable themes. I did this by studying the transcriptions of the learner interviews and identifying emerging themes in the three categories I had initially used to structure the interviews: life at home, life at school, and life with friends and the community. These themes were then recorded onto a spreadsheet and illustrated by quotes from each of the participants. It soon became clear that these were too superficial and that the learners' needs did not fit neatly into only one category but tended to cross categories. I then put together themes as they related to the three research questions (McMillan & Schumacher, 2006).

I then began a process of synthesis by interpreting the themes with the help of my chosen theories (Mouton, 2001). I used the framework of Erikson's theory of psychosocial development to help me interpret the learners' psychosocial needs and the social institutions where they looked for caring relationships.

I coded the data from the teacher interviews according to emerging themes. These were: identification of orphans, modes of care and support, and HIV awareness and stigma. Again, I included illustrative quotes. Modes of care and support were linked with the needs of learners, and the next step was to collate the data from the participants in each category, taking note of similarities and differences in order to have two points of view on the caring relationship. I particularly looked for patterns

showing how caring relationships were initiated, established and maintained, and also looked for the reported impact of the support learners received (McMillan & Schumacher, 2006). I was then also able to identify some meta-themes between my findings and that of the literature and theory (Badenhorst, 2008).

3.6. Rigour

Rigour refers to “a thorough and disciplined approach” (Rule & John, 2011, p. 5) to research, particularly in the qualitative tradition where the concept of trustworthiness is more useful than reliability and validity, as defined by Guba and discussed by Rule and John (2011). Trustworthiness “promotes values such as scholarly rigour, transparency and professional ethics.” (2011, p. 107)

In order to ensure trustworthiness of my findings, I started with a broader pool of data as a form of checks and balances to my chosen method of network sampling. I was therefore able to select participants for the final sample who best fitted my criteria, based on information they gave me personally. I kept note of steps in the research process in my research journal, with dates, places, names and discussion topics.

My interview schedules were informed by the literature, and I was able to refine the questions as I conducted every subsequent interview. Inherent to qualitative analysis, and to the process of conducting interviews one after the other, is the fact that reflection happens naturally from the first moment of engagement with participants (Merriam, 1998). In this spirit, I adapted my research questions after each interview, based on the responses I received. In the same way I simplified the wording of my explanation of the study and of some questions. I refined the questions in order to get to the heart of the matter sooner, and could collect more valuable data. I also improved my own interview skills with practice, so that in time I became a better listener and interrupted the participants much less frequently.

Because of the stigma associated with HIV and AIDS, I was very aware of the common error of social desirability effects in data collection which is where the interviewee say things that he/ she “feels will please the interviewer rather than what he actually believes” (Mouton, 2001, p 107). The learners and teachers might have

presented their stories in ways that would make them sound less terrible, or the opposite in trying to make the most of my sympathetic ear. I compensated for this possibility by probing where I thought a matter may have been glossed over, and by checking for consistency throughout the interview. However, I accept that the participants gave me an account of their reality as they chose to present it on the day, and I tried to treat it as such in my analysis and discussion. This is illustrated by the discrepancies between the "truths" told by Kefilwe and Ms Modiko about the same events and circumstances. I accept that both made choices about which details they wanted to present and which they wanted to keep quiet, and also about the ways in which they presented their stories.

I used a tape recorder to ensure that the interviews could be analysed verbatim, as recommended by McMillan and Schumacher (2006), and listened to them repeatedly to ensure an understanding that was as accurate as possible. I also provided thick descriptions with direct quotations in the narratives of the data to enhance the credibility of the findings.

3.7. Ethical considerations

I agree with Badenhorst when she says, "In research, our credibility is linked to our ethics... (of) honesty and integrity." (2008, p. 189)

This study deals with the most personal of topics, and the learners I spoke to represent a vulnerable population. Therefore I ensured that the study as far as possible was conducted in an ethical way. I obtained permission to conduct the study from the Ethics Committee of the University based on my research proposal. I received permission from the Provincial Department of Basic Education and from the principals of the schools to conduct the study. All participants signed the appropriate informed consent papers, of which an example can be seen in the appendices.

Furthermore, the selection of the sample was done in a discreet way by asking the principals and teachers, whom the learners trusted, to select and convince the learners to participate in the study, based on my criteria. The interviews were confidential, and participants were told how the data would be used. I also kept the

names of all participants in confidence through the use of pseudonyms in the recording of the data and in the report (McMillan & Schumacher, 2006). In all cases the participants and I were alone in a room for the duration of the interview, where no-one else could hear what was being said. I also gave participants the option to respond to any question with “no comment”, and assured them that they could end the interview at any time if they wanted to.

Throughout the research process and in writing the report I have endeavoured to act with integrity and with respect for those who participated in the study.

CHAPTER 4

Presentation and discussion of findings

The main claim emerging from the study is that vulnerable learners get the best support through relationships with caring teachers. Learners who do not forge a bond with a specific teacher are not able to access the same level of care and support. The ethic of care that the teachers hold, represent both the aspects of *educating children to care* and *caring for the child himself* of Noddings' moral ideal of care in schools. However, the vehicle for care is almost exclusively the individual caring relationship which here functions in the absence of the "curriculum of care" that Noddings suggests to enable a caring environment. Children's needs are mainly material and psychosocial, and pervasive in different domains of their lives, resulting from their social status as orphans who are affected by HIV and AIDS and living in poverty. Compared to the needs Noddings pre-empts in her notion of care, these are both more serious and more common. Most of the learners look to their teachers for care, or at least see them as a potential source of support. Other sources of care and support include community clinics, churches, the extended family and friends. The teachers who do form caring relationships with learners tend to prioritise their material needs, but also offer psychosocial support in various forms.

In this chapter the findings are discussed in the light of literature on the needs of affected children, the position of teachers in providing care for learners and existing school-based support initiatives. Selected components of Noddings' approach to care in schools (1984 and 1992) is further used to interpret the data, as well as aspects of Erikson's theory of psychosocial development (1978). The discussion aims to explore the importance of the findings relative to existing literature and is structured around the three research questions:

- What are the needs of vulnerable learners?
- Where do vulnerable learners look for caring relationships?
- How do caring relationships with teachers support vulnerable learners?

4.1. What are the needs of vulnerable learners?

Affected children's psychosocial, material and academic needs interact with each other, thus presenting a complex set of barriers to learning. Poverty together with psychosocial and academic problems were evident. The children's families were poor and it was exacerbated with the death of their parents. They were also stigmatised by the presence of HIV in their families which, along with the trauma of death, disrupted their psychosocial development. They had academic problems because they often missed school and were not in a mental and physical state to learn.

The definition of an "orphan" is discussed in relation to the impact that the loss of a mother has on a child, compared to the loss of a father. The psychosocial impact of being orphaned and of their care and living arrangements will be described, followed by a discussion on the effects of poverty on their lives. Next the conversation turns to the impact of HIV and AIDS on the lives of affected children, and finally the bearing of all these troubles on the academic achievement of orphans is considered.

What is an orphan?

Ms Modiko, the teacher at School 1, said that it was the loss of the mother that caused the most suffering for a child, whether she had passed away, or had abandoned her child. Fathers were often absent from their children's lives anyway and therefore a child whose mother had died should be treated as an orphan. This view is substantiated by Bennell (2005), and Goldberg and Short (2012). She also said that not even a grandmother could replace a mother. This is her view:

> *60-70% of the learners are orphans. But they are not at liberty to say to you that they are orphans. Most of them they are living with grandmothers. Sometimes the mother has just gone away and don't take care of them.*
>
> *An orphan is a child who have lost both parents. But looking at the situation around here, it says to me, no, every child need a mother. Because we are the ones who nurture them to the fullest. So if you don't have a mother, looking at them here, even if they live with a grandmother, they still suffer a lot. Sometimes they come to school without a shirt, or the shirt had been*

> *torn… But they are still having grandmothers, and not knowing where their mothers are. But their mothers are alive.*

Because the mothers of all four children in the study had died and their fathers were either deceased or completely absent from their lives, they effectively lived as "double orphans" (Bennell, 2005). Despite three of the children having always lived away from their mothers with extended family, the children felt an acute loss when their mothers died. Tshireletso described it as the loss of his defender, of someone who believed in him and cared about his ideals. He said: "I never saw my mum very much. June holidays. I never saw her from June 2004 until she came home (to die, in July 2006)... She always bought some things for me, like clothes." And after she had died:

> *I knew that now life's changing. I had to dream big in order to succeed. Because now I was on my own. I just needed help from someone, really. But I think now they are just pulling me down at home. They are crushing my dreams.*

Literature refers to this as the loss of the child's "education champion" (Case & Ardington, 2005), saying that the mother's encouragement and dedication help children succeed academically. She would often be the one to ring-fence money for education. The loss of a mother therefore has negative implications for a child's schooling, apart from the emotional trauma incurred.

Psychosocial impact of being an orphan

The children were all traumatised and distressed as a result of the death of their parents, which corresponds with other research (Goldberg & Short, 2012; Ogina, 2010). Thabang's mother died from disease when he was about 9 years old. He did not know what was wrong with her and it seemed to worry him even years later. He talked about her sickness often and at different times during the interview. It suggests that it had been a very trying time for him. This is how he talked about his mother:

And my mother, since I was young, I haven't seen her. Even now I haven't see her. I don't know what is going on with her. I am really missing her. I wish she could come and see her son, Thabang.

Ms Kgabi explained that learners missed school during mourning periods and that the trauma and depression prevented them from learning effectively once they returned to school, to such an extent that some dropped out altogether.

If the parent happen to die today, on Sunday, the learner will miss classes for five full days they cannot come to school. Even if you say to them, because you are a child, come to school. Because being with other children will help.

You see the learners cannot do their work properly, their work deteriorate. And others leave school. They drop out… just because they are too depressed, you see? … The learner now, they lose interest in education. They lose interest in everything. When the mother dies in front of their eyes just like this, after caring for the mother, hoping that the mother will... you see?

Kefilwe shared how her school work had deteriorated after her mother's death and the discovery shortly afterwards that she herself was HIV positive. In reaction to the trauma she developed a high tolerance for risk, drinking excessively and sleeping around.

Since then I was starting to give up, going to the taverns with my friends, sleeping outside, coming (home) in the morning. My life was changed then.

Sometimes I feel like, when I'm at school, I feel like I can go home because sometimes I'm… I just get upset, I don't know why. Or feeling tired, feeling like I can't do nothing today.

Tshireletso's narrative suggested that his family and community saw him as aggressive and troublesome. He said that the police had been called once to resolve a family conflict where he physically attacked his sister out of frustration. After the attack, Tshireletso ran to his uncle, where he confessed to what he had done. His sister later arrived with the police. Tshireletso felt that his sister had "influenced" his

grandmother and had also spoken on his behalf to the police. He was really scared that the police would take him away. He was clearly still distraught by this incident and reflected on it as follows:

> *After that I tried to change, because... I could not live with anyone. As a result my marks at school dropped. ... I had this dream to go and live somewhere else... I just want to leave, to live somewhere else. ... Because I was very angry, because I never thought that anyone at home would do that to me. ... I tend to make a big issue of a small matter.*

His words may suggest that the trauma and distress of dealing with the death of his parents may have been exacerbated through the stigmatization of orphans by the community, as suggested by Goldberg and Short (2012). In addition, not knowing their fathers caused great distress for the boys in the study, since both had living fathers who would not associate with them. Tshireletso knew his father's address but he had no contact with his son, even though his older siblings saw him regularly. Thabang did not know his father's name or where he lived, although he had met him several times as a small child. While he fantasised about his real father recognising him on the street, he had to accept his foster father as his own. He told the following story:

> *Father, he usually gone for nothing. He set up his mission to leave, not being with me. He set up his mission for being with my mother only… I don't know, because I was young when he usually come to my mother. I didn't realise that this is my father. I can picture him in my eyes. (If they should pass each other in the street -) maybe he will know me and he will make me happy. I usually take her (sic – foster father) as my father. Because I don't know where is my father. Where he is doing. What he is doing.*

In the same way, Nduna and Jewkes (2012) describe the psychological impact on a child of not knowing one's father, and the fact that, culturally, children are not allowed to enquire about their fathers. This is illustrated in Zanele's situation. Her father died at his place of work and over the years she had tried to find out what the circumstances were, but there appeared to be some secret that the family was hiding from her. She felt that the family's clear dislike of her father was reflected in their attitude towards her and that she was living under some kind of shame.

> *When I want something from her, she tells me that my father go away for a child… I don't know. I don't know what is going on. Because she didn't tell us. She is not telling me, alone. Everybody at home, when they want (to know) something, she say that to them.*

While this study cannot provide a psychological analysis of the participants based on Erikson's theory of development, it may contribute to understanding their need for caring relationships. Children who have had negative experiences at a certain age, may not have successfully resolved the struggle between the opposing forces of that phase (Erikson, 1978). As a result, they will look for ways to renegotiate the struggles later in their lives, in order to accomplish healthy psychosocial development. Renegotiation may be aided by positive social interactions, such as caring relationships with teachers.

Care and living arrangements

Alternative care and living arrangements cannot always repair the psychosocial damage caused by the breakdown of the family unit. Instead, the uncertainty of informal fostering processes, and often unhappy foster homes, cause great distress for orphans and have a detrimental effect on their psychosocial development (Ogina, 2010; Nduna & Jewkes, 2012; Goldberg & Short, 2012). Thabang moved in with his foster family after his mother's death when he was nine years old and he had been with them for nearly eight years at the time of the interview. He described how he formed a new identity with a new family:

> *So she came to me to take me to her place. Then it was very hectic for being with... with knowing who you are. Who you live with. So I realise that I was… I realise when I grow up I will know them. Now I know them... I enjoy, I can do whatever I like, because they are my family too. I think so. They are my... So, in my heart, I think they are. But as well as, I don't know, as well as I know, they are not.*

Shifting foster arrangements, often brought on by economic circumstances, may result in the separation of siblings and significantly higher levels of distress than for siblings who stay together (Gong et al., 2009). Thabang's only sister died shortly

after his mother and the intention was that the three remaining brothers would live with their grandmother. However, Thabang and one of his brothers were taken in by a “stepfamily”. He repeatedly described this separation as “very hectic” and wished for all the brothers to be reunited.

> *My grandmother… she was, she was going to be with us. We were going to be many at her house, at my grandmother, together, to live with her.*
>
> *So my life is hectic to be like… being with not family. Because my family it was special to me. I wish they could come back for me… And it is very hectic to be, to make family to be apart. To be like my two brother and me. It is very hectic. I wish they could, we could make one piece, one family one day. And I think this is very hectic for me. For being like this. I wish I could be with my family in this situation, because right now it's like a wheel that is running around.*

Zanele’s mother made fostering arrangements for her before she died, but these arrangements were ignored and the nine-year-old was passed from one aunt to the other. She was separated from her only sister two years after her mother’s death and she longed to live with her again, making a home with their older brother as the breadwinner. She said: “I wish to be at my home with my brother and sister, being together there. And also my brother has a child, to look after her. And he tries to look after her and after us.”

Sometimes siblings may stay together on their own, in a “child-headed household”. Ms Kgabi said that many children at her school lived in child-headed households and that the lack of adult guidance and supervision at home affected their school work and lead to irresponsible sexual behaviour and teenage pregnancies.

> *The problem is most of the families here do not have parents. They live alone, they stay alone, the kids, you see. No parents. Now they only receive this strict regulations here at school, but at home it is just laissez faire… This one also gives a lot of problems. Because even their studies... suffers. Because there is no-one at home to say, do this, do this. And then now, the rate of pregnancy becomes very high. Because there is no-one to say 'hayi, what are you doing?*

Similar to Ms. Kgabi's description, Kelly et al. (2002) also found that a child-headed household has a negative impact on an orphan's education and holds a greater risk of exposure to HIV infection. However, Kefilwe lived with her brother and cousin, without an older caregiver, and she said only positive things about her home:

> *At home… I'm just fine with my brother. We help each other and (she laughs)… yeah, we just help each other and he always advise me… I love going outside with friends. Sometimes he tells me that today I don't have to go anywhere. And we just have to watch TV and have a little conservation (sic).*

In contrast, Ms. Modiko described a different picture of the household, suggesting that living without parents in the home may have led to feelings of loneliness and depression for Kefilwe:

> *And then she actually said to me that she wants to kill herself, she wants to commit suicide... Then I asked her why and she said because she feels lonely. The mother is not there, the father is not there. The brother is a brother you know, he is working at the mines, sometimes he does not sleep at home. And the cousin drinks a lot. So every Friday, Saturday, Sunday, she is alone there.*

The literature shows that the particular biological relationship between the child and his caregivers have an impact on academic achievement (Thomas, 2010; Bennell, 2005; Goldberg & Short, 2012). Although the study did not include an academic evaluation of the participants, Tshireletso and Kefilwe had not repeated any years while Thabang and Zanele were older than their grade cohort. Tshireletso reported that he was the top achiever in his class, and he wanted to go to a more "advanced" school where he could compete with "more academic" students; he appeared to be the strongest academic candidate of the four:

> *I think, maybe if I could go to another school. (A boarding school?) Not really a boarding school, but a more advanced school, because I think I am up to the challenge. Ja, so if I am on the same level, I don't think I am going anywhere. So if I could meet more academic students I think we could compete in class. I would push hard.*

In comparing the living arrangements of the four children with their educational outcomes, Tshireletso, the most successful student, lived with his own grandmother, the female head of the household, and did not have to compete with other biological children. This confirms Goldberg and Short's (2012) observation that grandmothers make the best caregivers even if they do not provide the affection the children long for, since Tshireletso felt that his grandmother hated him and was unhappy at home. He said: "Every little something will cause war… I think she developed hatred for me."

Kefilwe, the second most successful student, lived with her own adult brother, did not have a stepmother, did not have to compete with other biological children, and appeared to manage on the combination of grants and her brother's steady income. The other two students, who had repeated grades, had worse living conditions based on Thomas' (2010) theory. Zanele, who lived with her aunts, had to compete with several other biological children and was separated from her own siblings. The household was also very poor and she believed that the other children received better treatment and a larger allocation of the available resources because their mothers looked out for them, in the same way that her mother had looked out for her when she was still alive. She reported: "Sometimes they promise me to buy me clothes, or shoes, but they didn't… (If my mother was still alive) it could be easier. She was working. She liked to look after her children and for something that they want."

Thabang lived with non-relatives and had to compete with biological children for emotional attention and resources. He felt that he did not receive the love and attention that he longed for at home and missed his own brother. However, contradicting the literature, he also said that he was well looked after. His "stepmother" collected his grant and gave him pocket money. They ate every day and he did not have to do any chores at home. He said: "She spend money to me. She buy me new clothes, new shoes, uniform, everything." However, he was not really happy in his new family and said about his life at home: "I enjoy my life little bit. I don't enjoy it correctly. The way I would like to enjoy it."

Effects of poverty

Poverty was pervasive in this area and orphans were particularly hard hit, most of them depending on the state grant for fostered children (SASSA, 2014) for their livelihood. The evidence is in line with research done by Goldberg and Short (2012), Bennell (2005) and Foster and Williamson (2000). According to Ms Modiko many grandmothers who looked after orphans without the foster care grant struggled to make ends meet:

> *Sometimes they (grannies) are poor and they live on the pension grant. And then sometimes it is not enough for them, they just pay for food. They can't buy clothes for them. Like that, you see. Sometimes they can buy a T-shirt for him, I don't know after how many months. Not enough. I mean learners today they need so many things.*

Tshireletso resented his grandmother for not buying him "nice things" like other children received from their parents. He also claimed that she would not give him dinner if they had an argument, and the possibility cannot be excluded that there may not have been enough money for food. He knew that his older sister sometimes gave his grandmother money but he believed that she did not spend any of it on him. He also said that his grant had been stopped a few years before, that he did not know why and that money was not discussed with him. It would have been illegal to stop his Foster Care Grant (SASSA, 2014), and therefore it must be considered that the money had been abused by his grandmother and older siblings.

Both teachers considered the abuse of grant money by foster families as a major problem for orphans. Ms Modiko said that Kefilwe's cousin in the same household used their grant money to buy alcohol. Ms Kgabi said that it was a common problem and insisted that some people took orphans in for the sake of the money, showing no other interest in the child's life, particularly not the child's school work. She reported:

> *The very same money (grant), it becomes a problem… You see, the learner receives R770 every month… The guardians cannot just buy Vaseline for the learner, Vaseline Blue Seal… The guardian will be the mother of another learner. This money is helping her child. You see, that's another problem that*

the government should look into. Who is receiving the money? They will say I don't have a pen today. A mere pen, you see? And the guardian receives the money. She cannot give the learner 50c to go to school, to buy sweets like other children. You'll even see... that this learner is not well taken care of.

They don't like the children, they only want this grant… You can even call the guardian, she cannot be here, she cannot be here… She is not interested.

A child had once come to her because she had no money for a school trip, while Ms Kgabi knew that her guardian received an orphan grant on the child's behalf. Only after she confronted the foster mother, did the child get the money she needed for school. The child also reported being treated badly by her foster mother after the confrontation by the teacher.

You see, even here, the school trip maybe requires them to pop out something. And she will come to you and say, no ma'm, I can't go there, I do not have money. I go to my record, I check. You'll find that this learner is earning this (grant). I call the (foster) parent, say, the learner is taking such-and-such a trip, she needs money... Then she'll say (the foster parent), no I don't have money! I don't want your money. I want the government's money for this child. Or should I cancel it? She then give the learner the money. But then the learner will report, saying ma'm, I didn't sleep yesterday because of your call. Now it's another problem.

Zanele stood out as the participant who lived in the worst poverty. She shared a shack with several aunts and cousins where food was prepared on an open fire. There was no space to study. Her foster care grant expired when she turned 19 years old, as is determined by SASSA (2014), and her biggest concern was money.

Living in poverty in this community also held sexual risks, particularly for girls. Ms. Kgabi said that she regularly spoke to the girls about sexual health and associated risks, but that girls still took taxi drivers (who were relatively wealthy and considerably older) as boyfriends and engaged in transactional sex. Girls who then became pregnant struggled to keep up their school work and were likely to drop out of school altogether. She said:

> *The rate of teenage pregnancy… I normally teach the safe sex but to them (younger learners) I preach abstinence… whenever you are teaching them you see that they are so interested, they want to know more, they are so keen. But, after two months, we will see that this one is pregnant. You see? Now poverty, you see, and this unemployment, they are involved with the taxi drivers, they give them money, you see, all those things... And they start very early, at 13 years, the learner becomes pregnant. At 13 years! ... Some drop out of the school, and some will come to school, but having more problems now.*

Similarly, Ssewamala et al. (2010) showed that orphans who received money and support had less intentions to engage in risky sexual activities than the control group. When compared to Ms. Kgabi's observations, money appears to have the greater influence since her mentorship alone did not lead to a change in the girls' sexual behaviour. In a related point, Nduna and Jewkes (2012) described how one of their participants were approached by an older man in the village for sexual favours in exchange for money "to help their mother". These reports highlight the sexual vulnerability of children in the face of poverty.

Impact of HIV and AIDS

It is well known that AIDS is a stigmatised disease and it follows that stigma may negatively impact on the mental health of AIDS orphans when compared to other orphans (Zhao et al., 2011; Kwenda, 2009; West & Wedgwood, 2001; Foster & Williamson, 2000). Although it is not explicitly indicated by the data, it is assumed that all four child participants were affected by HIV and AIDS in some way, as explained in the *Method* chapter.

Kefilwe had experienced stigmatisation by her peers when she was cyber-bullied for being HIV positive and for taking ARV's. During this time she had struggled to focus on her school work until her teacher advised her on how to deal with the situation. This is her version of what happened:

You know as the youth of today, we chat with MXit, facebook, so there is other MXit groups, so they write about me. They tell everyone that I'm drinking ARV's and don't know who… And I am orphan… my mother killed by… my mother killed because she was drinking alcohol. I don't know, they rape her.

When Ms Modiko later told me about the same event, she did not mention anything about allegations of murder, but gave the impression that the bullying was purely on the grounds of Kefilwe's HIV status:

There was this thing on the cellphones where people swear, use vulgar language to each other. And then last week they wrote something about Kefilwe... and then she came to me and said, you know ma'm, they wrote these things about me. I'm HIV positive, I'm taking ARV's.

The case of Kefilwe and Ms Modiko is interesting because Kefilwe made it clear that her mother did not have AIDS and that she was murdered by her boyfriend. Ms Modiko said that Kefilwe was an AIDS orphan and that she received the "higher grant meant for AIDS orphans" (see section 5.3 for more information on the SASSA grants) and she never mentioned the stepfather or allegations of murder. This is Kefilwe's story:

Interviewer: Was your mother sick at all?
Kefilwe: She was not sick.
Interviewer: You say she was killed by a stepfather? What happened?
Kefilwe: They were fighting. I was not there when they were fighting.
Interviewer: At the tavern?
Kefilwe: No. They were living in one place and I was living with my cousin. So when I was going to school in the morning, 18th January. On 19th, no, after school, there was, my mother was… her friend. Then he asked me that I didn't see my mother since the morning and she hear someone's screaming last night… So, she don't know where is she. So they was starting… I told the… people around the village… They are starting to investigate… They get her into the toilet, inside the toilet (pit latrine). She was actually buried there, in that toilet.

The discrepancies aside, it is evident that Kefilwe was stigmatised for being affected by HIV. The stigma surrounding the virus is further illustrated by her fear to tell her brother about her status. The anxiety and distress that she endured because of her status is also clear from the story. This is how the events unfolded:

> *Kefilwe*: *When I checked, she told me to come to take my result the other week. When I get back there I find that I am HIV positive.*
> *Interviewer: How did you feel in that week when you were waiting for the results?*
> *Kefilwe*: *I was asking myself and praying.*
> *Interviewer: How did you feel when you found out you were HIV positive?*
> *Kefilwe*: *I was so scared, and crying, and… but… all she (the nurse) was doing is just to give me advice. But I did test again, because I was not sure. But I just accept that I am HIV positive.*
> *Interviewer: Did you tell anybody?*
> *Kefilwe*: *I just tell my teacher.*
> *Interviewer: And your brother?*
> *Kefilwe: Hmm-mm, I didn't tell my brother… I thought that maybe she (sic) will move out and not taking care of me… I thought that he was going to shout at me, and taking his bag, going away.*
> *Interviewer: How did your brother react when (he found out)?*
> *Kefilwe: He was just crying and told me that I don't have to give up… He just accepted and stay with me.*

Teachers said that children were not told the truth when their parents died of AIDS, and that AIDS was often not indicated on the death certificate. And, if children knew or suspected that there was HIV or AIDS in their families, they were very secretive about it. This corresponds with the literature (Xu et al., 2009) and may explain why none of the children said that their parents had died of AIDS.

Ms Modiko claimed that there was no stigma attached to HIV/AIDS, and yet she herself could hardly say the word. She said that Kefilwe's cousin told the class in a moment of anger that she was HIV positive, which indicates that revealing her status was a way of hurting her. She also said that some learners chose to keep their status a secret. These were her words:

> *At this stage most people know there is this disease, and it is just like any other disease. I think in Kefilwe's class most of the learners know that she is... that she is HIV positive [whispered]. And then they are just fine to her. They do not discriminate her. It's fine. They don't even say about... they don't even talk about it. Because she is not the only one. There are some here but they don't want to tell someone about the disease. They are just keeping it sheltered.*

When asked about her plans for the future and marriage, Kefilwe's response showed that she felt her status excluded her from a normal social life, when she said rather sadly: "I don't think I will get married. When I am HIV positive? I don't think so."

Academic support

The learners did not think that they needed academic support, while the evidence of emotional problems, difficult situations at home and absenteeism suggest that they must have struggled to keep up with their school work. They did not seem concerned about work that they had missed, particularly Kefilwe who said that she was absent on average two days a week. She explained what would happen in the maths class on her return: "If I did not write it before, I will take my friend's book and write it."

Tshireletso was the only one who did go to extra maths lessons most afternoons, and he was apparently the strongest candidate of the four. Zanele struggled to pass, but did not say that she expected academic support from her teachers:

> *I like school… because I want to finish my study. I repeat Grade 11 this year. Last year I am in Grade 11, and this year. But I told myself that I will study now to get in Grade 12.*

Thabang was already 17 years old in Gr 9, but did not seem to think that he needed academic support. It is possible that he did not repeat a grade but that there were other reasons why he was older than his grade cohort. This is what he had to say about school: "I like school. Being educated is very nice. I do my homework. I

research. I concentrate in class. My marks are very good, for being like… for me. I think I achieve better than other people."

It has been said that the schools in the study were struggling and on average did not produce good results (see p 25, par. 1, under *3.2. Case Study*). The learners' opinion of their academic work must be seen in this context.

Targeted support

Both teachers felt that AIDS orphans had more pervasive problems than other vulnerable children, in particular the trauma of death and bereavement, living in child-headed households, the abuse of grant money by foster parents and a high rate of teenage pregnancy. They said that special support should be given to these learners, but that it should be done discreetly, which indicated an awareness of stigma around the disease. Similarly, Ogina (2010) found that Mpumalanga teachers encouraged learners to hide their feelings so that they could be the same as everyone else, presumably to protect them from stigmatisation. This is how Ms Modiko saw the dilemma:

> *They need that special attention, but it is only that they don't open up to tell us what their parents died of... If we know maybe we could be giving such a special treatment, better than the others, because they need money, clothes sometimes. Even if they get grants, they need to be taught how to use the money. Because sometimes they just drink, they use it on the wrong things.*

And Ms Kgabi, who was particularly concerned about visibly singled out affected learners:

> *I can say it can help. But, knowing my learner, the situation here, like just now they are afraid, they cannot just disclose, even if they know the situation. Now, if you say, let me treat these ones who are this way… I don't think it can. You would rather treat them equally. But giving more specific... ja, giving more specific attention to those ones. But not putting them aside.*

These findings reflect the debate around targeted support in the literature. Case and Ardington (2005) are strongly opposed to preferential treatment for AIDS orphans,

while Cluver et al. (2012) argues that the evidence of persisting mental health problems in AIDS orphans justifies special support. Most authors agree that it would be unwise to reveal the cause of the child's vulnerability through targeted support programmes (Ogina, 2010; Kwenda, 2009; Bennell et al, 2002 and Foster & Williamson, 2000).

Many studies have found that the mental health of AIDS orphans is particularly vulnerable and that they are likely to suffer from fear, anxiety, grief and lack of self-esteem (REPSSI, 2009; Goldberg & Short, 2012; Xu et al., 2009; Cluver et al., 2012). After the death of a parent, children may be anxious about their own HIV status, not knowing if they or their siblings might be infected (Foster & Williamson, 2000). The last point is reflected in Thabang's remark that he had worried for a long time that he would also die of disease after he saw his mother and sister waste away in their sickbeds, but that he later realised he would be fine if he looked after himself.

The needs described here by the learners and teachers are more serious and more pervasive than the needs mentioned by Noddings in the exposition of her notion of care. This has implications for the usefulness of her approach in the context of rural, quintile 1 schools in South Africa. Provision should be made for the nature of learners' needs and the capacity of teachers to provide adequate support must be considered.

4.2. Where do vulnerable learners look for caring relationships?

Erikson's theory (1978) suggests that teenagers would normally draw on interactions with their friends and peers for their psychosocial development, but that they might attach to caring adults if their earlier psychosocial development was disrupted through negative experiences. The learners in the study mainly looked to three social institutions for support: the church, local clinic and school. Some had family or foster family members that they relied on, and some relied on their friends. Peer friendship did not necessarily replace the need for a caring relationship with an adult, as is evident in the case of Zanele.

Support from friends

Thabang had three good friends on whom he relied for moral support, saying that they took care of each other:

> *My friends are taking care of me, are helping me to do things like homework and stuff like that. And I take care of them too. And trust them and they are Kabelo, Moses and Phelo[1]. Three of them. They are my best friends and I love them forever. And they help me so much to be Thabang like me. Because my mother used to call me Thabang everyday so that I am Thabang now. I realise that I am Thabang.*

Zanele had only one friend, Lerato, whom she trusted and who supported her and they did everything together. Zanele trusted Lerato with her personal problems and Lerato gave her advice and encouragement. She said that her friend's advice helped her to cope with her problems.

> *I have one friend in the school. Her name is Lerato. She is my best friend and she is my relative and I talk to her… I enjoy being with Lerato alone.*
>
> *She talk to me then I listen to her. She said that… when my grandmother shout at me, she said that I should not talk (back) to her, I should listen to her.*

Lerato had tested for HIV and Zanele was also considering taking that step. She had discussed this with Lerato: "*I told her and she agreed to go with me,*" which shows the intimacy of their friendship and Lerato's privileged position in Zanele's life. Zanele also had a boyfriend who lived in another village. It looked like they did not see much of each other and Zanele did not share anything about their relationship.

Tshireletso said that he loved school and being with other people, although he pretended at school that all was well at home. He said:

[1] Pseudonyms

I am living a pretendance life, because I don't actually reveal my status here at school. If I had a fight with my grandmother last night, when I get to school, I change. I show other learners my friendly side.

However, he differentiated between orphans and other learners, and it seemed that he received some support from having common interests with this group: “There are many of them (orphans). My friend is also an orphan. We also talk to one another, we support one another.”

As discussed earlier, Kefilwe felt stigmatised by her peers and as a result found it hard to trust any of them. She said that she had no close friends whom she trusted with her “secrets”. This is how she described the other learners:

I don’t have friends that I can trust here around… They are not good people… I’m talking with them at break, or when I am waiting for transport… They are just a good friend for school… Actually I don't talk to the learners, I just talk to my teacher when I have a problem… When I take a look at my classmates, I don’t think I can trust one of them. Because we always shout each other sometimes, and not helping each other.

Support from family

Two of the learners were lucky to have siblings that were like friends to them and supported them. Kefilwe said that she enjoyed being with her brother and that he sometimes asked her not to go out but to spend time with him at home, watching TV and chatting. Thabang had formed a relationship with his foster brother over time and said that they did homework, watched TV and played TV games together. Both Zanele and Tshireletso were separated from their siblings and did not seem to maintain the relationships.

Supporting adults in the family were harder to find. Kefilwe was exceptional for forming a bond with her aunt, who lived in town some distance away. Her aunt collected Kefilwe’s grant and managed her money. They saw each other once a month when Kefilwe went to town to collect her pocket money and do her shopping.

She trusted her aunt with her money and their caring relationship seemed to have been based on practical support.

After eight years with his foster family, Thabang had built a caring relationship with his foster parents having had a rocky start. From his narrative it looked like the care he received from them was mainly material in nature, but they also provided security for him, since he said that he accepted his foster father in the absence of his own father, who had abandoned him.

In contrast, Tshireletso and Zanele both felt isolated in their homes because the adults did not seem to have their best interest at heart and did not give them affection and moral support. They also felt that they did not receive the physical and material care that they needed at home.

Support from social institutions outside the family

When orphans did not find security within their biological or foster families, they turned to other social institutions, such as the church, the local clinic and the school. Zanele sang in the church choir along with her friend Lerato and wanted to make gospel singing her career. This suggests that she felt acknowledged at the church and that it provided her with some form of identity. Kefilwe regularly visited the community clinic where the nurse and social worker gave her advice and encouragement along with medical attention. She describes one of the occasions:

> *I went to the clinic last year… A social worker there… Because she was… helping a lot when my mother died. She was not sick, she was killed by a stepfather. So they helped me about that, a counsellor, to get back results at school.*

Kefilwe also purposefully selected teachers at her school with whom she could share her problems and possibly form caring relationships. When her mother died and when she found out that she was HIV positive, she turned to her Life Orientation (LO) teacher for help after hearing a message on the radio. When she moved on to FET, she also confided in her new LO teacher. She later chose to share her story with Ms Modiko, the English and Geography teacher, because she used to talk about life's challenges in class. This is how she explained her decisions:

That Ms Mokoena[2], she teach me LO. And Ms Modiko is the one I trust. So sometimes when I listen to the radio, I just hear that the teacher who teach LO in other schools she is the one you have to tell her your problems. So that's why I realised that I have to tell.

(I chose Ms Modiko) Because every time when she teach at the class she just sometimes telling us about what life is and the challenge of life.

Tshireletso saw some teachers as supportive, sympathetic and caring, while others were "too harsh" and uncaring. He formed a bond with one of his teachers, but she was the one who initiated the relationship. She "adopted" him and invited him to her house on weekends. Tshireletso also had other suggestions of how the school could support orphans, saying that teachers should set up and facilitate support groups at school for vulnerable learners, with motivational speakers and individual sessions with social workers.

Zanele did not have a caring relationship with a teacher at school but particularly liked her Setswana teacher because she was friendly and kind, but she did not forge a bond with her. She could not come up with suggestions of how the school could support her, saying: "*Something like helping me?*", as if that was not something she had thought was possible. She broke down into tears and said, "*All I want is the money to finish my school*." At this stage she could not come up with any other ideas of how the school could support her, but instead repeated "*I don't know*" several times through her tears. Later, when asked what kind of teacher she would be and what she would do to help learners, she managed to say that she would speak to the parents of the children who suffered, and made sure that they did what was right for their children. This indicates that she could see teachers as a possible source of care and support and that having her friend Lerato in her life did not necessarily replace her need for a relationship with an adult who took her problems to heart.

Thabang may have received the necessary care and support from his foster parents and in his friendships with his peers to renegotiate any psychosocial development regressions he might have experienced, as there was no indication that he looked to the school, community or his extended family for an individual caring relationship

[2] Pseudonym

with an adult. When asked what he thought the school could do to help him, he only spoke of teaching and coaching soccer. He said:

> *To teach me very hard. To be educated. To bring things in life. To bring things in world… Maybe they can help me to play football…I can be focus on it, because I know it very well. I am good, very.*

Argument for school-based support

Many scholars and government policies say that schools are ideally placed to provide care and support for vulnerable children. Visser (2009), Kinghorn et al. (2002) and Bennell (2005) all promote the idea, while the new Care and Support for Teaching and Learning (CSTL) initiative of government (DBE, 2012) aims to coordinate various care initiatives based at the school. Many teachers feel obligated to care for vulnerable children in their classes although they have different opinions on whether it really is their responsibility (Ogina, 2010).

Similar to Ogina's (2010) and Williams' (2010) findings, the responsibility of care caused tension between the teachers' roles as educators and carers, and between staff at the school. Ms Kgabi felt that all teachers should work together as a team to support and care for learners, but that some were unwilling. She argued:

> *All the teachers should take learners at heart. There must be a rule saying all the teachers must treat these learners with this kind of treatment, you see? Not to discriminate. Not to make the learners worse. You know that sometimes situations how I treat the learner makes the learner more vulnerable, you see? Saying no, I don't have parents, even at school I don't receive this care from them. I don't care... I would say, all the teachers should... There should be a rule stating that.*

Ms Kgabi further said that all teachers should be trained for the responsibility of care, and Bennell (2005) makes the same point, further arguing that an enabling environment must be created for teachers to fulfil their pastoral roles. Ogina's (2010)

study also indicates that teachers want to be endorsed in their roles as carers. Mrs Kgabi said:

> *Oh yes, yes. Because I cannot just run the whole school, because I am the only one here, LO teacher, in the whole school. Unfortunately. Just like what they did with us the LO teachers - we went through this peer education on HIV and AIDS, it also helped. Now if all that, the teachers can be trained... Because we are not the same... That's why I see the necessity of training all of us.*

Ms Modiko said that certain personalities were more inclined to care and that some teachers did not have the means to provide material support for learners, but that more teachers should share the burden. This was her view:

> *We are individuals. Or maybe it was because I was new. I'm not… I have been here… this is my fourth year. So, looking at the situation, some of them, it's like they don't care. Some of them don't look at the situation like I do. You know, because I am from different school, I come from the rural… the school in the periphery, from *** (name of village), from that side. So I mean, I've got that at heart, looking at things like that, with a different eye like that… I think teachers should all be doing that. Because all the learners cannot just open up to me. They choose who to open to. I cannot manage. I can help maybe two or one, because I've got also my own kids to look after.*
>
> *Help means money, clothes, food, giving, doing things for the learners. Maybe this is a burden to certain teachers.*

Noddings (1992, p. 39; 69) also argues for the creation of caring schools, where the pastoral role of teachers and the teaching of life skills will be prioritised. However, she disagrees that teachers need training to fulfil these roles and rejects arguments that moral education is the job of psychologists and counsellors, or restricted to parents. She argues that all intelligent and decent adults can advise students on common problems out of affection and regard for the child, as our human responsibility. However, it is important to take the difference in context between

Noddings' notion of care and the South African reality into account when the needs of the typical adolescent is discussed.

Noddings (1984) cautions against becoming overburdened by the responsibility of care, because then teachers too would need care. Both teachers were engaged in caring relationships with several children and were aware of their own limitations, expressing the desire for more teachers to become involved because the need among learners was so great. This is illustrated by the fact that Thabang and Zanele did not find a special teacher at the same school where Ms Kgabi so passionately cared for vulnerable learners.

Apart from getting more help from their colleagues, both teachers also wanted professionals from the community, such as nurses and social workers, to be more involved in caring for learners at the school. Ms Kgabi reported how she had involved community members in HIV education at the school:

> *I also call the nurses to come and help, just to give them more information about the diseases. Sometime back, some years back, I also informed those who were infected from my village because they volunteered to. I came with them here, they discussed this with the learners, give them the lot of information.*

While Nelson et al. (2002), Kinghorn et al. (2002) and REPSSI (2009) suggest that NGOs working in the community could help alleviate the burden of care in the schools, there were no NGO activities in these schools. There were also hardly any professionals living in the rural area around the school and state resources, such as remedial teachers and social workers, were scarce. Resource poor communities make initiatives such as the Care and Support for Teaching and Learning initiative (CSTL) (DBE, 2012), equally unrealistic. The DBE's *Action Plan to 2014* (DBE, 2011) states that schools must become centres of care, where access to social and medical services is facilitated, and where teachers take a more nurturing role in learners' psychosocial wellbeing, but the *Action Plan* acknowledges that there is limited capacity amongst teachers in the area of psychosocial support.

On the other hand, Kwenda (2009) cautions against seeing schools as centres of care because schools can be hostile environments for AIDS orphans, full of "others"

from whom they must keep their secrets. Interestingly, Tshireletso said that there were many orphans at his school who were in the same situation as him and that they supported each other. In his case the school brought him in contact with likeminded peers, in the absence of a supportive family.

My findings suggest that schools are ideally placed to care for vulnerable learners, but that caring in schools is still very much an individual ethic. As such the supply cannot possibly meet the demand and rural communities are too under resourced to support the school. Initiatives such as CSTL are not yet established in these areas because they require a strong infrastructure and good co-ordination. Instead, teachers are doing what they can on an individual level to alleviate the suffering of vulnerable learners in their schools.

4.3. How do caring relationships with teachers support vulnerable learners?

The forming of a caring relationship

Noddings' concept of care through individual relationships has been explained in Chapter 2. Below is my graphic interpretation of the caring relationship as it is initiated, formed and developed (figure 1).

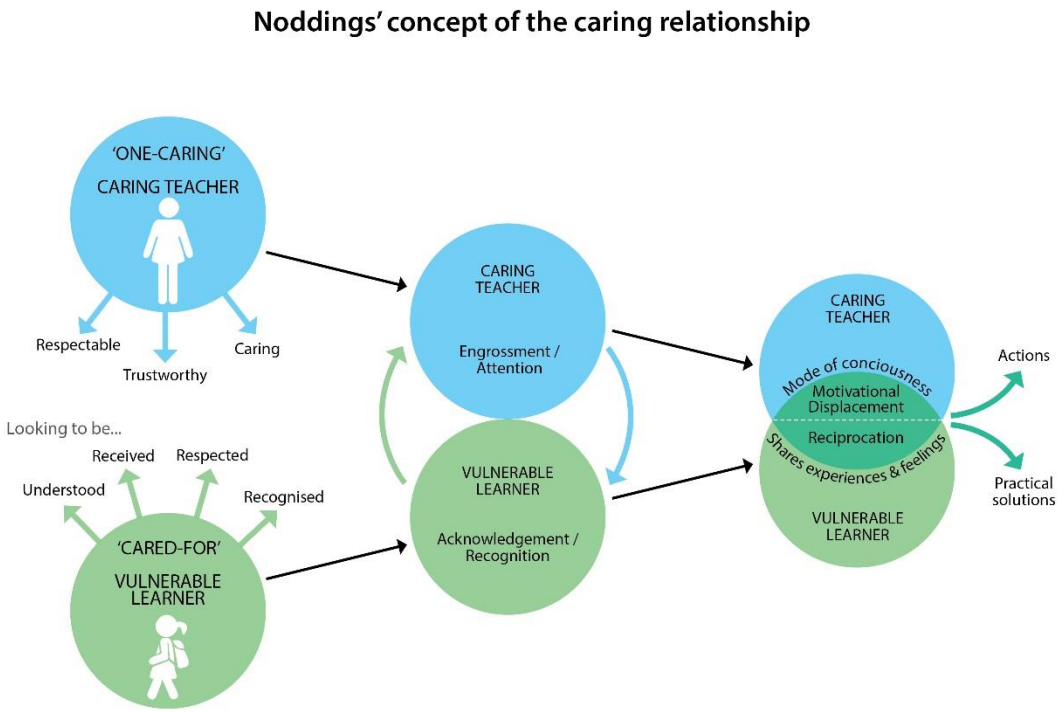


Figure 1: Graphic interpretation of the caring relationship envisioned by Noddings

The first pair of circles represents the initiation stage of the relationship. Noddings does not give much detail in her concept about the start of a caring relationship apart from saying that teachers should, at the very least, be respectable, trustworthy and caring before learners would consider sharing their personal problems with them. Noddings is also vague about the nature of the learner's needs that may prompt a caring relationship, and only says that all learners have the need to be understood, received, respected and recognised (Noddings, 1992).

The data from the study shows that caring teachers sent out signals that indicated their sympathetic nature, hinting at the possibility of engrossment and attention. A good example is Ms Modiko who used her English and Geography lessons to talk about life's challenges, as Kefilwe explained: "Because every time when she teach at the class, she just tell us about what life is and the challenge of life." Ms Modiko herself said that a teacher's caring nature was evident in her attitude towards the learners: "It is how you look at the learners and how you communicate with them, that they feel free to talk to you."

Similarly, Ms Kgabi explained how she built a relationship of trust with the learners coming into her Life Orientation class at the beginning of FET, because, she said, if there was no trust, the learner would never open up to her and talk about his problems:

> *Normally, starting from January the Grade 10s… for the whole month of January I don't go to the syllabus, I only tell them moral things. I just want them to feel free when they are with me, so that they are able to open up. When they are now in Grade 11, in Grade 12, there I don't have a problem.*

At the same time vulnerable learners sent out distress signals based on their material and psychosocial needs described earlier in this chapter. The teachers used these signals to identify learners who were vulnerable, reporting a range of indicators, such as patterns of absenteeism, not bringing food to school (this was before the NSNP was implemented), visible poverty in the child's appearance, reports of vulnerability from other learners and knowledge of the type of grant the child received. Ms Kgabi explained that the grants indicated the status of the child because children orphaned by AIDS received a larger amount:

> *Now you say to them, they like to receive this orphanage grant… Now my experience told me that… we have the R440 for orphans, but for the HIV orphans it's R770. Now if I call them and say to them how much do you... And she says R770, and that one will say R440... Now I detect from that... now the parents were either killed by the... you see?*

This indicator proved to be a mistake, because according to the South African Social Security Agency (SASSA) the “Foster Care Grant”, which Ms Kgabi called the “orphanage grant”, was not more for children whose parents died of AIDS.

Ms Modiko reported how she identified vulnerable learners by noticing those who brought no food to school:

> *When they are absent from school, continuous absence, then I check on why, the reasons why they are absent. And then sometimes during break time when they have to go, before this nutrition programme was here, they will just lie around here, stand around here at break time having nothing to eat. Then I will call them and ask them why they are standing not having anything to eat. Then they tell me that they need some help, that they need money to maybe find something to eat.*

Her caring relationship with Kefilwe started because she followed up on the girl’s continuous absence. This how Kefilwe reported on forming a bond with Ms Modiko:

> *Here at my school I told Ms Mokoena and Ms Modiko that I am HIV positive. But I didn’t drink my treatment. Since maybe May I start drinking my treatment and tell myself that I am going far away with… I am going far away, living with no-one who will help me or support me. Then my teacher was always writing… When I was absent she wrote a message to me that I have to come to school. She will help me. I come to realise that maybe it will be better for me if I listen to her and I’m accepting her support. That’s why I’m coming back.”*

In some cases the teachers were familiar with the family and knew if a child’s parents had died of AIDS. If Ms Kgabi did not know the home situation of her learners, she used a carefully devised strategy to find out if learners were vulnerable through letting them write a series of essays revealing details about their personal lives. She explained:

> *The learners did not come to me and disclose and I was supposed to know them. So what I did was to give them essays relating to the diseases. I said*

to them they must be free, talk about anything, whether the parents at home were ill, whether… firstly I said they must write anonymous essays. I know their handwritings. Now, after writing the essays, I then detected that there are some kids... who are infected... and also who were orphaned by the disease, by HIV. And also who are affected, the relatives and whatever.

That's why now I managed to find out that there are some infected learners in this school, through the writing of these essays. Thereafter I then went back to their classes. I gave them feedback, not necessarily saying others are infected. I went through many strategies because it is very, very difficult, you see?

Thereafter I then became specific. I gave them another essay relating to that, but I changed the topic, saying, if I were infected, how will I be able to disclose this to my educator, my parent, my pastor… Now that one I think it helped me a lot. I said to them: Now you are going to write your names. I say to them: I must also help you… Now after that I now called them one by one, when after marking the essays, and discussed with them… Some of them would say I wasn't aware that I was ill until... I went to the clinic, and the clinic tested.

As a last resort teachers would ask a child directly if they could assist with any personal problems, and both teachers said that they were not at liberty to help if the child did not want to open up. Ms Modiko shared an example: “The other one, we thought she was (HIV positive), but then she is still denying it. She says she was suffering from TB. And I don't know, we cannot just force her to open to us.”

The evidence from the data supports the argument of Kinghorn et al. (2002) and Bennell et al. (2002) that schools should be involved in early identification of orphans and vulnerable children and in monitoring their wellbeing over time. However, the evidence also corroborates Bialobrzeska et al.’s (2008) finding that identifying OVC was a complicated and delicate process which was conducted in a “vague, understated, unsystematic and largely unrecorded” manner.

The extracts above further serve to illustrate the second pair of circles in figure 1, where the teacher and learner are now in contact with each other in the next stage of the relationship's development, with the teacher practicing engrossment and attention, and the learner offering recognition and acknowledgement. Through engrossment, Ms. Modiko noticed that Kefilwe was often absent, and other learners who were not eating with the others, and she asked them about it. Similarly, Ms. Kgabi made an effort to find out what problems learners had and invited them to confide in her. In both examples the learners responded with recognition and acknowledgement by engaging with the teachers in personal conversations, implying that they appreciated the interest and opening the door for the development of a caring relationship. Kefilwe even said: "That is why I am coming back." In this way a caring relationship was formed. If the learner does not respond positively, a relationship may form, but cannot develop and be sustained, because the teacher will become demoralised and despondent (Noddings, 1984).

The development of the relationship through various modes of care

The third pair of circles in figure 1 overlap to indicate the twin processes of motivational displacement and reciprocation. During this stage the relationship is developed and sustained by the teacher's mode of consciousness and the learner's willingness to share his/ her experiences and feelings. According to the feminine approach to care, motivational displacement leads to practical solutions to the problem and reciprocation leads to action. The data shows how various modes of care were employed within the caring relationship.

Teachers considered the most urgent needs of vulnerable learners to be material in nature. In fact, whenever the idea of care and support for learners were discussed with staff, they interpreted it to mean material care and support. Ogina (2010) found the same in her study in Mpumalanga, saying that emotional needs were harder to identify and that essentially learners had to first open up to the teachers. Case and Ardington (2005), and Bennell (2005) emphasise the importance of emotional and psychosocial support, saying that material support alone was not enough. Teachers also recognised that the school work of vulnerable students suffered as a result of

their circumstances, but did not identify additional academic support as an area of need.

Teachers responded to material needs by giving old clothes from their own children, one teacher made or bought school uniforms for learners with the help of community members, and also provided cosmetics and food. This support was offered within the bonds of caring relationships. Interestingly, teachers would ask other members of staff to help with material support, but not to take on a caring relationship with a learner. It also seemed that the relationship was recognised and respected by other members of staff and that it was not changed by material contributions from outside. Ms Kgabi, who coordinated the contributions, continued to be seen as the one who had the relationship with the learner. Ms Kgabi reported organising and giving material support to learners who needed clothes and toiletries:

> *Poverty is the main thing here... Now these trips… They were supposed to go somewhere to sleep there, and after choosing the learners, this one will say, 'I cannot go there, I don't have pyjamas. I don't have panties… I don't have… I don't have this and that, ne? So I explain this to the teachers, because I cannot just do this alone, I am trying by all means, you see? Not all of the teachers, you see? Some of them will say, 'let me, I'll help, I'll buy this for the learner'. And I said to other teachers, now teacher so-and-so said she will buy the toiletries... and there is this, she talked of her pyjamas, this is the hair, she must get this look. Because I think when she goes out, she must be the same. She must be like the others so that she can be free and be able to participate. Now some will help, even the males... Even the old clothes, the clothes from our kids, we do come with them to the school.*

This instance illustrates the notion of motivational displacement, because Ms Kgabi was able to empathise with the learner to such an extent that it mattered to her that the girl's hairstyle should fit in with that of her peers. It also provides evidence of the practical solutions and prompt action that are typical of the feminine approach to care (Noddings, 1984).

The two schools provided official support in the administration of grant money and both teachers also intervened where orphan grants were abused by family members and caregivers. Ms Kgabi said that she was very concerned about this problem:

> *I was looking for a strategy. Just on Monday I was helping the principal to look for these learners... because you can see from the learner that the money is doing absolutely nothing for them... These guardians receive money - for themselves! They cannot even buy food (for the learner).*

Again her level of awareness of learners' problems were impressive and showed that she maintained the mode of consciousness necessary for the development of the relationship. Another way that teachers in this study cared for vulnerable children was through counselling and giving advice. Ms Kgabi told of how she had to tell a learner that she was HIV positive because the clinic did not explain her test result to her, and that she had to counsel the girl in the wake of the shock:

> *There was a learner here last year. She came here with the results. She did not even know what the results mean. From the hospital, the clinic sent the learner to the hospital, she came here with the result saying help me read this, I don't understand. And the result said the learner was positive. How am I supposed to tell the learner that she is positive, once the nurse was unable to? Even this counselling we must also go there, through this training, where we can counsel the learners.*

In another example Ms Modiko offered counselling to Kefilwe after she was bullied by her peers on MXit. The way in which Kefilwe responded to the counselling illustrates reciprocation as Noddings (1984) describes it, where the care is accepted, even if the advice is not.

> *So I tell my teacher then she told me that I just have to ignore them and not talking to them, asking them why do they write that. So, since that… shall I leave there? I'm fine now. I know how to read my books, study. Since then I think that I am fine. I can concentrate and listen to the teacher.*

Teachers also cared for and supported vulnerable learners by providing "parental" support, the kind of support a parent would have given a child. Some teachers

“adopted” vulnerable learners, by looking out for them at school, checking up on them when they are absent, giving them money, and inviting them home on weekends. Ms Modiko had “adopted” Kefilwe in such a way, and Tshireletso also went home with one of his teachers on weekends. These teachers responded to Kefilwe and Tshireletso’s need for a safe place to sleep with an adult who looked after them, loved them and created a space in which they could be children, temporarily relieving them of their adult responsibilities and concerns. Within this kind of caring relationship, various modes of care were employed. For example, Ms Modiko spoke up for Kefilwe who was punished for being absent:

> *Every Monday she was not coming to school... And then the principal would just punish her. Every Monday she is in the group that is punished. Then I find out she has to go to counselling every Monday. Then I must tell the principal.*

She also reminded her to take her anti-retroviral medicine, and her thoughtfulness motivated Kefilwe to be more open towards her:

> *I started to come to school on September, before school closed. Then she is the one who tell me about… I drink my tablet at 8 o’ clock in the morning, so she always told me to drink it. That’s why she’s the one who helped me. When maybe I’m upset or, something that I have heard maybe, someone hurt me. I tell her that.*

Tshireletso reported that his teacher was like a mother to him, something he could not say of his grandmother who was his caregiver at home. He went to her house most weekends and studied with her son who was the same age but in another school. He said that she was always friendly, never fought with him like others, and did not see him “as a problem”. She also gave him money, which he had been saving. He reflected: “It is nice to have her as a mother figure because I never had that experience before.”

Ms Kgabi did not report having “adopted” a particular learner, but she did home visits if they were close enough to the school and followed up on absenteeism:

And if it comes to a push I can even go to… If it is local… I simply go there and see the (foster) parents. And you know, these learners, if you go home and check the (foster) parent, she becomes happy and think, you know, the teachers are also supportive.

Emotional and material support were also arranged for pregnant learners and young mothers, such as the example of the grade 10 girl whose school meal was prepared as a take away, so that she could rush home to feed her baby during break time. She was also given counselling and advice. Ms Kgabi told the story:

We have a Grade 10 learner here… the baby is now 2 months. Now it is break time, she must run home to breastfeed that child. You see the problem? But at home she cannot say I can eat this and this… So I said to her, come with a container. During break times, like now she is the first one in the kitchen. The ladies there, I told them, let her be the first one... She take her food and she go home... Her mother was saying she must leave school, because now I don't have money to buy all these things and I call the mother, said no, let her not leave school, take care of the child (baby). And she is so brilliant, so brilliant... I talk to her, saying having a child is not the end of the world. You must just study, concentrate on your studies. Because, I said to her, you must now make sure that you pass, because your child... I said to her, do you love your child? She said yes, Ma'm. I said, now is the time that you study hard...

Ms Modiko reported that she maintained contact with some learners after they had finished school, by calling them or having them visit her. She helped some of them to find jobs through her husband who worked at a nearby casino resort.

Caring for learners through "parenting" is quite different to the modes of care found in an urban township context, as shown by Williams (2010). In the rural context teachers are filling the void left by parents who passed away or went away, in contrast to the township context where teachers have to protect vulnerable learners against their own abusive parents. I would argue that it is more difficult for teachers to fight the "evil" in the community on behalf of the child, compared to stepping up where there is a shortage of sympathetic adults. On this point I have to agree with

Noddings that “parenting” seems like a natural function for most healthy adults, while confronting sexually abusive parents is a task that calls for professional assistance.

One support strategy that the school is mandated to perform, is HIV and AIDS education. The topic is covered extensively in the Life Orientation curriculum across several grades, and also touched on in other subjects, such as Geography and in certain literature in the language classrooms. Ms Modiko said that the topic of HIV and AIDS could only be raised by teachers if it was linked to the curriculum for their subject. Ms Kgabi was the LO teacher and talked about HIV as part of the curriculum. In contrast, Kwenda (2009) found that the LO teacher in his study was reluctant to talk to learners about sex, relationships and HIV because culturally it was considered inappropriate.

Surprisingly, academic support seemed to be absent in the two schools in this study. The teachers said that “extra academic support” was only offered where assessments were missed, and only if a valid reason was provided for being absent. Teachers were aware of learners who truanted, and were not keen to provide academic support to such learners. It emerges that these learners were not engaged in caring relationships with teachers because they were not responsive. Ms Modiko said: “If you know there is a problem, you can make a space for that child, but sometimes they just do it (miss school) for fun.”

Furthermore, because most teachers lived far away from school and depended on public transport, it was difficult for them to stay after school for extra lessons. Ms Kgabi set up a study group for Grade 12s even though she was not always able to attend. Mrs Modiko also described a lack of interest from the learners:

> *We've got our own things that you have to do. Because here we knock off at 16:00 and then it is already late. And then I mean, from 15:00 – 16:00 we've got 1 hour. So the learners, when it is three o'clock, they just leave us. And you stay here alone until that time. We only stay here with the Grade 12s. And the grade 10s and 11s they just leave after 15:00, you see.*

It emerged from the selection of the sample by the principals of the two schools that they did not necessarily know what the particular circumstances of vulnerable

learners were, or even who they were. They said upfront that they would have to ask the female teachers because they would know, making it clear that care and support of a personal nature was seen as an area for female teachers to address. Ms Kgabi was of the opinion that male teachers could also provide emotional and practical care and support, but only where male students were involved and only if the particular problem was gender-specific. In the example she gave, the male teacher established what the problem was and that the child needed to go to the clinic, and then referred the child back to her as the LO teacher. This male teacher did not engage with the learner in the way that is described by Noddings as a caring relationship but instead followed the system which says that learners' personal problems were the domain of the LO teacher. Mrs Modiko also seemed to accept that male teachers would ultimately refer vulnerable learners to her for support:

> *The men have... must... I mean, every teacher has to be involved in the learners. I mean sometimes a learner can choose me to help them. (Similarly) he or she can be free to talk to a male teacher. It is then that the male teacher can maybe refer her to me.*

This gender bias in providing care in schools is in line with what Noddings calls a feminine approach to care (1984). According to her the way females approach a problem, through making it concrete and imagining themselves in the problematic situation, is more desirable than the male approach of abstraction. Noddings argues for males to transcend this gender bias and to learn to adopt a traditionally female approach of engrossment and motivational displacement. The findings suggest that, in the rural South African context, this aspect of the theory may represent a cultural challenge, because gender roles tend to be traditional and hierarchical in less developed areas and may not be easily changed.

It also emerged that even female teachers followed an unofficial system whereby they would refer vulnerable children to teachers who were known for helping learners, which is in line with Foster and Williamson's (2000) and Ogina's (2010) findings. Ms Kgabi did not appear to have a problem with this when she explained: "If a child misses school, or cannot concentrate in class, sometimes the teachers refer learners to me. Because I am Life Skills… Sometimes the teachers also help."

Educating children in an ethic of care

Noddings argues that the main responsibility of a school is to educate children to be caring citizens. She describes an alternative curriculum of care, based on six centres of care, which should be implemented using a four-tiered method of modelling, dialogue, practice and confirmation (Noddings, 1992). The data from the study shows that teachers practiced all four of these methods in the absence of the "curriculum of care".

In order to model care to learners, caring attitudes should be evident at all levels of the school, between teachers, teachers and learners and towards ideas and objects. The data gives evidence of teachers' caring attitude towards learners. Learners are further engaged in dialogue by the teachers through the discussion of "life's challenges" in class and through discussing learners' problems in a quest for possible solutions, as in the example of the pregnant grade 10 girl given above.

Opportunities to practise caring were created by Ms Kgabi who believed in the power of peer counselling and support. She encouraged learners to share their experiences of being affected by HIV and AIDS and having lost their mothers. She said that in this way they could learn from each other's mistakes and feel less alone in their struggles. She also encouraged learners to share money and food among themselves. West and Wedgewood (2001) make a similar point that peer education and support are very important within a framework of holistic care for vulnerable learners. Ms Kgabi explained her view:

> *They must help each other, this learners, you see. They must be in the boots of this learner. Because sometimes… I normally tell them that tomorrow it might be you in this situation. So let us try to help this learner, by doing what? Helping her to concentrate, involving her, not just to... you see?*
>
> *I normally tell them we live to share. If we have this packet of Simbas, share it with this one also. And during these trips… when we will be alone, I normally say to them let us pop out R2, R2, R2, we eat the same meal. I don't want to see that this one at home is richer than that one, no.*

She also shared an incident that illustrated the effectiveness of her methods in creating caring learners. When one of the learners in the 11A class lost her mother, her classmates collected money to buy her a gift and wrote her a card, all on their own initiative. She reported:

> *And if the mother dies, if the mother dies, the learners in the classroom, I normally tell them to help her. To help me to help the learner… by supporting, caring. Sometimes the mother was the sole… the caregiver, the sole breadwinner at home. Now what happens during... You see, I have the class the 11 As. That one, you can say, they are very, very obedient when coming to situations like this, very caring. They'll say ma'm we are having... Sometimes back the parent of the learner died. They called me, they said ma'm, how about popping R5, R5, R5 and buying (?) and writing a message? So that the learner can feel that we are with her. We sympathise. Yes. That thing also helps. That thing also helps.*

Kefilwe also responded to the care she received by wanting to give back to her community. She wanted to become a nurse or a social worker because, “It shows me that there are some people who take care about me. So I want to take care about other.”

Evidence of confirmation can be found in Ms Kgabi’s support of the 11 As when they made plans to help their friend, and in the way Ms Modiko counselled Kefilwe when she was bullied:

> *I said, okay, because you don't know who wrote that about you, just be bold, keep your head high, take your ARV's, because you are going to live longer than that particular person who wrote about you. And just look after yourself.*

4.4. Conclusion

The needs reported by the learners and teachers in the study were commonly more serious than the needs Noddings anticipates in her approach to care. The needs as they emerged from the findings correspond with the literature, particularly the devastating impact on material and psychosocial levels of the loss of one’s mother.

Absent fathers caused distress and lack of self-esteem on top of the mental health problems that resulted from being an orphan. The data confirms that care and living arrangements may have an impact on academic achievement, but in the cases of Kefilwe and Tshireletso its positive influence must be seen in conjunction with the impact of being in a caring relationship. The findings further contribute to the literature by suggesting issues of corruption around state grants, and of the misconceptions that exist about grants in this rural community.

The data further shows that stigma around HIV and AIDS does exist, but also that many orphans are oblivious of stigma because they don't believe that their parents died of AIDS and therefore don't see themselves as affected. This could account for literature suggesting that levels of stigma were not as pervasive as previously understood. In contrast to the emphasis placed on academic needs in the literature, the learners in this study did not report a need for special academic support. This result must be seen in the context of the poor performing schools that they attend, as they did not show an accurate awareness of their own ability and achievement, particularly not the two learners who had failed. The opinions of the teachers on targeted support for AIDS orphans are in line with the literature, saying that they should get special treatment but in a discreet manner that would not contribute to stigma.

The findings further indicate that vulnerable adolescents look for care and support from their friends and siblings, but if they struggle to trust their peers, they look for caring adults with whom they can forge a bond. If they are lucky, their foster parents can fulfil this role, if not, they look to the extended family and to other social institutions such as the local clinic, church and school for caring adults that can fill the void left by their parents. The data on caring relationships as a coping mechanism adds to the literature and can be understood within the framework of Erikson's theory of psychosocial development. According to aspects of his theory, these learners are trying to renegotiate developmental deficits in their past which occurred as a result of negative experiences in a certain life stage with the help of positive social interactions.

The caring teachers at the two schools in this study are not guided by policy when it comes to dealing with vulnerable children. Instead they have responded to the

problems of orphans in their classes with their own practical strategies. This involves mainly material support but also psychosocial support, which is facilitated through forming caring relationships with a few learners. Not all teachers were willing to give material support, and even fewer would establish caring relationships with vulnerable learners. The response was therefore informal and largely uncoordinated, as suggested by the literature, and depended on self-motivated, individual teachers.

The examples of caring relationships correspond clearly with Noddings' approach to care. The relationships were mostly initiated by female teachers and were personal and practical in nature, as suggested by her feminine approach to care. The data adds to the theory by offering a description of how the relationships are initiated and formed. The relationships were reciprocal in nature, as Noddings' approach suggests, with learners responding to the teachers with appreciation and increased levels of trust. The relationships were sustained through the modes of care employed in response to the particular nature of leaners' needs. Their needs required the caring relationships to be long term, as teachers became surrogate parents for orphans.

CHAPTER 5

Conclusion

5.1. Summary of the findings

The most visible needs of learners in this study are material in nature, while their psychosocial needs are often only revealed once they have forged a relationship of trust with a caring teacher. Learners' material needs are a result of pervasive poverty in the region, and for them it is usually exacerbated by the death of their parents. They survive on the state Foster Care Grant but are often victim to abuse of the money by their foster parents. They may have mental health problems relating to the trauma of their mothers' sickness and death and as a result of not knowing their fathers. They suffer from distress and anxiety brought on by being orphaned and having to form a new identity as part of a foster family that do not necessarily offer the security they need. Their distress and anxiety are aggravated by shifting foster arrangements, being separated from their siblings and living in child-headed households. There is evidence of stigma attached to HIV and AIDS but often orphans are not aware of being stigmatised. As a result of stigma, teachers think that HIV and AIDS-affected orphans should receive special support but that it should be done discreetly.

Orphaned learners look for care and support in friendships with their peer group and siblings, in relationships with members of the extended family and in social institutions such as the local clinic, church and school. Their need for caring relationships can be understood as a way of healing developmental deficits of the past, according to an interpretation of aspects of Erikson's theory of psychosocial development.

Caring teachers report that they help learners based on an individual ethic of care, much as Noddings (1984; 1992) suggests, but they do hint at being overwhelmed by the scale of the problem. They want more teachers to become involved in caring relationships with learners, or at least in contributing material support. They

disagree on whether caring is something that could and should be expected of everyone and as a result the different roles of teachers are shown to cause internal tension for individuals as well as between staff members, particularly where resources are scarce. Some teachers want training in psychosocial care, in contrast to Noddings' argument that decent adults do not need training for this kind of work.

Caring relationships are invited by teachers who show that they are sympathetic towards learners' needs and that they are open for honest dialogue with learners towards finding solutions to their problems. A bond is subsequently formed only if the learner accepts the offer of care and confides in the teacher about his/ her experiences and feelings. Here the data adds to Noddings' theory, since she does not give much detail about the initiation and forming of the caring relationship.

The relationship is sustained through various modes of care, with material support the first priority. Teachers also offer counselling, and some "adopt" learners who then stay at their homes on weekends. Academic support is not forthcoming, although teachers are aware of the impact of learners' problems on their progress in school.

Noddings argues that a caring relationship does not have to be longstanding, but can also exist in an instance of care. The findings from this study show that, in a context of orphanhood and HIV, leaners need continuity from the relationship because the teacher becomes like a parent to the child. Even material support does not happen as an instance of support, but is embedded in the relationship of care and reciprocation.

Teachers in caring relationships practice engrossment and motivational displacement as Noddings describes it, because they empathise with learners' problems and work with other teachers to find solutions. They are good at noticing learners' needs through maintaining a mode of consciousness. There is a gender bias evident in the group of teachers who avail themselves for longstanding caring relationships with learners as they are mostly female teachers who demonstrate what Noddings refers to as a traditional female approach to care.

Caring relationships as they exist in these schools also serve to educate learners to become caring individuals as is evident in the caring attitudes of the learners that were interviewed and in the stories of peer support told by the teachers. Teachers

use all four methods identified by Noddings, namely modelling, dialogue, practice and confirmation in educating learners to uphold an ethic of care, but they are doing so without the alternative curriculum of care, as suggested by Noddings.

It emerges that the reality of care in these schools is closer to Noddings' approach to care than to national education policy as set out in the CSTL initiative. The problem is that not all vulnerable children can be helped by those teachers who currently provide care out of their own moral ethic. Noddings' view is that caring cannot be rule or policy based, but should be institutionalised through a major overhaul of the education system and curriculum, so that an ethic of care is entrenched in the daily workings of the school. Clearly, this is not feasible for South Africa at present. However, it would benefit policy makers to learn from the good practices evident at the grassroots level and to explore ways of harnessing these as a basis for a system of care in South African schools.

5.2. Reflections

My initial impression of Noddings' approach to care in schools was that it was idealistic and sentimental because I believed many people are simply not that way inclined and that it could therefore never work on a systemic level. The assumptions that I brought were possibly the same assumptions that informed the CSTL initiative, which is that a problem that is endemic to a region, for whatever reason, does not have an endemic solution. The findings of my study have shown that the personal needs of vulnerable learners compel sympathetic teachers to respond in ways that are original as much as they are practical and sustainable. The implication for policy is that solutions should be responsive in nature and should use existing grassroots practices as a starting point. Caring relationships cannot be brought to scale, it is against their nature, but they can be strengthened while issues of infrastructure and resource scarcity are addressed.

The findings of the study could have been strengthened by selecting a sample of learners that were verifiably affected by HIV and AIDS. In a larger study it would be a good idea to select participants through the mediation of local clinics, as other scholars have done. In the meantime, the results resonate with those of studies that

have worked in ways that acknowledge the secrecy and stigma surrounding the disease.

The nature of caring relationships could be understood in more detail if a sample could be selected of more pairs of teachers and learners who are engaged in caring relationships with each other. The findings of this study about the initiation and forging of the relationship could be verified through a larger selection of cases. It is equally important to understand why some vulnerable learners fail to create a bond with a caring teacher and again the findings would benefit from a larger sample of such learners.

Every researcher has to make certain choices when it comes to designing and performing a study. This project was no different, as I chose to explore cases involving youth in a deprived rural district and the insights gained into the phenomenon of caring relationships are not necessarily transferable to other age groups and contexts. Due to practical constraints I was only able to interview each participant once and could not do follow-up interviews or member checking once the interviews were transcribed.

5.3. New areas of interest

Apart from selecting a larger sample of cases of caring relationships, it would be interesting to include learners who have dropped out, to establish whether, how and why they were unable to access caring relationships at school. It could also be insightful to understand what their coping strategies are and where they look for support.

The role of the principal in creating an ethos of care in a school also warrants further research. Noddings emphasises that caring must be modelled on all levels of human relationships, including between principals and teachers and teachers among themselves, particularly in the context of HIV. If a case study could be done of a school where the influence of different role players in creating an ethos of care could be explored, it would be particularly beneficial.

The link between caring schools and poor performing schools should also be explored. Unfortunately there is often a cluster of characteristics typical to poor

performing schools, including poverty, a rural setting with a lack of infrastructure and resources, and insufficient social support. The data from this study in the context of the schools' academic performance suggests that some teachers spend more time responding to learners' personal needs compared to their academic needs. From a moral perspective this may be preferable to some, but the underlying factors that result in such a situation deserves to be investigated.

5.4. Significance of my study

The contribution of my study is fourfold: Firstly, it has a rural focus that places the impact of this particular context on learners' needs and teachers' responses in the spotlight; secondly, it recognises existing grassroots practices that are working to some extent; thirdly it privileges the voices of children in researching the impact of being an orphan through AIDS; and fourthly, through its qualitative design it will move towards a more detailed account of the impact of and response to HIV and AIDS to compliment the more common quantitative analyses.

5.5. Recommendations

I agree with Moletsane (2012) that deficit paradigms in rural research will bring us no closer to lasting solutions in education. Instead I would recommend that communities who are plagued by social and educational problems should participate in developing solutions that have their roots firmly in the reality of the context and that utilise the assets of the people for whom they are intended.

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Appendix A: Interview transcriptions

KEFILWE

School 1	26 October 2011
Female Learner 1	Pseudonym: Kefilwe
Age: 16 years	Grade 10
Father: Died of unknown disease 9 years before mother died.	Mother: Allegedly murdered by Kefilwe's stepfather
Receives HIV Orphan grant	Special teacher: Ms Modiko (Pseudonym)
Duration: 47 minutes	

Interviewer	(Introduction). Please tell me your life story, starting right at the beginning. Where were you born?
00:45	"I was born in '95 at *** Hospital. I was living with my mother, 'till last year, when she died on 19th January 2010, I starting… that is when my life started to… (clears her throat) I'm scared, hey."
01:18	"I was living with my cousins and my brother and I was living in *** (name of the village) and my school was *** Middle School when I started to know that I am HIV positive. I go to the… I went to the clinic last year at… in… 16 June or July, then they… I just get the… uhmm. A social worker there… Because she was… helping a lot when my mother died. She was not sick, she was killed by a stepfather. So they helped me about that, a counseller, to get back results at school. Then they just… I didn't tell them that I am HIV positive. But I told my teacher who was teaching me LO … And since then I was starting to give up. Going to the taverns, sleeping outside, coming in the morning. My life was changed then. My brother asked me to live with him here in *** (name of the village)…"
02:50	"Here at School 1 I told Ms *** and Ms Modiko that I am HIV positive. But I didn't drink my treatment. Since maybe May I start drinking my treatment and tell myself that I am going far away with… I am going far away, living with no-one who will help me or support me. Then My teacher was always writing… When I was absent she wrote a message to me that I have to come to school. She will help me. I come to realise that maybe it will be better for me if I listen to her and I'm accepting her support. That's why I'm coming back."
04:00	"I started to come to school on September, before school closed. Then she is the one who tell me about… I drink my tablet at 8 o' clock in the morning, so she always told me to drink it. That's why she's the one who helped me. When maybe I'm upset or, something that I have heard maybe, someone hurt me. I tell her that. She like, you know as the youth of today, we chat with MXit, facebook, so there is other MXit googles, so they write about me. They tell everyone that I'm drinking ARV's and don't know who…

	And I am orphan… my mother killed by… my mother killed because she was drinking alcohol. I don't know, they rape her. So I tell my teacher then she told me that I just have to ignore them and not talking to them, asking them why do they write that. So, since that… shall I leave there? I'm fine now. I know how to read my books, study. Since then I think that I am fine. I can concentrate and listen to the teacher."
Interviewer	Have you ever known your father?
06:00	"Yes, my father, I know him. And he died on 2001." (She was 6 years old).
	He lived with her and mum. He was sick.
Interviewer	Was your mother sick at all?
06:36	"She was not sick."
Interviewer	You say she was killed by a stepfather? What happened?
06:40	"They were fighting. I was not there when they were fighting."
Interviewer	"At the tavern?"
06:50	"No. They were living in one place and I was living with my cousin. So when I was going to school in the morning, 18th January. On 19th, no, after school, there was, my mother was… her friend. Then he asked me that I didn't see my mother since the morning and she hear someone's screaming last night… So, she don't know where is she. So they was starting… I told the… people around the village… They are starting to investigate… They get her into the toilet, inside the toilet (pit latrine). She was actually buried there, in that toilet."
08:20	While mum was alive and living with stepfather, Kefilwe lived with auntie and working cousin, they were 3 in the house.
	When mum died she started living a wild life, moved in with brother (24 years old). He is working, earning money. A different cousin (16 years old) also lives there with them.
Interviewer	What responsibilities do you have at home, looking after your brother and your cousin, but also looking after yourself, since you do not have a mother or father?
10:00	"At home… I'm just fine with my brother. We help each other and (she laughs)… yeah, we just help each other and he always advise me… I love going outside with friends. Sometimes he tells me that today I don't have to go anywhere. And we just have to watch TV and have a little conservation (sic)."
10:45	Sometimes she does the cooking. She and cousin take turns. Brother works far away from home. At 02:30 her brother wakes up to go to work, back at 16:30/ 17:00.
Interview	But every night he does come back?
11:30	"Yes."
Interviewer	Tell me a little more about your life at home.
11:45	Enjoys going out with friends, has a cellphone.
	Afternoons: cleans house, has a nap, watches TV, cooks, studies. Only studies when there is a test. During the week she does not go out and goes to bed at 21:30.
12:20	"I just study when I know that tomorrow we are writing"
Interviewer	Where do you go when you go out?

12:50	“My friend, she is living in *** (name of the village), sometimes we go to the casino resort…”
Interviewer	Where do you get transport?
13:05	(She giggles) “Oh, no, she just comes with her transport.” (Presumably “transport” means boyfriend with car).
	“We are going out, sometimes to *** (name of village). We are going to the tavern, or maybe her place.”
Interviewer	Where do you get money to spend when you go out?
13:43	“I get the money from the government.” (a grant)
Interviewer	Tell me how the grant works.
14:00	“I always get the money. Before… Every 3rd of every month, I get the money. So I just buy my clothes and all I need, I just buy. And the change I keep.”
Interviewer	How much do you get?
	R700.
Interviewer	When you first applied for the grant, what did you do? And how did you know what to do?
14:44	“My aunt (her mother’s sister’s daughter, who lives in town) is the one who go to… bank. She will tell me that I will always get the money from the grant. So every month she is the one who go to the bank and then she call me to come into town, buying clothes and give me a pocket money.”
Interviewer	Does your aunt keep the money or does she give it all to you?
15:39	“No, she keep the money. She just give me sometimes R500, or R600. And she saves the money for me.”
Interviewer	Do you miss your friends from your old village? And did you make new friends here?
16:20	“I left my best friend there. I don’t have friends that I can trust here around… They are not good people. Like, I have a friend here in School 1… She was a good friend at the first, but nowadays, hmm-mm, I can’t trust her anymore.”
Interviewer	What happened?
16:50	“I was having two friends in one class. And when I was absent they were just having a conservation (sic) about me. Then when I’m coming back to school, one of them she told me that yesterday they were having a conservation (sic). Then, when I ask, they will fight. Tell me that she’s not the one who was talking about me. And they were just shouting and fighting.”
Interviewer	So they are no longer your friends?
17:30	“I’m talking with them at break, or when I am waiting for transport… They are just a good friend for school.”
18:00	“I have a friend at *** (village some distance away). She is not the one I trust. I just like to go with him outside. She is the one who will celebrate with me, sometimes at the weekend.”
Interviewer	Who is there that you can talk to about being sick and about your mum, or do you not really talk to anybody about that?
18:35	“I just talk to one of my friends. But this was a long time ago.”
Interviewer	Do you trust her?

18:45	“No. I don’t trust her. And actually I don’t talk to the learners. I just to talk to my teacher when I have a problem.”
19:00	Teachers are Ms *** and Ms Molefe.
Interviewer	Why did you choose them? Why did you feel that you can trust them?
19:14	“That Ms ***, she teach me LO. And Ms Modiko is the one I trust. So sometimes when I listen to the radio, I just hear that the teacher who teach LO in other schools she is the one you have to tell her your problems. So that’s why I realised that I have to tell.”
19:40	Kefilwe talks to the LO teacher because she was told to. But she feels more comfortable with another teacher, so she prefers to speak to her.
Interviewer	What did this teacher do that made you decide to trust her?
20:00	“Because every time when she teach at the class she just sometimes telling us about what life is and the challenge of life. And she has always… So, if I’m not, I’m absent, she’s the one who…”
20:40	She called Kefilwe/ sent an sms if she was not at school.
Interviewer	Did you ever worry that she was calling because you were in trouble?
20:55	“No, I’m just feeling safe.”
Interviewer	Let’s talk a little bit about your school.
21:15	She started FET at School 1 the previous year. She came from the town to School 1. It turns out Kefilwe attended school in a rural village, but when her mother died she moved to town. Later, when she started “living a wild life” she went back to the villages to live with her brother. This is all in the space of 2-3 years.
Interviewer	I get the sense that you don’t feel very safe at this school. You don’t engage with people, you just come here to learn. Am I right?
22:00	“Yes, you are right.”
Interviewer	Do you think school is harder for you than it is for other learners? Do your personal problems make it difficult for you to learn?
23:08	“Yes, sometimes I feel like, when I’m at school, I feel like I can go home because sometimes I’m… I just get upset, I don’t know why. Or feeling tired, feeling like I can’t do nothing today.”
	She says it is a physical thing, rather than emotional.
Interviewer	Since you have discovered that you are HIV positive, have you been very sick?
24:03	“Sometimes I’m just getting sick. Like, this past Christmas I was sick. I don’t know what happened in my… I didn’t have the power to come to school. I just can’t walk. I don’t know why. I was alone at home. My brother was going to work and my cousin was coming to school. So I was just alone… Three days without coming to school.”
	At the time she did not drink her ARV’s, only painkillers that her brother bought from the chemist.
Interviewer	Please tell me about the day you found out that you were HIV positive.

25:54	“I was sick (stomach), then I went to the clinic.” (This was in 2010, after her mum had died.) “When I go there, the nurse, Ms… I don’t know her name, she told me that if I check my status it will be better for me. So I decide to check my status.”
Interviewer	Did you suspect that you might have HIV?
26:50	“No, the nurse tells me to check, because I tell… she just asked me about where do I live with at home… Then I told her about my… life. Then she asked me that if it would be better for me if I checked my status so that I can face that life. Then I think that it was a good idea to… have a test. When I checked, she told me to come to take my result the other week. When I get back there I find that I am HIV positive.”
Interviewer	How did you feel in that week when you were waiting for the results?
27:40	“I was asking myself and praying.”
Interviewer	Can I ask you a very personal question? How old were you the first time you had sex?
28:00	(She laughs, embarrassed.) “No comment!”
Interviewer	Okay, then. Another personal question: Do you know who might have infected you?
28:16	“I think I know.”
Interviewer	Have you told him?
28:27	No. “He is not around.”
Interviewer	How did you feel when you found out you were HIV positive?
28:44	“I was so scared, and crying, and… but… all she was doing is just to give me advice. But I did test again, because I was not sure. But I just accept that I am HIV positive.”
Interviewer	Did you tell anybody?
29:20	“I just tell my teacher.” (Her LO teacher in Middle School)
Interviewer	And your brother?
	“Hmm-mm, I didn’t tell my brother.”
Interviewer	So he doesn’t know?
29:27	“He knows, because after telling my teacher, then I just… I was just live like HIV, going to enjoy with other friends. So my teacher ask my aunt to come to school. Then she told me (sic) about me… I was so scared and when my aunt told me that why do I don’t tell her that I am sick? And she was upset, that’s why she told my brother too.”
Interviewer	Why did you not tell your brother?
30:49	“I thought that maybe she (sic) will move out and not taking care of me… I thought that he was going to shout at me, and taking his bag, going away.”
Interviewer	How did your brother react when your aunt told him?
31:06	“He was just crying and told me that I don’t have to give up… He just accepted and stay with me.”
Interviewer	Did you tell any of your friends at school (Middle School)?
31:54	“I told one of my friend there… She was sick too, but she was not HIV, it was the TB. We were having a conservation (sic) at the clinic when we wait together, and I was just... Firstly I ask her what

	that she was at the clinic. She told me… she was just ignore me and crying. And I was asking myself why she has to cry instead of telling me. But I just decided to tell her first so that she can be open to me. And I tell her. After telling her, she were… she just to tell me too, but she had the TB."
Interviewer	Are you still friends with her today?
33:00	"No, she is far." (In town)
	Kefilwe has not told any of the children at School 1 about her status. She does not think that she can trust any of her classmates.
33:25	"When I take a look at my classmates, I don't think I can trust one of them. Because we always shout each other sometimes, and not helping each other."
Interviewer	Please tell me more about your life at school. When you are not feeling well, do you stay at home, or do you come to school?
34:18	"If I stay at home, I will call one of them and tell her that I am not coming to school because of this and that."
Interviewer	If you were feeling sick when you were at school, what would you do?
35:00	"When I am not feeling good, I am just staying at home. Or sometimes when I am coming to school I just tell my… Ms Modiko that I am not feeling good today. She will tell me just to go to the clinic and coming back to school."
	Kefilwe would then walk to the clinic, some distance away from the school and afterwards come back to classes.
Interviewer	What do you think the other kids at school think of you?
36:20	(Very long silence) "I would… other people… I will… Hmm-mm, no comment."
Interviewer	What about teachers? Are you a good student?
37:04	"As for me, I think I am a good student… When I have a homework I make sure that I have to submit it."
	Kefilwe thinks that the teachers also think she is a good student.
Interviewer	How often are you absent?
	"Once a week… If I will be absent maybe two days a week, one day I will call a teacher or write an sms, the other one I will go to a clinic. So that I can give them a paper that I was sick."
Interviewer	How do you catch up on the work that you have missed? Are the teachers helpful?
38:35	"If it is the time to submit the work, I will write the correction when they are busy writing. I will do a correction, or if it is too early to submit, I will write it. I find they will give me a question paper then, I will answer."
Interviewer	What happens when you have missed new work, for example in maths?
39:28	"If like, we didn't write it before, I will write… I will take my friend's book and write it down."
40:00	There are no extra lessons offered at the school.
Interviewer	What is the best part of the school day for you?
	Sports day (presumably she means when they have physical education). "I have to exercise."

Interviewer	What do you want to do when you have finished matric?
40:45	“I like to be a nurse or social worker.” She does not sound very certain about her plans, but with some encouragement says that she will go to a college in town. Her aunt is saving money for her and her brother will also help financially.
Interviewer	Why a nurse or social worker?
	“Because I think, like now I’ll… It shows me that there are some people who take care about me. So I want to take care about other.”
Interviewer	What about becoming a teacher? Aren’t they also caring?
	(Laughs) “I don’t want to be a teacher.”
Interviewer	How do you think HIV impacted in your life? (Here I gave lots of examples, such as feeling sick, having to take tablets every day and having to keep secrets from people, but I did not really give her a chance to answer. I ended up asking her about her plans for the future and if she thought she would get married.)
43:00	“I don’t think I will get married. When I am HIV positive? I don’t think so.” (Her voice is very small and sad.)
END	

TSHIRELETSO

School 1	26 October 2011
Male Learner 1	Pseudonym: Tshireletso
Age: 17 years	Grade 11
Father: Known, but no contact.	Mother: Died of TB after a long illness
Received Orphan grant but it had been stopped for no reason	Special teacher: Yes, female (name not given)
Duration: 30 minutes	

2:00	I don't think I am living a normal life.
2:22	Therefore (because of conflict with gran) I find it difficult to study at home. I made my own plans, now I study at school.
2:55	I am living a pretendance life, because I don't actually reveal my status here at school. If I had a fight with my grandmother last night, when I get to school, I change. I show other learners my friendly side.
3:27	Sometimes I do not eat at all at night, because she is the one who buys food in the house.
3:45	She never buys me some clothes, nice things, like other learners do.
5:35	Every little something will cause war.
5:38	It is nice to have her as a mother figure because I never had that experience before.
8:04	When I get home I just do some work and sleep.
9:00	(presumably household chores rather than school work). If I go out after school, she will make something up and say I didn't help her.

9:44	So I developed this aggression
10:35	I tried to change, because... I could not live with anyone. As a result my marks at school dropped.
11:10.	I had this dream to go and live somewhere else... I just want to leave, to live somewhere else.
12:47.	(On beating up his sister) Because I was very angry, because I never thought that anyone at home would do that to me.
14:30	(On his problem with aggression) I tend to make a big issue of a small matter.
16:42	I get help here in school, socialising, talking to my teachers.
17:32	The other ones are too harsh.
19:00	I think I am the first in my class.
22:30	I saw her getting worse and worse. She died in hospital.
23:45.	I think she developed hatred for me.
24:20	I think I listen to my grandmother. I would never go out at night. I don't smoke. I don't drink.
24:50	(On when she died:) I knew that now life's changing. I had to dream big in order to succeed. Because now I was on my own. I just needed help from someone, really. But I think now they are just pulling me down at home. They are crushing my dreams.
25:30	I never saw my mum very much. June holidays. I never saw her from June 2004 until she came home. (to die, in July 2006)...
26:23	She always bought some things for me, like clothes.
27:00	I think I would want my grandmother to change, ja, I want her to change. I want a supporting parent.
27:00	I think, maybe if I could go to another school. (A boarding school?) Not really a boarding school, but a more advanced school, because I think I am up to the challenge. Ja, so if I am on the same level, I don't think I am going anywhere. So if I could meet more academic students I think we could compete in class. I would push hard.
27:55	I have three options. I want to be an architect because I have a drawing skill. And a geologist, and a chemical engineer.
28:45	I think if I respect my elders and my peers, they will respect me, so that is what I am doing right now. ... They would never push me away.
29:45	There are many of them (orphans). My friend is also an orphan. We also talk to one another, we support one another.

MS MODIKO

School 1	26 October 2011
Female Teacher 1	Pseudonym: Ms Modiko
Subjects: Geography and English	Caring relationship with Kefilwe
Duration: 32 minutes	

Interviewer	The principal and one of the learners I spoke to identified you as a teacher who like to help learners. How do you know which children are orphans or vulnerable, as we call them, “OVC”? Do you know that word?
01:45	“No, not that one.”
Interviewer	So, looking at your class, how do you know which learners need help?
01:55	“You won’t know until they come. We have just this forms that they fill in. The forms are written “SASSA”. And I filled most of them this year for the, especially for the Grade 10’s. They always come to me for help. And then I… with the absenteeism from school, continuous absence, and then I check on why, the reasons why they are so disaffected. And then sometimes during break time when they have to go and eat, before this nutrition programme was here, they will just lie around here, stand around here, not eating, not having anything at break time while others are… Then I will call them and ask them why they are standing not having anything to eat. Then they tell me that they need some help. They don’t have money maybe to have something to eat.”
Interviewer	Do you find that most of those learners are living without parents, or are their parents just very poor?
03:00	“Most of the learners here, let me say maybe 60-70% of them are orphans. But they are not free to say to you that we are orphans. They live with grandmothers. Sometimes the mother has just gone away, they don't take care of them.”
Interviewer	Do you think a child is an orphan when both his parents have died, or also when only the mother has died? And what about a mother who is alive, but she is not caring for her child?
03:55	“To my knowledge, I have been thinking that orphans, an orphan is a child who doesn’t have, who have lost two parents. But looking at the situation around here, then it says to me, no, every child need a mother. Because we are the ones who nurture them to the fullest. So if you don't have a mother, looking at them here, even if they live with their grandmothers, they still suffer a lot. Sometimes they come to school without a shirt, or the shirt been torn. Then I have given some of them shirts here from my son. (Barely audible:) I did all those things to them. But they are still having grandmothers, and not knowing where their mothers are. But their mothers are alive.”
Interviewer	Is it because the grandmothers are too poor, or are they just too old?
04:40	“Sometimes too poor, but… and they live on the pension grants. And then sometimes it is not enough for them, they just pay for food. And they can't buy clothes for them. Like that, you see. Sometimes they can buy a T-shirt for him, I don't know after how many months. Not enough. I mean learners today they need so many things.”
Interviewer	You say you look out for children who don’t have food. Is it because the principal told you to do that, or do you just do it because you think it is important?

05:30	“No, I mean… We are individuals. Or maybe it was because I was new. I’m not… I have been here… this is my fourth year. So, looking at the situation, some of them, it’s like they don't care. Some of them don't look at the situation like I do. You know, because I am from different school, I come from the rural… the school in the periphery, from *** (name of village), from that side. So I mean, I've got that at heart, looking at things like that, with a different eye like that.”
Interviewer	Do you think it is something that all teachers should be doing, or is it not for everyone?
06:10	“No I think they should all be doing that. Because I cannot, all the learners cannot just open up to me. They choose who to open to… I cannot manage. I just said I can help maybe two or one, because I've got also my own kids to look after.”
Interviewer	€ About Kefilwe, do people know about her HIV status at school? In this community, is it okay to be an orphan, but not to have HIV in your family?
07:10	At this stage most people know there is this disease, and it is just like any other disease. I think in her (FL1) class most of the learners know that she is... that she is HIV positive [whispered]. Because at first she was absent and she has a cousin in the class. And then she just talks loosely, just like that. And then, when they are angry at each other, they just shout and she says all these things that could hurt her in the end. And then they are just fine to her. They do not discriminate her. It's fine. They don't even say about... they don't even talk about it. Because she, they, she is not the only one. There are some here but they don't want to tell someone about the disease. They are just keeping it sheltered.
07:10	But this one (FL1) she opened up to me. I see that she was absent a lot, especially on Mondays... Why do you have to absent yourself on a Monday? Then I think you are drinking a lot on the weekend and you cannot wake up... Then I found out, she has to go to counselling every Monday. And then the principal would just punish her. Every Monday she is in the group that is punished. And then I became concerned and I ask her why are you being punished every Monday (for being absent), and then she confided in me, she tells me, no, I have to go for counselling every Monday because I am HIV positive. Then I must tell the principal.
Interviewer	Are there any others?
08:55	Yes, the other one in grade 11, but she talk to the other teacher. Maybe she can come to talk to you later. And the other one, we thought she was (HIV positive), but then she is still denying it. She says she was suffering from TB. And I don't know, we cannot just force her to open to us.
Interviewer	The kids are still shy about it. There is something that forces them to keep it a secret.
09:25	There was this thing on the cellphones where people swear, use vulgar language to each other. And then last week they wrote something about FL1... and I did not know because I don’t know those things. and then she came to me and said, you know ma'm,

	they wrote these things about me. I'm HIV positive, I'm taking ARV's. And then I said, okay, because you don't know who wrote that about you, just be bold, keep your head high, take your ARV's, because you are going to live longer than that particular person who wrote about you. And just look after yourself. Because the person who wrote does not even know if she or he is positive. You could only know about this after testing. So if you have not tested, then you don't know that you're alright. And then after talking to her I could tell she became open to me.
10:30	And then she actually said to me that she wants to kill herself, she wants to commit suicide... This was two months back. Then I asked her why and she said because she feels lonely. The mother is not there, the father is not there. The brother is a brother you know, he is working at the mines, sometimes he does not sleep at home. And the cousin drinks a lot. So every Friday, Saturday, Sunday, she is alone there. She must ask herself, at my age, why, why me? Then I said she is free to come to my place. Sometimes on weekend if she, she can just come by, rather than sleep there alone.
Interviewer	Does Kefilwe have friends?
11:20	She only has one friend and I don't know why. Maybe because that is my sister's daughter. They are in the same grade. Then, wherever they are, they are together. She even visits her. She is the only one. She is very close to her, more than any other person. But I don't know what they talk, this one that…
Interviewer	Do you think there should be special care for children who are affected by HIV?
12:10	No, they need that special attention, but it is only that they don't open up to tell us what their parents died of. They are ashamed to tell. They are very secretive about that. So even though we know, we can't tell whose parents died of… If we know maybe we could be giving such a special treatment, better than the others, because they need money, clothes sometimes. Even if they get grants, they need to be taught how to use the money. Because sometimes they just drink, they use it on the wrong things.
Interviewer	Is the loneliness aggravated by stigma?
13:00	Even that they don't know how to open up. Sometimes they come and talk to me and she find that I am also like that and you didn't know because we don't talk about it. Because I have been like that for so many years, and then, here I am. I even keep it like that. Then they are going to stay there thinking that they are the only one having that.
Interviewer	Policy? Direction?
13:40	Yes, all the teachers can talk about it. Even if there is a comprehension passage that talks about HIV/AIDS then it is a chance for you to talk about it and delve deeper into it.
Interviewer	Does everybody do that, or only some teachers?
14:00	No, maybe, we don't know. Only if you come across an extract or a scenario that talks about it in your books, then you can open up

	and talk about it. Except the LO teachers, they have to talk about it.
14:45	But they know more than me! They even tell me how they can see that someone is positive. What is it that they do, what might be the causes, what they can do about it. They know everything.
Interviewer	When do the girls become sexually active?
15:10	12 years, they reach puberty earlier than before.
16:45	About Kefilwe's drinking cousin who steals the grant money.
17:30	Assistance with grants
Interviewer	Can only female teachers be carers, or male teachers as well?
20:10	The men have... must... I mean, every teacher has to be involved in the learners. I mean sometimes a learner can choose me to help them. (Similarly) he or she can be free to talk to a male teacher. It is then that the male teacher can maybe refer her to me.
	In the beginning of the year there was this one in my grade 12 class who was sick, but I think it was just an STI. And then I could tell that, because I taught them from grade 10-11, and now gr 12, you don't look the same, I don't know you like that, what is wrong? And then he said, Hu-uh, I'm fine, I'm fine. On the third week, it is then that he told me that he had been sick ever since the opening. Then I have to tell him to talk to the male teacher, because he was not free to tell me actually what was wrong with his private parts. The male teacher came back to me and said there is something wrong with this learner, we have to refer him to a clinic.
22:20	Help means money, clothes, food, giving, doing things for the learners. Maybe this is a burden to certain teachers. Sometimes a child will keep the money from SASSA to herself and come to you saying "I don't have food at home". And then, oh yes, you are going to feel shame for her, and give the money, or go and buy some food, and give.
24:40	Sometimes I find myself in the awkward situation that I cannot help. Then I just keep on promising…
Interviewer	Can community members become involved in children's lives, as carers?
26:25	Sometimes you talk to the SGB members then they can help. Then they can even go to a state of calling a social worker to the school, who can then talk to the learners and maybe see what they can do. Because sometimes they keep quiet, not telling us what is going on in their lives... Then you can refer him or her to the social worker, and sometimes call the social worker to the school.
27:30	There was a course but only some went. It was something about HIV. They were all supposed to test, so that they could encourage learners to test. But most ended up not doing it. You must be ready on a personal level.
28:10	It is how you look at the learners and how you communicate with them, that they feel free to talk to you.
Interviewer	Should there be a policy to instruct teachers to care?
29:38	You only get a chance (to check on absenteeism) when you are a class teacher and, like I said, it depends on how you talk to,

	communicate with these learners, how you actually treat them. It is then that they can actually tell you what is wrong with their absenteeism... As a class teacher you have to do that (build a relationship with learners). And if there is absenteeism, then you have to delve deeper, you must want to know why, why is it happening.
Interviewer	Catching up?
31:45	If you know there is a problem, you can make a space for that child, but sometimes they just do it (miss school) for fun. 30:10. We've got our own things that you have to do. Because here we knock off at 16:00 and then it is already late. And then I mean, from 15:00 – 16:00 we've got 1 hour. So the learners, when it is three o'clock, they just leave us. And you stay here alone until that time. We only stay here with the grade 12's. And the grade 10's and 11's they just leave after 15:00, you see.
END	

ZANELE

School 2	27 October 2011
Female Learner 3	Pseudonym: Zanele
Age: 19 years	Grade 11
Father: Died at his place of work when she was six years old	Mother: Died of disease when she was nine years old
No longer receives a grant	No caring relationship with a teacher
Duration: 40 minutes	

1:09	"Starting 2004 I get money from the department, until 2010. Then they cut the money, January this year. You get money until 21 years, but they cut it. They don't give us reason for why. Now I look after myself with money that I put in the Post Bank. What I have in the Post Bank now is R1477."
4:30	"My aunt take her to her house and look after her… It's a decision that was taken by my parents,that they have to take one of us to look after."
8:42	"My mother said to my aunt, another one, that she must take care of me. Then my aunt didn't. My grandmother is the one who took care of me. … I felt hurt, because I needed my parents to take care of me, but they passed away."
9:50	"I like to live with her (grandmother), but sometimes she is aggressive. Sometimes she hurts me. When she shouts at me, I am crying. When I want something from her, she tells me that my father go away for a child. … I don't know. I don't know what is going on. Because she didn't tell us. She is not telling me, alone. Everybody at home, when they want (to know) something, she say that to them."

12:39	and later: "Sometimes I enjoy it (at home), but sometimes I remember my mother."
14:00	"I have one friend in the school. Her name is Lerato. She is my best friend and she is my relative and I talk to her."
14:25	"She (Lerato) talk to me then I listen to her. She said that… when my grandmother shout at me, she said that I should not talk (back) to her, I should listen to her."
15:43	She said firmly: "I enjoy being with Lerato alone."
19:35	"I like school… because I want to finish my study. I repeat Grade 11 this year. Last year I am in Grade 11, and this year. But I told myself that I will study now to get in Grade 12."
21:40	"She is friendly to us, to everybody. She does not like to shout at us in school and she like to do a joke. And she does not like to hurt anyone in the school."
30:30	"Sometimes they promise me to buy me clothes, or shoes, but they didn't."
31:00	"I wish to be at my home with my brother and sister, being together there. And also my brother has a child, to look after her. And he tries to look after her and after us."
32:11	"I wish to finish school and be a gospel singer at the end. … There is no money to go to school, to another school."
35:00.	"(If my mother was still alive) it could be easier. She was working. She liked to look after her children and for something that they want."
END	

THABANG

School 2	27 October 2011
Male Learner 3	Pseudonym: Thabang
Age: 17 years	Grade 9
Father: Absent, visited. After his mother's death there had been no contact with his father.	Mother: Died of disease when he was about nine years old.
Grant: yes	No caring relationship with a teacher
Duration: 25 minutes	

0:20	"First I was living in Morule, then I was living in a poor family. Then my mother was sick, very sick, so he (sic) died in 2003… Then my stepmother came and took me to Witrandjie, at this place. So my life is hectic to be like… being with not family. Because my family it was special to me. I wish they could come back for me."
1:00	"I have many friends here, but in Moruleng I was only having friends, only poor friends and not being with good family. My mother was sick… sick and… It's hectic to be in life, in this situation like me."

1:30	"My life in this place it is very nice and my friends are taking care of me, are helping me to do things like homework and stuff like that. And I take care of them too. And trust them and they are… (names). Three of them. They are my best friends and I love them forever. And they help me so much to be Thabang like me. Because my mother used to call me Thabang everyday so that I am Thabang now. I realise that I am Thabang."
2:20	. "And my mother, since I was young, I haven't seen her. Even now I haven't see her. I don't know what is going on with her. I am really missing her. I wish she could come and see her son, Thabang."
2:45	Father he usually gone for nothing. He set up his mission to leave, not being with me. He set up his mission for being with my mother only…
3:30	My sister, my younger sister died in 2004.. or 2005... It's in 2007. I think in 2007 she died. She is sick and now I am having only my brothers. I live with them. But the one is living in Moruleng. She (sic) stays with her (sic) grandmother, and now I am living with my stepmother. And I am living with my brother too in this Witrandjie, in this place.".
3:55	And it is very hectic to be, to make family to be apart. To be like my two brother and me. It is very hectic. I wish they could, we could make one piece, one family one day. And I think this is very hectic for me. For being like this. I wish I could be with my family in this situation, because right now it's like a wheel that is running around.".
4:35	"There are two boys and one girl. One girl she is having a baby and I live with them in - . I live with them there. But I enjoy my life little bit. I don' t enjoy it correctly. The way I would like to enjoy it. I live in a sha…(ck),,, I live in a house. Three rooms. I share with my two brother, with my two... with my two... (stepbrothers?) Yes. My own brother, he live in a shack next to the house."
6:40	"20 May, that is my birthday. And I don't enjoy my burthday. They were not birthday. They don't buy me anything for my birthday. So I don't enjoy it, for being like this. For not enjoying your birthday. Its like… I don't know… Something else."
7:20	I don't know what sickness it was." /
7:45	"(My sister) she was 9-10 years. She was also sick."
8:15	" I was worried. Very."
8:45	Stepmum: "She is married and I don't know where she was living before. But she came to me to took in. And she is married. And now she is very… she is ver… eesh, it is very hectic for me."
9:23	"So she came to me to take me to her place. Then it was very hectic for being with... with knowing who you are. Who you live with. So I realise that I was… I realise when I grow up I will know them. Now I know them... I enjoy, I can do whatever I like, because they are my family too. I think so. They are my... So, in my heart, I think they are. But as well as, I don't know, as well as I know, they are not. So I enjoy being with.. being with familiy together. I enjoy."

10:30	"My grandmother… she was, she was going to be with us. We were going to be many at her house, at my grandmother together to live with her."
12:30	"They live near me, they are my neighbour.
13:08	"If I have homework, I have to do it."
13:08	"If I don't (have homework) I watch TV. Watching news, football, stuff like that… I spend (time with friends) in the weekend… I go out with them. We enjoying… like now there is a party near me. My neighbours are having a party now. We are going to enjoy it. This weekend, tomorrow."
14:20	"I don't like to drink, It's making your life difficult. Smoking is damaging your body inside. It is damaging your lungs, everything… If you don't have money, you can't buy it and you suffer… We just chill, drink cool drink."
15:30	"Maybe I was trying to have her… but hayi, I think a girlfriend she can make you to fail your tests. To do stuff like having a baby with her, falling pregnant, aah, I don't like stuff like that. I just want to be myself."
16:30	"I like school. Being educated is very nice. I do my homework. I research. I concentrate in class. My marks are very good, for being like… for me. I think I achieve better than other people.".
17:20	"(I like the teachers) very much. I like them all. Because they teach me to be like, tomorrow I will be a CEO of the company. I will be company… And I will take care of myself."
18:50	I don't know, because I was young when he usually come to my mother. I didn't realise that this is my father. I can picture him in my eyes."
19:22.	(If they should pass each other in the street) "Maybe he will know me and he will make me happy." / /
20:00	"Because at home we have a good chatting. We make things great. Because I don't have the thing about in school. I just need to focus at school, focus at home, doing ja, I don't have to do… When my brother have beaten my, I don't have to be angry, even at school, I just want to be happy at school. But at home, I just want to focus.
21;00	"To teach me very hard. To be educated. To bring things in life. To bring things in world." When pressed for something more personal: "Maybe they can help me to play football…I can be focus on it, because I know it very well. I am good, very."
22:20	"She spend money to me. She buy me new clothes, new shoes, uniform, everything." "I just enjoying being with her (sic)."
23:05	"I usually take her (sic) as my father. Because I don't know where is my father. Where he is doing. What he is doing."
23:30	"Nice teacher. I will teach them how to be, just like my teacher told me, how to be like… I will teach, one day I will teach someone nice. Then someday I will teach another to be teachers. Ja."
24;15	"Because I am a very good person, because I just live my life with my friends. And they like me very much, my friend."
END	

MS KGABI

School 2	27 October 2011
Female Teacher 2	Pseudonym: Ms Kgabi
Subjects: Life Orientation	Caring relationships with several learners
Duration: 55 minutes	

1:58	"I teach them about this disease, HIV and AIDS, throughout the school during the LO period. Then thereafter, maybe after making sure that all the learners are now understanding, I also call the nurses to come and help, just to give them more information about the diseases. Sometime back, some years back, I also informed those who were infected from my village because they volunteered to. I came with them here, they discussed this with the learners, give them the lot of information."
2:35	"The learners did not come to me and disclose and I was supposed to know them. So what I did was to give them essays relating to the diseases. I said to them they must be free, talk about anything, whether the parents at home were ill, whether… firstly I said they must write anonymous essays. I know their handwritings. Now, after writing the essays, I then detected that there are some kids... who are infected... and also who were orphaned by the disease, by HIV. And also who are affected, the relatives and whatever."
3:55	"That's why now I managed to find out that there are some infected learners in this school, through the writing of these essays. Thereafter I then went back to their classes. I gave them feedback, not necessarily saying others are infected. I went through many strategies because it is very, very difficult, you see? And sometimes you can say, because I know the parents, I have been teaching here for a long time. Some of the parents I taught them. Some of them I know that they were… they died of this killer disease, but to the learner I cannot say your parent… even if I know, I must first find information."
4:45	"Thereafter I then became specific. I gave them another essay relating to that, but I changed the topic, saying, if I were infected, how will I be able to disclose this to my educator, my parent, my pastor… Now that one I think it helped me a lot. I said to them: Now you are going to write your names. I say to them: I must also help you."
5:13	"There are this orphanage grants, and to my experience, the HIV orphans, this money is bigger than those who are… ja. Now I even explained in the classroom that you must tell the grannies to apply for the grant, and they must come to me… I helped a lot."
6:13	"Now after that I now called them one by one, when after marking the essays, and discussed with them… Some of them would say I wasn't aware that I was ill until... I went to the clinic, and the clinic tested. But for now, the problem is for now I am unable to

	determine, because these learners are so secretive… maybe they are afraid of coughing out, because some of them are aware."
7:30	"You learn from the other learners saying, you know, Ma'm, such and such a learner told me that she is HIV and she is positive and she doesn't know what to do. So can you help? And it becomes difficult to know, Because if the learner did not come to me and say, I look for all those things that can help me. This year no one ever disclosed, it's only that I know their parents were killed of the disease, because I was here for a longer period. Now you say to them, they like to receive this orphanage grant… Now my experience told me that… we have the R440 for orphans, but for the HIV orphans it's R770. Now if I call them and say to them how much you do...And she says R770, and that one will say R440... Now I detect from that... now the parents were either killed by the... you see?"
9:15	"On the death certificate they don't write HIV. They will only write pneumonia, TB and whatever… But now I know the status of my child, you see?"
10:18	"During the first term, on admission, you write the parent's name in the register. 'Where does the father work?', she will say, 'my parent died four years ago'. 'Where does the father work?', 'No, I'm an orphan, I don't have parents.' That's where now you come in: 'Do you have this grant? Do you know of the grants?', 'No.' Now you call your parents, call your grannies... That's when I now communicate with the granny, making her aware that the learner... should receive this grant."
12:00	"You can even see the uniform they are wearing, so the teachers here… I like the spirit of my colleagues here. We, like myself, my mother is a tailor. She buy the material, she do the skirts for them. Because you see, the learner will wear the skirts from Grade 7 to Grade 12. And you see the sizes? But the teachers are helping a lot."
13:20	"Ja, partly. I can say it can help. But, knowing my learner, the situation here, like just now they are afraid, they cannot just disclose, even if they know the situation. Now, if you say, let me treat these ones who are this way… I don't think it can. You would rather treat them equally. But giving more specific... ja, giving more specific attention to those ones. But not putting them aside."
14:57	"The problem is most of the families here do not have parents. They live alone, they stay alone. The kids, you see. No parents. Now they only receive this strict regulations here at school, but at home it is just laissez faire… This one also gives a lot of problems. Because even their studies... suffers. Because there is no-one at home to say, do this, do this. And then now, the rate of pregnancy becomes very high. Because there is no-one to say 'hayi, what are you doing?' And this bigger ones are the parents to the younger ones. If the younger one is ill, she cannot come to school, because she must take the learner to the clinic, you see the problem? "
15:24	"Poverty is the main thing here... Now these trips… They were supposed to go somewhere to sleep there, and after choosing the

	learners, this one will say, 'I cannot go there, I don't have pyjamas. I don't have panties… I don't have… I don't have this and that, ne? So I explain this to the teachers, because I cannot just do this alone, I am trying by all means, you see? Not all of the teachers, you see? Some of them will say, 'let me, I'll help, I'll buy this for the learner'. And I said to other teachers, now teacher so-and-so said she will buy the toiletries... and there is this, she talked of her pyjamas, this is the hair, she must get this look. Because I think when she goes out, she must be the same. She must be like the others so that she can be free and be able to participate. Now some will help, even the males... Even the old clothes, the clothes from our kids, we do come with them to the school."
17:05	"it is also a secret because they are afraid, they cannot come to you, because they are afraid, they cannot. We cannot say, come this way, let me give you this. They cannot, they cannot. Now you keep them (the clothes) in the car, you look for that special time, you say, come and see me. When the school goes out, you must come to me. And you will give her the plastic full of things... She will open it at home. And you say to her: it is your present, Show it to your mum."
18:00	"Now you will send this one to the shop today, go and buy me this and this and this. Now when he comes, you give him something to eat. Tomorrow you send another one…"
18:20	"I normally tell them we live to share. If we have this packet of Simbas, share it with this one also. And during these trips… when we will be alone, I normally say to them let us pop out R2, R2, R2, we eat the same meal. I don't want to see that this one at home is richer than that one, no."
19:00	"Normally, starting from January the Grade 10's… for the whole month of January I don't go to the syllabus, I only tell them moral things. I just want them to feel free when they are with me, so that they are able to open up. When they are now in Grade 11, in grade 12, there I don't have a problem.
20:30	"They normally come to me. Even if she has a problem at home, they come to me. And if it is a problem that is beyond my control, then I can… I normally inform the principal, and other teachers to help."
20:57	"There is this confidentiality. They normally want you to keep it a secret, until the child feels that, no, ma'm, you can tell. Because at the end of the day, normally after helping her, I say this thing that happened to you can serve as an eye-opener to your friend. If maybe, if you can tell your friend what happened to you, somehow she will be also helped. Then the friend will say, ma'm, i also have this kind of problem but I was afraid to come to you."
22;50	"And sometimes they miss school because of their sick parents at home. Now you will go to an extent of saying, why is learner such and such at home? You'll even call, why don't you come to school? She cannot talk. And you'll say to them, tell her to come to school tomorrow... And if she happens that she comes, you will then take her to somewhere probate and you talk to... the learner. If she

	discloses, it is then that you can help. "Ma'm, my mother is ill, there is no-one to take care..." That is now where you come in. You help that the parent can be taken to the hospital, so that the learner can come to school. And such a learner cannot even concentrate in the classroom. She'll just come to school. She cannot. " -
23:45	"if the parent happen to die today, on Sunday, the learner will miss classes for five full days they cannot come to school. Even if you say to them, because you are a child, come to school. Because being with other children will help... Some of them, even the parents here are not supportive. Ja, the parents are not supportive... in getting the kids to school.
25;18	"Say the learner is absent from school, ja, you even call the parents. "Where is the learner? The learner is not at school. Is she ill?" And we have permission slips here, she cannot just go out. So we are even locking the gates."
25:41	"And if it happens that she doesn't come to school and we do not know where the learner is… normally we call the parents saying learner such-and-such was absent from school. What was the reason? And we even teach the parents to report to the teachers…. Some parents write notes."
25:41	"Now if the learner is here at school and she becomes ill, you can give her the permission to go to the clinic. Permission letter, ne?"
27:20	"If the learner was absent with a letter… You know, sometimes the learners are naughty… but if there is a valid reason, then we take things… "
28:00	"If the learner is absent from school and you know where the learner is, you give the learners the question paper and they write, and you retrieve the papers so tomorrow id the learner comes to school, you give her time to write, But only those who reported. But you see this continuous assessment helps them a lot. She miss this test, she can write the next one."
28:36	"Both. Because I know my leaners. This one is very naughty, this one is very active. But today you can see the learner is not so involved today. You want to know, what is the problem. And sometimes they cannot tell you in the classroom. Sometimes she burst into tears and you cannot just ask questions in front of the learners. No, you take the learner to the staffroom maybe, somewhere privately... Then she'll tell me the problem... After detecting her problem, trying to help this learner, counselling her, motivating her."
29:00	"And if it comes to a push I can even go to… If it is local,,, I simply go there and see the parents. And you know, these learners, if you go home and check the parent, she becomes happy and think, you know, the teachers are also supportive."
30:00	"They must help each other, this learners, you see. They must be in the boots of this learner. Because sometimes… I normally tell them that tomorrow it might be you in this situation. So let us try to help this learner, by doing what? Helping her to concentrate, involving her, not just to... you see?"

30:45	"And if the mother dies, if the mother dies, the learners in the classroom, I normally tell them to help her. To help me to help the learner… by supporting, caring. Sometimes the mother was the sole… the caregiver, the sole breadwinner at home. Now what happens during... You see, I have the class the 11 A's. That one, you can say, they are very, very obedient when coming to situations like this very caring. They'll say ma'm we are having... Sometimes back, the parent of the learner died. They called me , they said ma'm, how about popping R5, R5, R5 and buying a >>>>>(?) and writing a message? So that the learner can feel that we are with her. We sympathise. Yes. And thing also helps. That thing also helps."
32:25	"Oh yes, yes. Because I cannot just run the whole school, because I am the only one here, LO teacher in the whole school. Unfortunately. Just like what they did with us the LO teachers - we went through this peer education on HIOV and AIDS, it also helped. Now if all that, the teachers can be trained... Because we are not the same... Not necessarily all of them, someone will be so good to these learners. You know if you say to them, this learner has got such and such a problem. You know, I think she must be treated this way, not necessarily just giving, you see. Not all the teachers... that's why I see the necessity of training all of us. "(if a child misses school, or cannot concentrate in class) sometimes the teachers refer learners to me. Because I am Life Skills… Sometimes the teachers also help "
35:10	"All the teachers should take learners at heart. There must be a rule saying all the teachers must treat these learners with this kind of treatment, you see? Not to discriminate. Not to make the learners worse. You know that sometimes situations how I treat the learner makes the learner more vulnerable, you see? Saying no, I don't have parents, even at school I don't receive this care from them. I don't care... I would say, all the teachers should... There should be a rule stating that."
36:30	"The learner will go to the clinic. They will give the blood to be tested and give the result to the learner. Tomorrow when the learner comes here, she is so miserable, you see? That is where now the teacher must come in."
37:20	"There was a learner here last year. She came here with the results. She did not even know what the results mean. From the hospital, the clinic sent the learner to the hospital, she came here with the result saying help me read this, I don't understand. And the result said the learner was positive. How am I supposed to tell the learner that she is positive, once the nurse was unable to? Even this counselling we must also go there, though this training, where we can counsel the learners."
38:15	You see the learners cannot do their work properly, their work deteriorate. And others leave school. They drop out… just because they are too depressed, you see? … The learner now, they lose interest in education. They lose interest in everything. When the

	mother dies in front of their eyes just like this, after caring for the mother, hoping that the mother will... you see?"
39:30	"The very same money (grant), it becomes a problem… You see, the learner receives R770 every month… The guardians cannot just buy Vaseline for the learner, Vaseline Blue Seal… The guardian will be the mother of another learner. This money is helping her child. You see, that's another problem that the government should look into. Who is receiving the money? The will say I don't have a pen today. A mere pen, you see? And the guardian receives the money. She cannot give the learner 50c to go to school, to buy sweets like other children. You'll even see... that this learner is not well taken care of."
40:50	"The rate of teenage pregnancy… I normally teach the safe sex but to them (younger learners) I preach abstinence… whenever you are teaching them you see that they are so interested, they want to know more, and they are so keen. But, after two months, we will see that this one is pregnant. You see? Now poverty, you see, and this unemployment, they are involved with the taxi drivers, they give them money, you see, all those things... And they start very early, at 13 years, the learner becomes pregnant. At 13 years!... Some drop out of the school, and some will come to school, but having more problems now."
42:40	"Now we do have a Grade 12 learner who delivered 3-4 weeks back. She even came to school. She stayed at home three days, she came to school, but looking at her, she was still weak. And I talk to her, saying how are you feeling? She said no, I'm okay ma'm. But looking at her you will find that this learner is not coping... I said to her she must stay at home, try to study. When she doesn't understand, she must come to school and ask the teachers here. She must focus on the studies and the examinations just now, take care of the learner, because the mother (learner's mother) is there. The problem, she is breastfeeding."
45:10	"We have a grade 10 learner here… the baby is now 2 months. Now it is break time, she must run home to breastfeed that child. You see the problem? But at home she cannot say I can eat this and this… So I said to her, come with a container. During break times, like now she is the first one in the kitchen. The ladies there, i told them, let her be the first one... She take her food and she go home... Her mother was saying she must leave school, because now I don't; have money to buy all these things and I call the mother., said no, let her not leave school, take care of the child (baby). And she is so brilliant, so brilliant... I talk to her, saying having a child is not the end of the world. You must just study, concentrate on your studies. Because, I said to her, you must now make sure that you pass, because your child... I said to her, do you love your child? She said yes ma'm. I said now is the time that you study hard... And she is so brilliant. And the learner was even obedient before the pregnancy. And we don't even just know what happened."

47:00	"It can help. But knowing the situation around here, the parents are so… You see, if the money can be taken from them, another problem is, this learners at home, they will be treated like slaves and whatever… I was looking for a strategy. Just on Monday I was helping the principal to look for these learners... because you can see from the learner that the money is doing absolutely nothing for them... These guardians receive money - for themselves! They cannot even buy food (for the learner).
48:25	"Now I said to other teachers, these two ladies, my friends, now let us do our homework, let us look for a solution to this problem. Because I alone cannot say, let the money (grant) come to the school. Because I know that these parents, these guardians, now the treatment (of the learners in their care) will be very bad."
48;45	"They don't like the children, they only want this grant… You can even call the guardian, she cannot be here, she cannot be here… She is not interested. And if it happens that this learner is quite good, there is jealousy there."
49"40	"You see, even here, the school trip maybe requires them to pop out something. And she will come to you and say, no ma'm, I can't go there, I do not have money. I go to my record, I check. You'll find that this learner is earning this (grant). I call the parent, say, the learner is taking such-and-such a trip, she needs money... Then she'll say (the guardian), no I don't have money! I don't want your money. I want the government's money for this child. Or should I cancel it? She then give the learner the money. But then the learner will report, saying ma'm, I didn't sleep yesterday because of your call. Now it's another problem."
51:55	"Grannies normally are - most of them - are very good at looking after their kids… But when there are no grannies, the money is received by the cousins of the mother…Remember they are not working, they are not working. He'll (sic) receive the money in Rustenburg, she cannot come to this area. How will she be able to know that this learner does not have Ponds? Just the vanishing cream? Because a learner in grade 12 must use a vanishing cream, you see? That's why now the teachers help. Another teacher say, let me buy her this. Now when the teacher buy her this and that now that one (the guardian) sees there's no need. That's a problem, you see? it's so hectic."
53:43	"Sometimes I cannot sleep at home, thinking of what can I do to help these learners. Because some of them are very, very good, but they cannot study at home. So for the Grade 12's this year I managed to do study groups. After school they stayed here, up until 17:00, with strict rules and regulations. Even if I was not here, the Grade 12's stay, then it becomes more dangerous again. Because this area here is very dangerous. Because learners are travelling from here to that area there, their village. And you see the bush around here? Things do happen. They rape, they kill. It becomes also a problem... There are these four girls who live in Witrandjie. All the others are staying here in the village. They must go home alone. Now what about these ones who sees them? They

	cannot just walk there alone! And I cannot say to the parents come and collect your children... I cannot stay with them every day. I live very far away, in town."
END	

Appendix B: Clearance certificate from the University's Ethics Committee

Wits School of Education

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STUDENT NUMBER: 333694
Protocol number: 2010ECE1**C**

13 September 2010

Mrs Carien Vorster
36 Amschewits Street
ROOSEVELT PARK
2194

Dear Mrs Carien

Application for Ethics Clearance: Master of Education

I have a pleasure in advising you that the Ethics Committee in Education of the Faculty of Humanities, acting on behalf of the Senate has agreed to approve your application for ethics clearance submitted for your proposal entitled:

School –based support for the special educational needs of children orphaned and made vulnerable by HIV/AIDS: A case study of two secondary schools in Gauteng Province, SA

The Protocol Number above should be submitted to the Graduate Studies in Education Committee upon submission of your final research report.

Yours sincerely

M Mabeta

Matsie Mabeta
Wits School of Education

Cc Supervisor: Prof. M Cross (via email)

Appendix C: Example of a child participant consent form

CHILD PARTICIPANT CONSENT FORM : AUDIO-RECORDING OF DISCUSSION

My name is Carien Vorster and I am currently doing research for the degree Master of Education at the University of the Witwatersrand in Johannesburg. You are kindly invited to participate in my study entitled:

School-based support for the special educational needs of children orphaned and made vulnerable by HIV/AIDS: A study of five secondary schools in the North West Province, South Africa.

I will require one hour of your time on a week day for an interview during the month of October 2011. During our interview I will audio-record your voice. Participation in this study is entirely voluntary and choosing not to participate will have no consequences whatsoever. Should you choose to participate you may withdraw from the study at any time. You have a right not to answer any question that is put to you. I will not take down or use your name or the name of your school in my research report.

The research is purely for academic purposes, which means the data collected, including the audio-recordings will not be used for any other purpose than writing a research report for examination purposes and possibly writing articles and conference papers on the findings of the project.

Any personal information gathered will be kept private and confidential. Audio-tapes of the interviews will be kept for five years in a secure place and then it will be destroyed. If the need or opportunity arises to use the information for continued research, your permission will first be obtained.

If you are at all distressed by our discussion, I will provide you with the name of a psychologist who will assist you free of charge.

For any further details you can

- contact me on 083 229 1983
- or email me at carien.vorster@gmail.com

If you agree to participate in this study through an hour long interview WHERE YOUR VOICE WILL BE RECORDED ANONYMOUSLY, please sign in the space below.

PARTICIPANT'S SIGNATURE: _____

DATE: _____

RESEARCHER'S SIGNATURE: _____

DATE : _____

Thank you.

Carien Vorster

Appendix D: Example of an adult participant consent form

ADULT PARTICIPANT CONSENT FORM : AUDIO-RECORDING OF INTERVIEW

My name is Carien Vorster and I am currently doing research for the degree Master of Education at the University of the Witwatersrand in Johannesburg. You are kindly invited to participate in my study entitled:

School-based support for the special educational needs of children orphaned and made vulnerable by HIV/AIDS: A study of five secondary schools in the North West Province, South Africa.

I will require one hour of your time on a week day for an interview during the month of October 2011. During our interview I will audio-record your voice. Participation in this study is entirely voluntary and choosing not to participate will have no consequences whatsoever. Should you choose to participate you may withdraw from the study at any time. You have a right not to answer any question that is put to you. I will not take down or use your name or the name of your school in my research report.

The research is purely for academic purposes, which means the data collected will not be used for any other purpose than writing a research report for examination purposes and possibly writing articles and conference papers on the findings of the project.

Any personal information gathered will be kept private and confidential. Audio-recordings of the interviews will be kept for five years in a secure place and then it will be destroyed. If the need or opportunity arises to use the information for continued research, your permission will first be obtained.

For any further details you can

- contact me on 083 229 1983
- or email me at carien.vorster@gmail.com

If you agree to participate in this study through an hour long interview WHERE YOUR VOICE WILL BE RECORDED ANONYMOUSLY, please sign in the space below.

PARTICIPANT'S SIGNATURE (Initials only): _____

DATE: _____

RESEARCHER'S SIGNATURE : _____

DATE : _____

Thank you.

Carien Vorster

Appendix E: Interview schedule for learners

PROMPTS FOR NARRATIVE INTERVIEWS WITH LEARNERS

These prompts are intended for hour long narrative interviews with participating learners in the following study:

> *School-based support for the special educational needs of children orphaned and made vulnerable by HIV/AIDS: A study of five secondary schools in the North West Province, South Africa.*

Note that not all of the following prompts will necessarily be used in each interview and that more prompts and new topics may be added in the course of the study. These prompts will follow an introductory session (within the hour) where I will tell my story of where I am from and how I came to do this research:

Stories of home life (biographical domain)

- Please tell me about where you are from, your family and your home.
- Where do you wake up every morning?*where do you live
- Who normally eats together in your house?
- Whom of the people that you live with do you most like spending time with?
- What do you normally do after school?

Stories of social life (psychosocial domain)

- Please tell me about your social life – fun and relaxing times that you spend with family or friends, during the school day, or after school.
- Who are your friends? Why are you such good friends? What do you do together?*How do you choose your friends?
- What do you normally do at school during break times?

Stories of school life (educational domain)

- Please tell me what a typical school day looks like for you, and what your favourite and worst parts are of each day.
- Do you like school? Why/ why not?*What do you like about your school?/ Dislike?
- If you were a teacher at this school, what would you be like? What would you do in your lessons and would you like to talk to learners outside of lessons as well?
- What do you think the teachers think of you?
- How do you think the other kids at school see you?

Life History Narrative approach

Three or four questions to guide through life history:

life before parents died / after (during)

Also how do they see life after school?

Appendix F: Interview schedule for teachers

SCHEDULE FOR INTERVIEWS WITH STAFF MEMBERS

These questions are intended for hour long interviews with participating staff members in the following study:

> *School-based support for the special educational needs of children orphaned and made vulnerable by HIV/AIDS: A study of five secondary schools in the North West Province, South Africa.*

Note that not all of the following questions will necessarily be asked in each interview and that more questions and new topics may be added in the course of the study:

- What are your strategies for identifying and monitoring OVC?
- Do you ever differentiate between HIV/AIDS-affected OVC and other vulnerable children? How does it impact on the support strategies that you use?
- What policies, plans and rules does your school have for dealing with children affected by HIV/AIDS? Do these policies, plans and rules work well? What official support strategies and awareness campaigns do you facilitate at your school?
- Do you sometimes use other, informal support strategies in the classroom?
- How would you describe your school's culture in terms of caring for learners and staff members?
- Do you think it is important and viable for teachers to have caring relationships with learners?
- Do you think it is possible and viable for other adults from the community to have caring relationships with learners during school time and on the school grounds?
- What opportunities are there at your school for training of staff members to deal with the demands of psychosocial care?
- Is the community involved in the school in the form of community and NGO support programmes, campaigns and caring relationships? Can you please give examples?
- Which government policies do you think are important in guiding you to support children affected by HIV/AIDS? Do you understand these policies and think that they have a positive impact on you and your school, or do you have problems with this policy? Please explain your answer.