

The Role of Life Orientation Teachers in Addressing the Emotional Needs of Rural HIV/AIDS Orphaned Learners

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ABSTRACT The study was conducted in a village of Magangeni in Venda in South Africa. HIV/AIDS has left many children orphaned and has led to the emergence of many social problems. In many rural areas, the number of deceased parents leaving behind young children is on the rise. The study is qualitative in nature since this was conducted in a natural setting. This study explores the emotional needs of a number of rural orphaned learners and the impact these needs has on their academic work. The study also highlights the role of Life Orientation teachers in these learner's lives. Purposive sampling was used in obtaining data from learners who lost either one or both parents and teachers who taught Life Orientation. Findings of this study affirmed that rural orphaned learners were plagued with many emotional problems such as need for safety, sleeping disturbances and emotional abuse which affected their learning at school as well as other social interactions with peers and caregivers. The findings on the side of teachers were the need for training in how to counsel the learners. This studies' intention was to identify the unique emotional needs of orphaned learners and to suggest ways in which support structures can be established to ensure the learners' overall success both in the schooling system and in society as a whole.

INTRODUCTION

South Africa is experiencing a severe pandemic, with an estimated 5.7 million people living with HIV/AIDS in the country as of 2007 and currently almost one thousand related HIV/AIDS deaths occurring every day. According to the World Health Organization (WHO 2006), children orphaned by HIV/AIDS are expected to reach 25 million worldwide by 2010. In South Africa alone, the number of orphans was estimated at 1.8 million in 2000, and the forecast figure for 2010 was approximately 3.1 million (UNAIDS 2004). Forster (1998) and Williamson (2000) argue that even if the rate of new infections of HIV decline, the mortality rate will remain high because of the long incubation period of the virus. The number of orphans will therefore continue to increase, even if the rate of new infections declines, with a resultant negative impact on the education system. An estimated 12 million children have lost one or both parents to the disease, and many more have been left vulnerable by weakening of communities and social support networks, schools, welfare systems and economies. According to IRIN/Plus news (2003), it is argued that a child who loses one or both parent to AIDS might also be infected or affected with HIV, and often orphans find themselves battling the very disease that killed their parents. AIDS is associated with a very high level

of stigma, silence, and denial in South Africa, thus making the bereavement experiences of individuals considerably more difficult (Peltzer 2003). Posel (2004) points out that people who are HIV-infected are normally judged by society as having engaged in bad sex or been prostitutes.

The role of the teacher in addressing the emotional needs of orphaned learners is fundamental in an educational arena, but very little training has been provided for teachers who work closely with them, and they are in greater need of emotional support than children who have not gone through the process of losing one or both parents. Williamson (2000) asserts that in addition to good physical care, children need affection, attention, a sense of personal identity and social connections that families and communities can provide.

Orphaned learners face distress and as such need emotional support. They are often absent from school because of their difficulties, and as Oluwagbemiga (2007) states, some drop out of school because they cannot afford the fees or other related expenses, while some have to earn an income to replace that of the family's deceased breadwinner. Ogina (2007a) found that even before their parents died they were unable to pay school fees or buy school uniforms or stationery. Many wear dirty clothes since there is no

one to take care of their needs, and when they have dressings on wounds there is no one to assist in changing them (Coombe 2000). Other challenges include finding food for their families, and cooking for and feeding a remaining sick parent and younger siblings. The majority of the children live in households with no income, and with parents who have been sent home from hospital, sometimes comatose, a day before they die. The children are often malnourished, and struggle to lift and turn their parents or help them to the toilet. They have to ask for food from the neighbours and it takes hours to get enough for one day. In rural areas some have to cook on paraffin stoves and open fires while they are carrying smaller children on their backs or hips. Others have to fetch water for drinking and cooking, bathing and washing clothes, and since they are still young they cannot carry enough. If there is any medication available the children also re-dispense that to the sick members of the family, although in most instances it becomes difficult to obtain even an aspirin. There is no time for these orphans to mourn because they are too busy seeking assistance with arranging the funeral. They are stigmatized and discriminated against, and they tend to withdraw from society and become extremely vulnerable to depression (Coombe 2000).

In rural schools the majority of learners come from very poor families, and the researchers experience of working in a rural village has provided personal evidence of rituals and customs which the orphans cannot follow or perform, such as wearing beads or a piece of a black cloth to symbolize bereavement. Some of the rituals include cleansing, which is performed by a traditional healer. Unfortunately, in cases where close relatives do not intervene, children are left on their own and become isolated from society.

Philippe and Makiwane (2003) assert that these children are directly affected by the death of their parents; hence they seldom know how to talk about it or even understand what has happened. The memories of their dead parents tend to fade and a state of confusion sets in, inevitably preventing them from developing to their full potential. After the death of the parents some stay with close relatives or foster parents who do not treat them well. According to Oluwagbemiga (2007), they are vulnerable to various forms of abuse, including physical, verbal and sexual.

Ogina (2007b) states that in a school setting, orphans may need different kinds of support

compared to non-orphans because of the gap created by the death of the parents. Williamson (2000) highlights that children need affection, attention, a sense of personal identity and social connections that families and communities can provide. According to Makame et al. (2002), emotional difficulty is a problem related to feelings and relationships and these normally affect behaviour. It therefore means that children who experience emotional difficulties are vulnerable to bad relationships which usually leads to behavioural problems. Research conducted by Shakil (2011) on AIDS-orphans in Sub-Saharan Africa indicated that many of such children suffer exploitation and abuse, which result in them being anxious, depressed and angry. Lack of income adds pressure to their challenges as they now have to contribute financially to the household, which in some cases takes them to the streets to work, beg or seek food. They are not aware of social grants, from which some adults or relatives may be benefitting without their knowledge (Hlabyago and Ogunbanjo 2009).

The Life Orientation (LO) learning area statement addresses issues relating to nutrition, diseases including HIV/AIDS and sexually transmitted diseases (STDs), safety, violence, abuse and environmental health (Department of Education 2002). Most of the research on HIV/AIDS in South Africa involves the government's treatment programme and the prevention campaigns (DoE 2002). There is a need for LO educators to have basic knowledge and skills appropriate for counselling and care, hence, pertinent questions arise as to how educators identify orphaned learners and their emotional needs, how they then address them and who they consult. There are a number of needs which must be catered for by parents, as stated by Pringle (1975), Berger (2000) and the United Nations Agency for International Development (USAID 2004) in arguing that parents are normally expected to fulfil physical, social and psychological needs. For Ogina (2007a), parents also form a partnership with educators and learners, but their absence creates a gap which may result in unmet emotional needs of children.

A South African study on AIDS orphans by Cluver and Gardner (2006), conducted in the Cape Flats in Cape Town, revealed a high level of distress among orphans, as well as discrimination, detachment, avoidance and difficulties in forming close relationships. The orphans in this study

had nightmares and sad dreams which indicated that they saw something bad happening in their life time (Cluver and Gardner 2006). Another South African study conducted by Phillipe and Makiwane (2003) in KwaZulu-Natal on HIV/AIDS orphans revealed the necessity for support with regard to emotional needs. The researchers used memory boxes into which stories of love, pain and courage were placed. The purpose of this was to promote resilience in the lives of the orphans. A parallel study conducted in the Eastern Cape revealed that orphans reported more depression, anxiety and decreased self-esteem than non-orphans (Wild et al. 2005), and both studies emphasized a need for a deeper understanding of their emotional needs. The study's theoretical framework is within Abraham Maslow's Hierarchy of needs (Maslow 1971). The researchers looked at orphaned learners needs not only in terms of emotional needs but also in terms of physiological, safety, social, esteem and achievement needs. For orphaned learners to thrive well emotionally their physical needs should be addressed first. This is also applicable in terms of safety as well as social needs. The emotional needs are embedded in the belongingness and love needs.

The Rural Context in Africa

The focus of this study is on the role of LO teachers in a rural setting. Rural areas are sparsely settled places away from the influence of large cities and towns. They are distinct from more intensively settled urban and suburban areas, and from unsettled lands such as outback or wilderness. People live in villages, on farms or in isolated houses. Lifestyles in rural areas are different from those in urban areas, mainly because limited services are available (Hart 2010). Rural areas have a completely different lifestyle compared to urban areas. Grant and Palmiere (2001) confirm that girls have been removed from school, and also because their education was viewed as "less of a priority" than marriage. This is also largely due to economic factors, such as loss of income due to HIV/AIDS amidst high education costs, and the direct costs of school fees, textbooks and uniforms.

According to Guest (2003), many African parents are no longer living long enough to see their children reach maturity. Most Africans like to have big families, which offer status, and there

is a belief that they act as an insurance policy for care in old age. Consequently, when African parents die they tend to leave many orphans. Ugandan women, for instance, have an average of seven children, while in Zambia the average is between five and six. Recently the number of orphans has increased and the extended families are no longer able to support them according to the traditional customs.

Lewis (2003) noted that it is very hard to find a family in South Africa that has not been personally affected by HIV/AIDS. It is very hard to find a child who has not seen or witnessed a death related to HIV/AIDS. According to Demmer (2007), poverty overshadows the lives of most individuals who have experienced the loss of loved ones to AIDS in South Africa. For many South Africans, particularly those living in rural areas where the poorest live, the death of a loved one to AIDS compounds existing hardships. Demmer (2007) argues that South Africa has the unfortunate distinction of being amongst the top ten countries with the highest HIV/AIDS infections in the world.

The Integrated Regional Information Networks (IRIN) (2007) noted that rural communities are more likely to rally around orphans when they can, but such children face greater barriers to accessing health, education and social services than those in urban centres: "In rural areas, people are less likely to have the identification documents they need to access social grants - sometimes people do not even know they can access child-support grants and care-dependency grants." Living in the countryside can add to the hardships of children who are HIV-positive or have lost parents to AIDS. The Integrated Regional Information Networks IRIN (2007) commented that the situation [for orphans] is worse in the rural areas. According to Elizabeth Rapuleng, founder of the PfunanoThusano Community Project, which assists orphans and vulnerable children in six villages in the Tzaneen area in Limpopo, a generally low level of knowledge about HIV has created further obstacles: "It's very difficult here because people believe witchcraft plays a role - we need a big awareness campaign to tell these people about HIV, that it's not a myth." Rural areas are somehow characterised by lack of knowledge regarding HIV/AIDS (IRIN 2007).

High unemployment has impacted on communities' ability to absorb the increasing num-

bers of children orphaned by AIDS. The traditional safety net of the extended family has been stretched to breaking point, leaving malnourished children who are not attending school and doing odd jobs to survive. "The government thinks 'Ubuntu' [caring about others] will take care of it," writes Rapuleng, "But there's no Ubuntu here - people can't afford it, they're struggling. In my opinion, there's no noise about orphans in the rural areas. The [politicians] only come here when they want votes" (The Integrated Regional Information Networks 2007).

The word 'orphan' in an African setting does not exist, as traditionally orphans were taken care of by extended families, often by grandparents (Kayombo et al. 1993). Kekae-Moletsane (2008) describes a maternal orphan as a child who has lost his or her mother only or a paternal orphan as a child who has lost his or her father only and a double orphan as a child who has lost both parents. The African saying "it takes the whole village to raise a child" means that it is the collective responsibility of every adult to ensure that children are well looked after when parents are absent. Children should be assisted with physical, moral and other needs so that they develop in a holistic way. However, in recent years the problem has been aggravated by HIV/AIDS and is increasing.

Research by Cluver and Gardner (2006), Vilakazi (2008) as well as Phillipe and Makiwane (2003) on the emotional needs of orphaned learners focused mainly on urban orphaned learners. The current study focused on orphans living in a rural area. Based on the above background, the research question for this study is: What is the role of Life Orientation teachers in addressing the emotional needs of rural learners orphaned by HIV/AIDS?

METHODS

The study was conducted under the qualitative research paradigm whereby researchers explored the richness, depth, and complexity of HIV/AIDS rural orphaned learners. During the study the researchers studied the emotional needs of HIV/AIDS rural orphaned learners in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them (Denzin and Lincoln (2000)). The study followed a case study design. The term 'case study' pertains to the fact that a limited

number of units of analysis (often only one), such as individual, group or institution, are studied intensively. In this case all participants were from one school both learners and teachers. Furthermore, in a case study the researcher explores a single entity or phenomenon (the case) which is emotional needs of orphaned learners, bound by the time and activity (a programme, event, process, institution or social group) and collects detailed information by using a variety of data collection procedures during a sustained period of time (Merriam 1998). The nature of the research question and the aims of the study influenced the choice of a research design. Merriam (1998) adds that a case study is the best way to answer the research question.

Purposive sampling was used for this study, hence unstructured-interviews were used as a method of collecting data. The researchers engaged in face-to-face interviews with purposively selected participants. The participants were purposively selected because the sample was drawn from the learners and LO teachers of a particular school located in an affected community of Magangeni village in Venda (Limpopo Province South Africa). This village of 525 homesteads has 630 primary school learners, 35 of whom are orphans due to HIV/AIDS. All participants were purposively selected, the size of the sample consisting of ten learners in Grade 7 and their ages ranged from thirteen to seventeen. All learners who participated in the study had lost either one or both parents or were affected or infected by the HIV/AIDS. Four Life Orientation educators who were teaching these learners participated in the study.

Permission was granted by the 'headman' (chief, in Venda *Vhafuwi*) of Magangeni village. Permission to conduct research was granted also by the District (DOE) official, and the school's principal. Consent letters were signed by supervising adults, and assent letters were signed by learners. In order to adhere to the principle of non-harmful procedures, the researchers used no procedure that could harm the children, either physically or psychologically. Voluntary participation was encouraged. Participants were assured anonymity.

Interviews were tape-recorded, and each interview lasted for 30-40 minutes. Questions focused on learners' experiences after the death of their parents. On the side of teachers questions focused on what their role was in addressing

orphaned learners' emotional needs. In analysing data, qualitative content analysis was followed (Henning et al. 2004). All interviews were transcribed. Different colours were used to denote similar meanings and notes were written on the margin of a page as codes. Groupings of similar meanings of codes were clustered together to form categories. These categories were later grouped and themes emerged. The following were the themes from learner's perspective:

- ♦ Need for safety
- ♦ Loneliness, anger and superstition
- ♦ Rejection and discrimination
- ♦ Unresolved feelings of loss
- ♦ Emotional abuse
- ♦ Hatred
- ♦ Neglect

Themes that emerged from teachers' interviews were as follows:

- ♦ Training of LO teachers
- ♦ Sympathy
- ♦ Counsellor
- ♦ Referral
- ♦ Safe environment
- ♦ Giving learners a voice
- ♦ Confidentiality

FINDINGS

Themes that emerged from learners orphaned by HIV/AIDS

Need for Safety: One learner indicated that when her brother was not back before sunset she was often afraid in the evening. In her words she said:

"Sometimes my brother comes home very late in the evening and I will be alone in the house being scared."

Fear of being alone in the house due to absence of adults and an elder brother was expressed by the learner.

"A day before my mother's burial her coffin was brought back a night before and it is still in my mind. This hurts me more, and I don't sleep well at night."

The learner lost a sense of safety since the day when the coffin was brought to their house before the burial. It is a normal practice in black culture that on the eve of the burial the deceased is brought home and relatives pay last respects by viewing the corpse. For many primary school children this is an experience that may have lasting effects.

Loneliness, Anger and Superstition: The orphaned learners indicated how they were longing for their parents, that is the one who had died and the one (father) who had abandoned them. They missed their parents on special days. One learner participant said the following:

"I miss my mother on her birthday."

One learner who had been emotionally abused by his father's second wife said the following:

"What worries me is that we only knew about the death of our father one year after he was buried, I want to know my father's grave. I am sad. I hate the woman who was staying with my father I am afraid of this woman because she can bewitch me. I didn't get the cleansing from the (mayine) traditional doctor which was the one who (loyi anga chayelas wkwembu) beat the drums and some gods in the form of ancestors came out (a thlela a vafemba a karhi a humesa valoyi emirhini wa vona), they sniffed at her."

One learner experienced anger since she was not told of her father's death. Coupled with anger there is fear of witchcraft and superstition of not following the traditional cleansing. This is a custom amongst some black people to undergo cleansing after death in a family. In the case of these orphans there was no one who cared about them and these learners are worried of not following traditional norms.

Rejection and Discrimination: Some of the orphaned learners experience rejection and discrimination from their peers. One learner participant said: *"I am rejected and teased by classmates and friends, teased because of torn school uniform, and inability to bring lunch boxes"*. One learner felt that they should not talk about the father's status. *"I am worried because my father is sick. People say my father is HIV positive, they are putting a stigma on me because my mother died of HIV/AIDS, it means I am HIV positive. I sometimes suspect that my friends and classmates think I am HIV positive. They behave strange since my mother's death"*.

Another learner said that he had an ear infection and his aunt used to take him to the hospital and see to it that he took his treatment, but since his father had taken him to stay with him he was never taken for check-up. He no longer had friends and peers called him names: *"My right ear is sore and oozing puss. I am worried because nobody wants to sit next to me in class"*

they all say that my ear is stinking. Nobody wants to play with me. I hate school because they call me names and I don't have friends".

The learner felt rejected by classmates and as a result he hated school.

Unresolved Feelings of Loss: One learner indicated that she is worried since her father's relatives discriminated them by following the rituals after the death of her father and not that of her mother:

"My father died first, the day he died my aunt told my mother to go and whisper on my younger sister's ears, telling her that her father is dead, so that she must not keep on asking her where is he and to be able to sleep at night. On the day of my father's burial we were told to go pass crawling under his coffin for us to forget about it very quick. On Sunday morning after his burial his relatives brought an old lady who slaughtered a chicken, she had a bowl to collect the chicken's blood it was skinned and the old lady took the chicken intestine, the blood which she collected and the chicken's claws together with some barks of a tree, put them into the clay pot she then added water and put it on an open fire. While waiting for the mixture to boil she took some hot glowing coal and she poured some black powder. When it started to bring out smoke she told us to inhale the smoke using a pawpaw tree stalk which acted as a pipe. She said we must inhale the smoke until we cough out (makhuma), meaning because the family was black so we need to cough out the misfortunes.

We were given pieces of stiff porridge which was sprinkled with medicine which was black in a form of powder and she said we must chew it slowly and swallow it. When the pot started to boil she took it away from the fire and she poured the water on a basin where we all drank, and with the remaining water she told us we must use it for bathing without soap for a week. My worry is seven months after the death of my mother nothing was done and my aunt who organized the ritual during the death of my father was there, but she didn't do anything. Right now my younger sister, who is four years is sick because of (makhuma). It worries me because it is like the death of my mother was nothing to my father's relatives. It is difficult for me to forget my mother. She came to visit me when I am asleep and we talk. It hurts me because we will be talking and laughing, when I wake up I realized it was a dream and because of that I can't stop

crying. My younger sister keep on asking when is mama coming back from the hospital because the last time she saw her was when she was admitted at the hospital".

The learner expressed how much she missed her late mother and also depicted how she feared her sister might die due to the curse her family was apparently under. Learners due to their cultural beliefs they desperately need the cleansing from the traditional healer. For the learners if the relatives do not adhere to cultural beliefs, to them this is discrimination and they cannot deal with the loss of a loved one.

Emotional Abuse: Regarding emotional abuse, one learner said: *"Always when my father comes back home drunk he shouted at me telling me that he is not the one who killed my mom. He used to tell me that I must leave and I ignored him, until last year when he took my clothes and threw them out of his yard. I then phoned my grandmother and she said I can come and stay with her".*

The participant has a concern that nobody was on her side: *"I am with my grandmother now who also tells me about my mom when I do the slightest mistake, she tells me I mustn't come and add more stress because by the time when my mother was still alive she never did anything for her".* This learner felt emotionally abused because she was continually being reminded her about the painful experience of losing a mother.

Hatred: Another orphaned learner explained that she hated her father because he used their money to buy beer instead of taking care of them. The other orphaned learner hated the woman who had been staying with his father before his death. The other one expressed his anger because his father had rejected him, and he did not even know him:

"I hate my father because he is the one who made my mother to die; my grandmother told me that my father is the one who bewitched my mother. On the day of my mother's burial we were told not to cry, and not to pour soil (as it is our culture) in the grave because they have consulted a witchdoctor who will make the person who bewitched my mother to die also (kuthlerisela). After the death of my mother I felt I don't want to be next to my father that is why I decided to move out and stay with my mothers' friend."

Anger and hatred are the emotions displayed by orphaned learners. They do not have a solution to the loss of their loved one.

Neglect: One learner expressed how lack of financial support had placed a strain on him emotionally:

“My uncle is not working. His wife is baking and selling fat cookies at school. She is trying her best to see us having food on the table. My two brothers receive foster care grant from the Department. My uncle is the one receiving the money for us but he drinks beer with our money and he keeps on shouting that we are untidy in our parents’ house because he was staying in a shack. I am worried because my uncle behaves as if it’s his own house and he drinks beer using our money. I hate staying with him”.

Another orphan learner related that since the death of his parent it had been hard for her to sleep, due to lack of proper financial care.

Another orphaned learner indicated that he felt discriminated against over the treatment towards him as his father’s child and the children he had with his new wife, even though they were not his biological children: *“My fathers’ woman is the one who keeps my grant money and she first caters for her own kids”.* *“The woman who stays with my father has two children and they are not my fathers’ kids. They are all big. I am the one who fetches water every day. I am the one who is sent everywhere”.*

Being Neglected was a theme that was evident in a majority of the learners’ interviews. The orphaned learners experienced the need for financial support in different ways: *“I don’t have school uniform and my shoes are torn, they are not ready to buy me new school shoes”.* Some needed to be provided with physical needs such as school uniform, clothing food, and medical care. The learners felt inferior when their uniform was torn or they had no uniform at all, while others had a full uniform. They felt inferior and embarrassed in the company of other learners.

Orphans are often forced to care for siblings or sick relatives, meaning they must give up school. According to Forster (1995), one of the likely causes of discrimination could be economic deprivation, forcing the caregiver to provide for their own biological children before providing for orphans. Economic deprivation is caused by the caregivers catering for their own biological children first and ignoring the orphans. One learner expressed how her mother took care of them by ploughing in the fields:

“When my brother does not go to look for piece jobs, we sometime don’t have food to eat. My mother used to plough mealies and (thanga) pumpkin green leaves and (nawa) beans green leaves. During the season of (zwikoli) mealie cobs I knew I will have lunch box because my mother will cook them and pack some for me. She will pick some vegetables, cook them and put them on the sun to get dry, preserving them (mukusule). Most of the time we are in the dark because we don’t have money to buy candles, because we don’t have electricity in the house. I used to go and fetch wood in the veld with my mother.”

One learner reported that it was difficult to survive without money or fulfilment of basic needs. The lack of money contributed greatly to the provision of basic needs. It was evident that for most learners who had been left orphaned by HIV/AIDS, basic needs were hard to come by, and as a result left a large area of their lives poorly provided for. The learners felt their dignity was being lowered when they did not have food on the table, nor could they manage on their own due to age and their not having the knowledge to ploughing the field.

Themes Identified From Teachers’ Interviews

Training All Educators on How to Handle Emotional Need of Learners Orphaned by HIV/AIDS in Rural Area

One educator indicated that she tried to do her best to be kind and show compassion to the emotional needs of learners. This educator felt that it would be good if workshops were conducted and teachers received training on emotional literacy to enable them to deal with the emotional needs of the learners. She liked teaching and tried to intervene so that learners would open up, but because she did not have enough knowledge on how to deal with learners’ emotional needs it was a difficult task for her. Sometimes she would shout at them unnecessarily. During the interview this is what she told us: *“I love teaching. I am one kind of teacher/educator who is open and warm towards my learners; in particular the learner with emotional needs. I try hard to be as involved as possible with them. I ask questions and show a general interest in their lives, I must admit that sometimes I may be a little too noisy”.* This is because of lack of

training in dealing with the emotional aspects of learners: *"I also know that if we could attend workshops aimed at equipping us with the right tools, we would collectively interact better with the learners"*.

One educator indicated that she had a concern of how to talk to orphaned learners about the 'witchcraft,' since most learners believed their parents were bewitched and most educators do not believe in witchcraft, since they are Christians. The teacher thought that if schools invited some local pastors to schools and gave talks to learners about Christianity it would help dispel certain myths.

Sympathy: The second educator indicated that she felt pity for the learners to such an extent that she sometimes gave them food to eat:

"I try to be sensitive towards the learners and I do everything that I can to be kind towards these learners. I sometimes bring lunch boxes for them. The recent incident where I was touched as an educator relates to one orphan whose mother and father passed away in two thousand and one and two thousand and three respectively. This learner had to rely on neighbours for food until I intervened after hearing her story from one of the community leaders. I took that child to my house and stayed with her for a period of five years until she went to FET College. I involved social workers and the pastor throughout the life of the child that is why she was successful. I believe that we must bring back the culture where we say it is the responsibility of every elderly person to raise the child because in our culture we say nwana a hi waun'we ("It takes the whole community to raise the child")".

Counselling and Referral Systems: One educator indicated that: *"I do talk and try to access the learner before I refer them, but sometimes you realise that it needs a psychologist since, well, I don't have the knowledge as a teacher. And as the Life Orientation teacher you tell the principal and you get a go ahead from the principal to phone make an appointment for the child with the psychologist."*

Before referring a learner, the educators will often have carried out a range of tests and investigations, often making use of school-community facilities to do so in order to arrive, if possible, at a firm diagnosis. They may also have discussed the case with colleagues. Most educators consider it a duty to do everything rea-

sonably possible to make a diagnosis before referral. When, a learner's condition appears to require immediate psychological attention, the educator will phone a Psychologist with permission from the Principal, and ask for a referral without further delay.

When a Psychologist has seen a learner, a full report is sent to the Principal. Learners may continue to see the psychologist for a long period, but reports continue to be sent to the Principal. When therapy is complete, the learner returns to the care of the educator.

Safe Environment: One educator was of the opinion that *"It is the responsibility of educators and school management team to create a safe environment for learners"*. Each learner should feel comfortable both in the classroom and the school surroundings. Educators should make the learning and teaching environment conducive to learners through creating a positive atmosphere and accommodating those with emotional needs.

Giving Learners a Voice: One educator felt that orphaned learners should say how they feel and be able to approach their teachers freely. Since the study focused on primary school learners it was difficult for them to approach teachers unless if the teachers took an initiative of asking them on how they were coping after the death of parents.

Confidentiality: Regarding confidentiality one teacher said: *"I heard fellow teachers gossiping about the death of the parents' child. They were saying that his parents died of HIV/AIDS and they suspect that even the learner might be HIV positive"*. It is strange to hear people talking about the cause of death of children's parents, which information is known only by teachers or guardians of the children. School principals should encourage teachers to keep confidential information to themselves. This will also assist in boosting the morale and trust of the child at school.

DISCUSSION

Need for Safety: The study revealed unique findings pertaining to a rural setting, which made the researchers to compare with previous research on HIV/AIDS orphaned learners' emotional needs. As far as need for safety is concerned, the South African government adopted children's rights as a plank of the UNICEF's Con-

vention of the Rights of the Child in 1995. One of these rights was the right to be safe for every child (Louw and Louw 2007). Children have a need to be safe from factors that may threaten their physical safety, such as physical abuse from caregivers or extended family members; abuse from educators and abuse from their peers. The need for safety was identified by teachers and orphaned learners also highlighted that as a need. This is even more applicable to rural learners orphaned by HIV/AIDS as they often have nobody prioritizing them or their safety. It was commented on by the Integrated Regional Information Network IRIN (2007) that the situation for orphans is worse in rural areas. Here these children often have none of the various facilities at their disposal that are meant to help them address and find a solution for their safety fears. It is important for rural learners orphaned by HIV/AIDS to be well educated and well informed of the avenues available to them where physical safety is concerned. The findings of this study indicated that sleeping in the room which once had a coffin of a parent made them to feel unsafe. Safety for rural learners meant also fear of being bewitched or fear of a curse (*makhume*) since they did not receive a ritual of cleansing. This is a unique finding when one compares it with research conducted in urban areas whereby need for safety meant to have adults at home.

Loneliness: Rural learners orphaned by HIV/AIDS endure feelings of loneliness and isolation due to the lack of immediate family, such as a mother and a father. This finding is similar for learners who stay in urban areas also. It was pointed out by Ogina (2007a) and Cluver et al. (2009) that orphaned learners were longing for their parents. This state of loneliness is confusing and considerably frightening for a young child, since children have an innate, natural expectation to be in the company of a loving parent. Even if the orphaned learner is in foster care, or in the care of extended family, the child can still have feelings of loneliness because of the missing sense of belonging that usually comes from a nuclear family setting. The feeling of loneliness is similar for all orphaned learners in both rural and urban areas.

Rejection and Discrimination: It is common in the rural area of Magangeni to be rejected or discriminated against if the individual or a family member has been affected or infected by HIV/AIDS. The stigma is extended on the orphaned

learners in that area, especially after the death of the parent or parents. The constant ridicule and scorn affects these learners in an adverse manner and constitutes emotional abuse. As stated above, the development of LO programmes has brought educators and educational planners to the realization that the only hope of reaching children at risk lies in a holistic support system (DoE 2002b). It is vital to appreciate the already fragile nature of these learners following the loss of a parent and the further upheaval in their lives from situations such as being moved from their homes to those of strangers. Stigmatization and discrimination in rural areas depends also on whether one received cleansing or not after the death of a loved one.

Sympathy and Support: Rural learners orphaned by HIV/AIDS need support on all fronts, for example, at home, at school and in the society. Previous research on learner's emotional needs also indicated that all learners need support (Cluver et al. 2009). Ogina's (2007b) findings, amongst others, were that in a school setting orphans may need a kind of support different from those required by non-orphans because of the gap created by the death of the parents. Studies which were conducted in urban areas had similar findings of orphaned learners needing support and counselling. The study conducted by Cluver et al. (2007) revealed that children orphaned by AIDS are more likely to report symptoms of depression, peer relationship problems, post-traumatic stress, delinquency and conduct problems than both children orphaned by other causes and non-orphans (IRIN 2010). Peer support groups can be especially helpful in allowing orphans to share their feelings with people who may be going through similar situations. School-based peer support groups have also been shown to reduce psychological distress of orphaned younger children and teenagers. In the current study the Life Orientation teachers were trying hard to assist learners though their training was inadequate. The study revealed that they offered helped and referred learners where they could not assist. As DOE (2002) puts emphasis on Life Orientation as a subject which is focusing on the holistic development of learners, it is imperative that LO teachers should be well trained to play a role in the development of a learner. The findings of the current study indicate that teachers in rural areas are ill equipped to address the emotional needs of orphaned learners due to lack of adequate training.

Referral and Counselling: IRIN (2010) argues that grief counselling is important, notably for younger children who do not yet fully grasp the concept of death. According to Jackson (2002), bereavement counselling is thus essential so that the child can acquire or get strength in dealing with it. Most importantly, bereavement services to children allow the emotional bond the child once had with the deceased person to have a positive effect on his or her future. The findings of the study revealed that most learners were not able to grieve for their parents. During their process of grieving they were also experiencing some challenges such as poverty, ridicule and stigma.

Emotional Abuse: Families taking in orphans face challenges to a new household structure, additional expenses and the responsibility of caring for psychologically distressed children. The families in the study who adopted the orphans did not meet the emotional needs of orphaned learners. All learners complained about the abuse of the money received from social grants and also emotional abuse. The situation does not only pertain to rural areas but also in urban areas the same situation of abuse of funds may be experienced. Custodial families may need counselling themselves to adequately respond to the emotional needs of orphans.

CONCLUSION

In order to fully resolve the challenges faced by HIV/AIDS orphans and to attempt to fully rectify the implications this has on their education and general state of being, it is important in every school to identify the needs of orphaned learners first and try to intervene. Teachers who are caring will always be in 'loco parentis' trying to address the emotional needs of learners who are orphaned. If parents have passed on teachers who are in the meso system should play a significant role in the lives of learners. It is evident from the research that the learners yearn for a platform on which they can be open and free with the teacher or other structures of social support.

RECOMMENDATIONS

The following are the recommendations which may be of help to Life Orientation teachers in schools in rural areas. There is a need for

teachers to be equipped in addressing orphaned learners' emotional needs.

Confidentiality

The Constitution affirms that human beings are born free and with equal dignity. It is in this context that the information which is confidential should not be divulged under any circumstance. LO teachers have an obligation to keep any information about the learner confidential, which will secure the learner's confidence in the teacher. Children sometimes feel insecure when they hear people talking about their information in the public domain. This is caused by teachers and other learners who have information about those particular children failing to keep the information secret. A sense of confidentiality and the feelings of a safe haven are aspects for which learner's crave. Once learners are surrounded by an educator to whom they feel they can divulge their struggles, challenges, hopes and dreams, they have a better chance of opening up and allowing help into their lives.

Safe Environment

School environments are social environments and the standard model of teaching and learning is an interactive one, so social skills are vital for students to successfully integrate into the setting. Evidence from this study shows how learners orphaned by HIV/AIDS find it increasingly difficult to participate fully in a classroom environment. They feel vulnerable as that element of safety is obliterated. Learners expressed their feelings of inadequacy due to their social state and this translates into the fear they harbour of being ridiculed. It is therefore vital to empower learners to be strong individuals who can separate themselves from the stigma and ridicule faced in society for being an AIDS orphan.

The educator can safely coax the child on to be pro-active in class and also gently advise other learners to be helpful and supportive to these children. Giving all learners incentives for participating in creating a safe environment in which all can learn is a good way of inspiring all learners, specifically the orphaned and less confident learners. The harmonious alignment of a safe learning environment extends beyond just physical safety, but is primarily more involved with the feeling of safe participation and reward created in a class environment.

Understanding Learning and Emotions

The emotional needs of AIDS orphans are complex and vary from one learner to another. It is therefore vital for an educator and school legislation to strive to understand as many emotions associated and concerned with these students in particular.

It would be of benefit to encourage an environment of care and concern for others amongst educators and learners alike. Forming positive relationships between everyone at a school is important in that it gives orphaned learners a feeling of having a safety net at school. It is human nature to be a more productive member of society if the school presents a united front. This atmosphere can be created by organising school events that build relations between teachers and learners.

Giving Learners a Voice

Teachers have to create space for learners to be part of conversations or interactions in class. They must be open with them and allow them to express themselves freely. This will have a positive outlook in the learning and teaching process and will enhance their sense of involvement and responsibility. There are many benefits to learner involvement, including promotion of student voice in school.

Educator Training

A well trained educator is vital to achieving a level of learning that is beneficial to all students. Aside from academic knowledge, it is important to train and equip educators in the care of HIV/AIDS orphans' emotional needs in a classroom setup. Training the educator can be carried out by trained social workers and psychologists, with information obtained from community outreach programmes. It is vital for educators at the school to have the kind of attitude where they strive to learn as much as they can about the best ways to teach the emotionally needy learners. The identification of their emotional needs is the starting point. Identifying how best to help the learners achieve academic success is the next step. Finally, helping them overcome their emotional needs is vital to their becoming socially adapted learners.

Establishment of Social Support and Training in Communities

Learners spend an average of six hours per day at school. An average of eight to nine hours is spent participating in the community and the learner's household. It is thus imperative to ascertain specific recommendations in the social setup aimed at dealing with the specific emotional needs of HIV/AIDS orphans in that context. It has already been established that the child's schooling environment and his/her social environment are closely linked to one another. The social area of the child's life has a direct overlap on their behaviour and adaptation to school.

For a household to function smoothly with an orphaned child accounting for one or more of the family make-up, a certain level of training and support needs to be available to the other members of the family. Caregivers who are tasked with the wellbeing of these children often feel overwhelmed and unsure of how to deal with the new member in the family. They are also oblivious to some of the specific needs that the particular child may have. It is therefore vital that social workers, psychologists and volunteers equipped with the knowledge to best raise an orphan are brought into communities to equip caretakers primarily and secondarily to help the children found in these households with the skills to function as a unit and how to best raise these children. Community outreach programmes can be established in the community as a forum in which caregivers and children can attend workshops on (amongst other things) adjusting, child autonomy, medical dispensation, child grants, food parcels and other support services, such as counselling.

Educators can attend courses hosted by the various institutions and community programs. Employment of psychologists, counsellors and other mental health professionals in schools are vital, more so with the availability of these services in the communities.

Providing Immediate and Long-term Assistance to Vulnerable Households in Financial Need

Many families affected by HIV/AIDS in communities are poor or underprivileged. It is therefore vital that financial aid is granted to the families that are taking care of orphans to lighten the

financial burden. Child support grants that are currently government issued are unfortunately being squandered on many other things that the caregivers deem fit. This reality has led to a situation where the children's needs are not met and money is not being used constructively to enhance the quality of life of the children involved.

A stricter monitoring system should be enforced to ensure that the financial aid is used directly to meet the basic needs of the child. Regulations should be placed on who fetches the money and a detailed account of how the money was spent should be requested by the institution administering these grants on a monthly basis, before any more money is allocated to a family.

A more long-term solution aiding financially needy households would be the setting apart of money by the government to fund such learners in their tertiary studies, making sure that once a child is in the system they are aided financially till the day they graduate from varsity.

Understanding the Cultural Background and Belief System of Orphans in Rural Setting

In rural settings, when a person dies there is a belief that he or she is bewitched, even after a long illness. Even when the person is HIV-positive, the family will delay the person to start with the treatment by taking the patient to the traditional healers. When the patient has died the family will call the traditional healer to do the cleansing of the family. If it is not done, as in the case of both parents having died, and after the burial of the second, no one sees to it that the rituals are followed, therefore leaving the children with the belief that death is passed on to them and things will not go right in the family.

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