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The Emotional Needs of Urban HIV/AIDS Affected Learners in the Intermediate and Senior Phases

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ABSTRACT The study focused on learners in an urban area in the outskirts of Johannesburg city who lost either a parent or both parents due to HIV/AIDS. The aim of the study was to explore the emotional needs of these learners who were affected by HIV/AIDS. The theoretical framework for the study was Maslow's theory of needs. Five learner- participants were purposely selected from a centre where the caregivers were helping them with homework after school five days a week. Their ages ranged from ten to thirteen. For data collection individual interviews were used and participants used their home language in responding to questions. Findings revealed that all learners yearned for love, warmth, support and felt lonely without biological parents. They also felt that they don't have security ever since their parents died. The paper recommends that the community and the Life Orientation teachers should give emotional support so that their emotional wellness is enhanced.

INTRODUCTION

In South Africa, schools, parents, learners and teachers are all affected in one way or another by HIV/AIDS, with many also being infected. Coombe (2000: 15) and Shaeffer (1994: 2) have examined the traumatic effect the HIV/AIDS pandemic has both on educators and learners exacerbated by high death rates. Due to this loss, many learners find it extremely difficult to espouse their changed circumstances, resulting in the imprudent execution of emotional forms of behaviour, and mediocrity in their academic performance (Mtshali 2013). Learners are traumatised by witnessing their parents suffering and dying from HIV/AIDS and therefore, experience difficulties in verbalising their emotions (Coombe 2002: 6).

Ramblebabble (2001: 1) has identified four basic emotional needs that children have, viz. affection and warmth, a sense of belonging, control and hope and encouragement. Byatt-Smith (2006: 1) claims that a person can understand a child's emotional needs better by observing his or her behaviour, therefore, emotional needs can also be elucidated as the need to be loved, cared for, respected and accepted, amongst other factors. There are different types of emotional needs, which vary according to the developmental stage of the child. For example, teenagers need to feel respected and accepted, while small children just require a great deal of love and care. Maslow's Hierarchy of needs (Maslow 1998: 18; Norwood 2009: 2; Huitt 2007: 1), makes it apparent that the fulfilment of needs is the primary source of motivation in human behaviour, while Donald et al. (2006: 103) argue that there is a constant interaction between internal needs and external influences of social context and life experiences.

Vulnerable children in this study refer specifically to those who live in difficult circumstances since they have nobody to care for them (Giese et al. 2003: iv). They include the following: orphans, street children, adolescents, drug-users and/or abused children (Mtshali 2013). These are extremely vulnerable to exploitation and abuse, and to HIV infection, and might live in child-headed households or with foster-parents. They might even be caring for a sick parent, therefore finding themselves in reversed roles.

The parents of HIV/AIDS orphans have died due to illnesses related to HIV/AIDS. They overlap with the group of vulnerable children, because they do not have the care and support of a parent. They might find themselves living in child-headed households and caring for their younger siblings (Magano and Rambado 2012). Singhal and Rogers (2003: 67) argue that AIDS orphans constitute the most heartbreaking tragedies of the HIV/AIDS epidemic world wide. Meintjies (2010) defines child-headed homes as households where the members are younger than 18 years. These are households where children are the breadwinners, or have taken up the role of a parent because the biological parents have

succumbed to the HIV/AIDS epidemic. In most cases, the elder brother or sister takes up the responsibility of the breadwinner. They often leave school to look for jobs so as to provide food. They act as mother or father to their younger siblings and perform the duties that parents would have for their children were they still alive. Thupayagale-Tshweneagae et al. (2010) have found that child-headed families are particularly vulnerable to sexual, physical and emotional abuse.

There are many challenges that schools are faced with in the twenty- first century, one of which is HIV/AIDS, which has left many learners orphaned or living with only one parent. Others stay in child-headed homes, while the rest are reared by caregivers or close relatives. Furthermore, many learners come to school showing signs of neglect, and as Coombe (2001: 10) highlights, that the HIV/AIDS pandemic has created a generation of learners who are profoundly vulnerable and at risk. In addition, some are very disruptive, rowdy and tend to influence their peers negatively. Learners steal valuable possessions from their teachers, resulting in them becoming juvenile delinquents (Donald et al. 2006: 193).

Another problem emanating from this pandemic is the academic performance of the learners. Some learners' school work is negatively affected as Mafumbate and Magano (2013) indicated in their study of HIV/AIDS affected learners and their academic wellness. A closer look at these problems reveals the impact of emotional problems that these learners bring to the classroom. Learners cannot always verbalise their feelings, with the result that they execute their emotions in many other ways, for example, stealing, bullying and juvenile delinquency. Therefore, their emotional behaviour can have a negative impact on their academic performance. On the other hand, there are learners who are withdrawn and show no interest in anything or anyone. They are extremely quiet and do not participate in any programmes. Thus, the learner who displays sustained concentration now becomes easily distracted and tends to daydream (Engelbrecht and Green 2001: 222). Many teachers are unskilled in handling learners displaying difficult emotional behaviour and sensitive subjects, resulting in them exacerbating matters (Kirby 1994: 1). It is evident that one of the impacts that HIV/AIDS has on the learners is that it leads to difficulty in displaying sustained concentration, therefore making it difficult to acquire the skills and knowledge that schools offer (Shaeffer 1994: 16; Mafumbate and Magano 2013).

These major challenges teachers face in the classroom make it difficult for them to do their work effectively, and many are ignorant about dealing with learners affected by HIV/AIDS. As Ogina (2007: 76) argues, learners expect no differential treatment from their teachers, but they wish to be treated no differently from their peers. Franks et al. (2003: 230) found that little is known about teachers' actual skills in dealing with HIV/AIDS in the classroom, thus their perceptions about the learners affected by the virus make it clear that little is known about how to give the necessary support to these learners. Little is known about teachers' actual skills when dealing with learners affected by HIV/AIDS (Franks et al. 2003: 231), therefore more needs to be learned about the daily practices happening in schools, the family and the community, and to give account of it in impact studies (Coombe 2000: 16).

Grainger et al. (2001: 27) claim that the emotional needs of HIV/AIDS affected learners are less understood than their physical needs, echoing the argument of Chugh (2001), that the emotional needs of learners cannot be easily detected but that they are concealed from the naked eye. Thus, the death of a parent due to the HIV/AIDS pandemic can rob a learner of the support he or she had been receiving from this parent (Lyons 2008). Lyons (2008) also claims that HIV/AIDS not only affects the infected person, but also the children, family and wider community. Donald et al. (2006: 191) point to the important role mothers play in the developmental well-being of their children, and argue that if they are missing from their children's lives, the children will lack a maternal relationship of love, care and support. Huitt (2007) and Norwood (2009) highlight Maslow's Hierarchy of Needs in discussing the need for love, affection and belongingness, with Pearson (2007: 1) claiming that people have a need to be emotionally connected to others, and Ramblebabble (2001) stressing that HIV/AIDS orphans are particularly in need of love and a sense of belonging.

The orphans' need for love and belongingness may then be met by relatives, who try to fulfil the former role of the parents. However, Oluwagbemiga (2007: 669) has found that in many

countries relatives do not take care of HIV/AIDS orphans left behind by their families, and if they do the orphans may not be well-cared for as relatives exploit them and rob them of their property. In one region of Uganda, some orphans die sooner and have higher mortality rates than other learners (Oluwagbemiga 2007: 669). They are also abused by relatives who perceive them as a burden. These learners lack proper care and support, leading to poor socialisation, alienation from caregivers and the community and possible delinquency (Shaeffer 1994: 17). Thus, learners orphaned by the HIV/AIDS pandemic are physically and emotionally neglected by grandparents and caregivers. These learners would have been better cared for by their biological parents if they were still alive (Coombe 2001: 11). The family structures that should have supported them have collapsed, frequently because of HIV/AIDS as pointed out by Kelly (2000: 16), and some cannot find a lasting place of comfort to call home, as they are sent from one relative to the other, experiencing a sequence of different caregivers (Giese et al. 2003: 59). In China, HIV/AIDS orphans are raised by their extended families, as it is regarded as shameful by the family if an orphan is adopted by outsiders (Zhao et al. 2007: 6).

According to Giese et al. (2003: 63), South African orphans who are being cared for by their relatives in the context of HIV/AIDS are generally well taken care of, while in the rest of sub-Saharan Africa and Asian developing countries, community members assume responsibility for orphans because there is little access to services. This phenomenon has been observed in rural or semi-urban areas (Phiri and Webb 2002: 13). The emotional needs of learners differ according to the age of the learner as well as the age of the orphan at the time of the parent's death. Thus, few people are equipped with the cognisance to deal with learners' emotional needs regarding HIV/AIDS (Grainger et al. 2001: 27).

Problem Statement

Orphaned learners are compelled to stay with one parent, close relatives, caregivers, or in child-headed homes (Donald et al. 2006: 193). Due to this shift in households, these learners experience major challenges which have an impact on their behaviour. Many develop strange and uncharacteristic behavioural patterns, losing interest in their school work and appearing not to care about anything anymore (Engelbrecht and Green 2001: 222). In addition, some learners are very disruptive, rowdy and tend to influence their peers negatively. Absenteeism has been reported by various teachers, because learners need either to go for counselling or treatment (Mafumbate and Magano 2013).

It is, therefore, evident that HIV/AIDS orphans are experiencing extremely difficult circumstances. Firstly, they may have to care for a sick parent who is bedridden by this pandemic, becoming the caregivers of the very caregivers who have been incapacitated by this disease. Importantly, a major challenge the learner has to face may be watching the slow deterioration and inevitable death of his or her parent (Bradshaw et al. 2002: 3). These learners have to be absent from school or even drop out in order to look after the sick parent/s, and go for counselling or treatment. They may have serious financial constraints, whilst having become the most important source of supply in their households Oluwagbemiga (2007: 674), having to earn an income, because the breadwinner is no longer capable of doing so. Therefore, the only solution for them is to take care of themselves (Oluwagbemiga 2007: 669). Much strain has been placed on these learners, leaving them with feelings of frustration, and sometimes depression. It is, therefore, important that these learners find material and emotional support (Giese at al. 2003: 20; Mtshali 2013).

Secondly, the orphans may stay with close relatives or foster parents who are not treating them fairly. Some have to do household chores, or perform tasks for which they are not yet ready, made worse if they do not have people upon whom they can depend (Oluwagbemiga 2007: 669). Furthermore, overcrowded households make these learners vulnerable to being abused physically, verbally and sexually (Oluwagbemiga 2007: 674). Another problem that arises from these households is that the biological children of the caregivers become jealous of these orphans and rivalry originates in these households. These learners are open to differential treatment and exploitation Giese et al. (2003: 61), and may find their way onto the street, where in order to survive they resort to crime (Bradshaw et al. 2002: 2).

Thirdly, they are stigmatised and discriminated against Coombe (2002: 5), tending to with-

draw themselves from society and become extremely vulnerable to feelings of depression (Mtshali 2013). According to Giese et al. (2003: 16), "learners often experience discrimination as a result of perceived or actual association with HIV/AIDS". Lastly, learners who have at least one parent still alive, experience feelings of anxiety because they fear losing the other parent. They suffer from separation anxiety and do not want to leave this parent for fear that he or she might die (Giese et al. 2003: 64). The research question, based on the background and problem statement, is posed as follows: *What are the emotional needs of urban HIV/AIDS affected learners in the Intermediate and Senior Phases?*

Theoretical Framework

According to Norwood (2009: 1), Maslow's Hierarchy of Needs suggests that there are five basic needs that all humans possess, namely: physiological, safety, love, affection and belongingness, esteem and self-actualisation. This hierarchy of needs further suggests that the physiological needs are the first and strongest of all in humans, namely: food, sleep, stimulation, air, warmth and activity, all of which are more or less essential for survival. The next level of needs imperative to the lives of all humans pertains to safety, including security and protection from harm. All humans need to live in safe environments whereby their lives are not threatened. Children have a greater desire for this need to be fulfilled because they need to feel safe and secure. Furthermore, love, friendship and comradeship are all included in the need of love, affection and belongingness. At this level, the love of family and friends are important. Esteem needs suggest that people need to believe in themselves and they should have healthy pride. All people need self-respect and respect from others. Lastly, as part of the need for self-actualisation, people have the need for purpose and self-fulfilment in order to function optimally.

Byatt-Smith (2006) claims that the first need of children is to be loved, and that one can predict a child's emotional needs by examining his or her behaviour. For Ramblebabble (2001) there are four distinct features of children's emotional needs, namely affection and warmth, a sense of belonging, control and hope and encouragement, which if fulfilled will contribute to the development of a well-adjusted child. According to Chugh (2001), a child's mental and emotional needs are concealed, but an emotionally stable child is able to reason effectively and make the right choices. She further suggests that learners need encouragement from teachers and caregivers in order for them to develop into socially well-adjusted human beings.

Based on the arguments of Byatt-Smith (2006) and Chugh (2001) it is evident that the child's emotional needs are to be examined from his or her behaviour, since they are not easily detectable from physical appearance. A child's emotional needs, therefore, must be explored first before a diagnosis can be established from the behaviour. For Kellam (2010: 2), before a child's emotional needs can be met it is necessary to understand how he or she feels, in particular taking cognisance of the weaknesses. When children's needs are met and nothing is hurting them they are usually delightful to be with (Leo 2007).

METHODOLOGY

An interpretive research paradigm was followed, because it underlines the qualitative research approach that the researchers followed (Hennink et al. 2011: 11). This paradigm views the experiences of people as expressed by the people themselves (Hennink et al. 2011: 14). Bogdan and Bilken (1982: 1) pointed out that there are a few distinct features of qualitative research that are very significant, viz. naturalistic, descriptive data, concern with process, inductive and meaning. The naturalistic feature delineates the natural setting of participants and stepping into this natural setting which allowed the researchers us to generate information by exploring the participants' behaviour in its original location (Bogdan and Bilken 1982: 1).

The researchers gained consent from the DoE to execute the study in two schools in the area of research, after which appointments with participants were scheduled at different times and venues. Consent letters were then signed by all parties concerned. Introductions were made before commencing with the interviews by establishing a rapport between researchers and the participants, allowing participants to feel free and relaxed, and informing them about procedures, confidentiality and anonymity. The researchers were able to employ the presence of counsellors and social-workers in case a learner

participant displayed any form of emotional outburst during the interview process. Separate assent forms were used for audio taping orphan participants.

The were five learner participants who were purposely sampled from the Intermediate and Senior Phases and were affected by HIV/AIDS, to which their parents had already succumbed. These learners were all living with close relatives or caregivers. Learner participants were between the ages of 10 and 15 years. Learners were carefully selected from a care centre where they were assisted with homework five days a week in the afternoon before they went to their separate homes. Individual interviews were held with each of the learners and they chose a language that they were comfortable with. All participants preferred English or Afrikaans. Interviews were audio taped.

Data Analysis

Interviews were transcribed following their completion, and while still fresh in our minds. As Gillham (2000: 56) states, "you can transcribe as you go, and you will find that each interview is relatively fresh in your memory", and allowed for a "proper transcription analysis" (Gillham 2000: 61). As Seidman (1991: 87) writes, "the primary method of creating text from interviews is to tape-record the interviews and to transcribe them, and that "the participants' thoughts become embodied in their words". However, the transcriptions were abbreviated in order to promulgate and establish the premise of the present study.

The researchers employed qualitative content data analysis (Henning et al. 2004: 104), since interest was in the stories that people tell and the language that they use to communicate these stories (Merriam 1998: 157). As Bryman and Burgess (1999: 27) puts it: "the focus is upon the story… it is on this basis that themes, metaphors, structures of stories and conclusions are established". In assigning categories to certain codes the researchers firstly used a thematic analysis to code the interview transcripts. This was done by highlighting substantive statements on each transcription (Gillham 2000: 63), then labelling phrases, sentences or paragraphs relating to these categories using a descriptive code. We continued by sorting codes into different categories, with each code was then refined to identify themes (Linsk and Mason 2004: 5).

The researchers identified codes to be combined to formulate a single category (Gillham 2000: 64), and checked to see whether there were other codes that they could assign to a certain category, and marked them.

From the categories the following themes emerged:

- Longing for parents
- Need for conversation
- Need for affection and warmth
- Need to trust someone when in need
- Need for a haven

FINDINGS

Longing for Parents

It was clear from the findings that these learners displayed a sense of belonging, exemplified by Jabez who said:

"I want to visit my mother at the graveyard,I wish my father would come".

Charlene expressed the need to be with the parents: "*I miss them sometimes", and "I wish I had parents"*.

Brenda also expressed the need to belong, when she said: "*I was thinking of them, missing them, I want to be like other children who are happy and their parents go out, they go out with their parents"*.

Need for Conversation

On the question of whether there was someone that they could talk to whenever they felt sad or depressed, most said that they spoke to their caregivers. For instance, Jabez said "*I talk to my mother"*, meaning his aunt, and Joshua said "*I tell Aunt Kate"*. He also had the courage to speak to the L.O. teacher: "*then I tell Mr. Fisher*", while Charlene said: "*I tell my teacher"*, and for Brenda: "*there's Mrs Willis and my friends that I can talk to*". Whereas Natalie said: "I talk to *my sister*", her sister also encouraged her: "*she tells me that it's not the end of the world"*.

Need for Affection and Warmth

Another emotional need that these learners expressed was for affection and warmth. Joshua

said: "*I wish I can stay here forever, because they treat me well*".

Brenda said: "*I wish that Aunt Mary can look after me"*, expressing the need for safety and security, while Natalie responded by saying: *"There's no-one to talk to sometimes*". She also felt safe and secure "*when I'm with my sister*", but on the other hand felt that "there is no-one to talk to sometimes", giving the impression that she lacked affection and warmth in her life.

Need to Trust Someone When in Need

The need to trust someone when in need was also expressed, by Jabez as: *"I go to them and tell them I don't have money"*, which also displayed courage, and by Charlene: "*I am part of the feeding scheme"*.While children were at school there were certain teachers that learners could trust and tell them what they needed.

Need for a Haven

It was clear from the interviews that learners preferred to go home when they needed a place of safety. Brenda said "*I was angry, then I came in the house … I just go to my room and think of those days with with my parents. I just slam the doors, then go in my room … I sit in my room and don't want to talk to no-one"*.

The irony of it is that on some days the home a "place of safety" became a "place of fear", because circumstances had turned around, it being the place in which her mother died in front of her. Her reaction now was *"I couldn't stay by my house, because I was going to cry"*. The school had thus become her place of safety, which she illustrated by saying: *"so I thought that I must go to school … go to school, and just forget about it. I don't talk to no-one. I'm just sitting in class"*. Here the home and school took on different roles of safety. From this it is evident that her room was the place in which she felt safe and secure, fulfilling her need for safety.

Joshua also expressed the need for safety when he said that "*I wish I can stay here forever*", a clear indication that his need for safety was being fulfilled at a care centre. For Natalie, "home" was no longer a "place of safety", because her mother had died there, as in the case with Brenda.

DISCUSSION

Longing for Parents

The findings clearly indicated that HIV/AIDS affected learners were longing to be with their parents and had a need to belong, because some stressed they need to stay with their caregivers 'forever'. Another learner interviewed told her friends that her caregiver was her mother, because she was too embarrassed to let them know that she did not have a mother. These statements clearly demonstrate Oluwagbemiga's (2007: 669) argument that "HIV/AIDS turns children into orphans". Furthermore, one learner expressed her need to belong when she indicated that she had a longing to stay with her paternal aunt and that her aunt could look after her. This longing is similar to what Mooney (2003: 32) illuminates: "these children have a great need to belong". It was also clear from the findings that most of these orphans had been raised by relatives, and they were quite content with the care centre which they visited daily after school. In South Africa, most orphans affected by HIV/AIDS are been taken care of by relatives (Giese et al. 2003: 63). Similar to these arguments are those of Nkomo (2008: 108), who states that HIV/AIDS orphans do have people who care about them, and they receive optimal support from family and friends which is highly appreciated by these learners. If relatives take care of orphans in a satisfactory manner surely the longing of parents may be reduced.

Need for Conversations

It was clear from the findings that HIV/AIDS orphans need to receive comfort from time to time in the form of conversations with other people on how to deal with the stresses of their everyday encounters in life. These conversations are to build the self-esteem and morale of these learners, and to point out to them that they are not useless, that there is someone willing enough to lend an ear, to listen to their stories, and to give them hope and encouragement. Donald et al. (2006: 103) argue that 'the primary source of motivation in human behaviour is the fulfilment of needs" (Maslow's Hierarchy of Needs). This is clearly demonstrated in the premise of Maslow (1998), Pearson (2007), Huitt

(2007), and Norwood (2009), that all people want to overcome feelings of isolation and loneliness.

Need for Affection and Warmth

Magano and Rambado (2012: 409) argue that orphans are forced into adult roles, robbing them of proper care and nurturing. According to interviews held with orphaned learners, their need for affection and warmth were exhibited when they stressed the need to stay with their caregivers forever. Even though they were lavished with love and affection by their caregivers, they still longed for their own parents in that they missed them and thought about them most of the time.

Need to Trust Someone When in Need

According to interviews held with these learners, their physiological needs were well taken care of. These are the needs for oxygen, food and water, according to Maslow (1998), Huitt (2007), Pearson (2007) and Norwood (2009), the strongest needs of all needs. This need is the first need in the search for satisfaction, which is why we found it vital to include this in conjunction with the emotional needs. If a child is hungry or cold, he or she cannot function at his or her best, and will express some kind of emotional need. According to Nkomo (2008: 77), orphans receive their support from relatives, friends or the church. This was also found in the interviews, with participants stating that they asked their friends whenever they needed something. Schools also offered feeding schemes as a resource for those learners whose caregivers could not afford to supply their children with lunch every day.

Need for a Haven

All these learners expressed their need for a haven, that is, a place they could call home. This is the place that they can run to whenever they are in distress. This need coincided with a need for a sense of belonging, which suggests that a person cannot have a haven without belonging somewhere in a family (Magano and Rambado 2012). Every child needs a place where one can feel safe and secured. Findings revealed that homes were no longer havens for children but the school. This suggests that the teachers' role and peers role are of paramount importance if a child can feel that a school is a place to run to. This theme forms the basis for our study, as it probed the emotional needs of learners, suggesting that an emotional need not met might manifest itself in different inappropriate modes of behaviour in children (Byatt-Smith 2006: 1). Care centres for orphans are also turned into havens and learners clearly expressed that they wish that they could stay there forever. The responses from learners gave an indication that the caregivers are doing a great job in taking care of HIV/AIDS affected learners.

CONCLUSION

It is evident that HIV/AIDS orphans are found in most schools in the country, this is a fact that one cannot turn a blind eye on. It is therefore of utmost importance that these learners are a priority on Department of Education's policies regarding their needs. Though the study focused on emotional needs, there are other needs also according to Maslow's Hierachy of needs that need to be met. Supervising adults are important figures in the lives of these orphans and their well-being. Care centres were also mentioned as important places where these orphans received love and support from caregivers, though it was only for a few hours per day. What were remarkable were the words spoken by orphans that they wished to stay at the centre forever. Their words gave an impression that they loved the place and the manner in which the caregivers related to them. A joint effort with the schools in supporting orphaned learners is essential whereby the home and school should work together. Furthermore, the study identified the emotional needs that HIV/AIDS orphans have to endure on a daily basis. These needs include a sense of belonging, the need for conversation, a need for affection and warmth, the need to trust someone when in need and the need for a haven. In addition, the study revealed the constant interaction amongst the various stakeholders within the school community, and their involvement in the lives of the orphaned learners

RECOMMENDATIONS

The Life Orientation teachers who are currently working as counsellors should know the

learner's profile and the conditions under which every learner is subjected to. The Department of Education should support schools by creating more grants for schools to have enough manpower to deal with social problems such as this of an increasing number of orphans in schools. Psychologists', social workers' posts should be created for every school in the country. These stakeholders work hand-in-hand in order to meet the needs of the orphans physically and emotionally, thus creating a surge of caring. They exhibit a caring disposition by enquiring about frequent absenteeism and by catering in the physical needs of these learners. It is, therefore, imperative that all people involved in the learner's life, according to the nested system of Bronfenbrenner, be cognisant regarding all aspects of the HIV/AIDS pandemic and those affected by it.

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