# Exploring teachers' experiences in interacting with HIV+ Learners in the Foundation Phase Gauteng East schools

by

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## DECLARATION

I, Ms Duduzile Priscilla Shabangu, declare that I wrote this dissertation, titled **- Exploring teachers' experiences in interacting with HIV+ Learners in the Foundation Phase, in Gauteng East schools**. I have noted and credited all sources that I have used.

This study is my own original work, and it has never been evaluated by another university. I accept full responsibility for any editorial, grammatical, or structural faults in this content.

---------- 25/01/2026

**Miss DP Shabangu Date**

**Dedication**

First and foremost, I dedicate this dissertation to my late father, Thomas Makoe, and my late mother, Jabulisile Mary Mbatha, who planted the academic seeds in me.

To my only daughter, Nokulunga Princess Shabangu, and my two grandchildren - my granddaughter Lethabo Okuhle Kodwa KaGogo Wakhe and my grandson ZoSukumi Zizwe Tshegofatsi - my pillars of support and stability. I am very happy, peaceful, and joyful because of you.

I honour these people's sacrifices, unwavering tolerance, concern, and support, provided during this incredible journey. I love you all dearly!

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My best friend, my big sister and my shoulder to cry on when I am in need of everything, including money and transportation, to conduct my interviews. These are the ones I would always call on when I am in need - Nomzi Gumede and her son, Kagiso.

# ABSTACT

The HIV and AIDS pandemic presents many challenges to education in South African schools. The South African National Department of Education declared itself a central player in addressing many challenges presented by HIV and AIDS in schools. A significant challenge in this context lies in the need to enhance teachers' experiences and capacity in interacting with HIV+ learners in the Foundation Phase within Gauteng East schools. The main purpose of this study was to explore the experiences of teachers in interacting with foundation phase learners who are HIV+. Data were collected through qualitative in-depth face-to-face interviews with ten teachers who were purposefully chosen to participate in the study. Two theories were employed in this study - theory of planned behaviour, with regard to understanding the factors that influence how teachers perceive, intend, and behave when interacting with HIV+ learners, and the intergroup contact theory - were adopted to help in creating strategies and interventions that will boost communication, foster understanding, and lessen stigma in creating inclusive and encouraging learning environments for HIV+ learners. The data revealed three themes and sub-themes; the themes are: (i) Navigating clinical, social, and emotional challenges (ii) The need for improved preparation and systemic support; and (iii) Pathways to improvement: recommendations for policy and practice. The study found that there are complex realities in teachers' experiences in interacting with foundation phase HIV+ learners in Gauteng East schools. The participating teachers have been confronted with challenges that extend beyond conventional pedagogic roles, as they must navigate issues of learner medical non-compliance, stigma, and learners' emotional distress, often without adequate institutional or professional support. Recommendations have been proposed for educational institutions and policymakers to improve support for HIV+ learners in schools. The study is significant because it provides empirical insights into how HIV-related issues are negotiated in early childhood classrooms, an area that is still understudied, by emphasising teachers' lived experiences.

**Keywords:** Teachers, perceptions, learners, HIV, stigma, Gauteng East schools

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# LIST OF ACRONYMS

| | |
|---|---|
| **ABET** | Adult Basic Education and Training |
| **AIDS** | Acquired immunodeficiency syndrome |
| **ART** | Anti-retroviral treatment |
| **ARV** | Antiretroviral |
| **ECD** | Early Childhood Development |
| **DBE** | Department of Basic Education |
| **DoE** | Department of Education |
| **FME** | The Federal Ministry of Education |
| **HAART** | Highly Active Antiretroviral Therapy |
| **HIV** | Human immunodeficiency virus |
| **HIV+** | Human immunodeficiency Virus positive |
| **ICT** | Intergroup Contact Theory |
| **IE** | Inclusive Education |
| **MoE** | Ministry of Education |
| **NGO** | Non-Governmental Organizations |
| **OSD** | Occupational Specific Dispensation |
| **PLWHA** | People Living With HIV and AIDS |
| **PMTCT** | Prevention of mother-to-child transmission |
| **PrEP** | Pre-exposure prophylaxis |
| **SASA** | South African School Act |
| **SGB** | School Governing Body |
| **TAC** | Treatment Action Campaign |
| **TPB** | Theory of Planned Behaviour |
| **UK** | United Kingdom |
| **UNAIDS** | Joint United Nations Programme on HIV/AIDS UNICEF United Nations |
| **UNESCO** | United Nations Educational Scientific and Cultural Organisation |
| **UNICEF** | United Nations International Children's Emergency Fund |
| **US** | United States |
| **USA** | United States of America |
| **WCED** | Western Cape Education Department |

**WHO** World Health Organisation

# CHAPTER 1: A STUDY ON TEACHERS' EXPERIENCES IN INTERACTING WITH FOUNDATION PHASE HIV+ LEARNERS

## 1.1 INTRODUCTION AND BACKGROUND

This study explores the experiences of teachers who interact with HIV+ learners, daily, in the Foundation Phase, in Gauteng East schools. The study seeks to understand the attitudes, beliefs, and challenges experienced by the teachers, and if the necessary support or tools are provided for these teachers to effectively support learners living with HIV in Foundation Phase, in schools. Studies show that, due to social and contextual constraints, poverty, stigma, and HIV-related comorbidities, foundation phase HIV+ learners face difficulties in their schooling (Cedillo et al., 2019; Maddocks et al., 2020a). There is, however, a growing awareness among teachers who have been playing a crucial role in combating the HIV and AIDS pandemic challenges, within the school settings in South Africa (Naidoo and Rule 2016). Research on how to support HIV+ learners in the foundation phase, despite the growth of teachers' awareness, is predominantly from the Western contexts and does not reflect some Sub-Saharan countries' realities.

Teachers in Zimbabwe, for example, are responsible for imparting knowledge, skills, attitudes, and values that could help learners live longer and healthier lives (Matjeke and Sedibe 2022). Limited research, however, has been conducted on teachers' experiences in interacting with HIV-positive learners in South Africa, leading to lack of culturally-appropriate and sensitive tools being developed to address the challenges teachers experience (Campbell et al., 2016). As of 2021, global HIV statistics show that 38. 4 million people were living with HIV, with children[1] aged below 15 years, accounting for 1.7 million (World Health Organization [WHO] 2022). These children are at risk of experiencing an increasingly impact of chronic inflammation on multiple systems which may lead to the development of new complications, including cognitive issues (Nalwanga

[1] Throughout this document, 'HIV+ children' and 'children living with HIV' will be used interchangeably.

and Musiime 2022); this would have an impact on their school performance. Foundation Phase teachers in South African, therefore, play a crucial role, as not only do they have to pay more attention to these learners, but they also have the responsibility to educate learners in schools about HIV, as their attitude towards HIV+ learners could have psychological impact on how those affected adhere to their medication and school attendance (Chory et al., 2021; Malga et al., 2018).

Education's White Paper No 6 has emphasised that the inclusion of HIV+ learners in the classrooms should not induce any discrimination, rather, they should be provided with necessary support to ensure high-quality instruction (Department of Education 2001). The White Paper also stressed the importance of considering the impact of HIV and AIDS when implementing inclusive education in schools. By this, the learners should be given equal rights to an elementary education. To create an inclusive culture within South Africa's diverse society, learners must internalise democratic concepts, and for this to happen, classrooms and schools must become places where democratic values and principles are put into practice (Skae 2018).

Teachers, as key stakeholders in the education system, have a responsibility to ensure a high standard of education and support learners, who are HIV+ (Chineka and Mukundu 2017; DeMartini and Mitchell 2016; Naidoo and Rule 2016). This study was conducted to explore teachers' experiences when interacting with HIV+ learners in class, especially in the Foundation Phase (Grade R-3). Retaining capable and well-trained teachers is essential to institutional success, as education undergoes radical reconceptualisation worldwide. The results of this study will aid in the development of policies and practices that support the inclusion of HIV+ learners, who take their medication at school. To achieve the goals of this study, a qualitative approach was employed, where interviews were conducted with 10 teachers, who are formally employed in Foundation Phase in schools in Gauteng East, South Africa.

The Joint United Nations Programme on HIV and AIDS [UNAIDS] (2021) reports that 23% of the 3.5 million children under 14 in South Africa are infected with HIV, and around 17% have lost at least one parent to the epidemic. In 2017, the South African Department of

Basic Education put into effect a national policy that addresses the rights and needs of HIV+learners and ordinary teachers, who serve as the foundation of support within inclusive classrooms; schools were mandated to combat stigmatisation and provide support to teachers, working with learners living with HIV (DBE, 2017). The dedicated extracurricular support for HIV and AIDS' services, however, are not tailored for teachers instructing learners living with HIV, hence, the former frequently miss out on how to offer assistance and support. The HIV pandemic places different demands on teachers, particularly in South Africa (Bantwini and Letseka 2016). Teachers who are exposed to everyday life challenges in relation to HIV+ learners, must have a positive attitude in supporting these learners (Van Opstal et al., 2021). Research in South Africa has primarily focused on HIV and its impact on households, but there is limited literature on studies that focused exclusively on the teacher's experience with HIV-positive learners in the classroom, where unique factors, such as teachers' experience, attitudes, and support have not been addressed (Naidoo and Rule 2016).

Reports on HIV among children reveal that the HIV epidemic continues to impact learners' lives (Garnett 2020; Zinyemba et al., 2021). Individuals living with HIV face daily challenges, but children with the virus require even more care and support, according to UNICEF (2018). The goal of care and assistance is to meet these children's needs comprehensively, enabling them to fulfil their potential both in and out of the classroom. Care and assistance, hence, must be specifically designed to meet the variety of requirements of learners living with HIV, which must be inclusive of knowledge and skills they need to overcome the obstacle that come with living with HIV, especially in a school environment.

Malibeng (2014), in a study conducted in sub-Saharan Africa found that programmes looking at how schools might step in for families' dwindling capacities are still on a small scale. Studying other teachers' experiences, in their interaction with HIV+ learners, can help South African teachers address the knowledge gap, reduce stigma, promote the well-being of HIV+ learners, and ensure that all learners, regardless of their HIV status, have access to equal educational opportunities. Theron (2018) states that when teachers' attitude is positive and their knowledge is improved, the environment for learners living

with HIV might be improved. This study, hence, is essential because it will provide insights into teachers' experience with HIV+ learners, in the Foundation Phase, in Gauteng East schools.

### 1.1.1 Historical Context of HIV in South Africa

South Africa first experienced death from AIDS in 1982, with two homosexual men (Sher 1986; Vance 2019); both had engaged in sexual relations with homosexual Americans. Following this, a study that monitored the prevalence and epidemiology of AIDS among Johannesburg's male homosexual population, was conducted early the following year (Sher 1986). The South African Institute for Medical Research then studied 461 white male homosexuals from the Greater Johannesburg area between February and July 1983 (Becker 1986, Sher 1986).

South Africa started seeing a slower rate of AIDS infection, as compared to the United States, by the mid-1980s. To oversee the development and execution of efficient control measures, such as the provision of diagnostic and counselling services and blood supply screening, the South African government formed an AIDS Advisory Group in 1985 (Becker 1986). The AIDS Advisory Group, however, had little impact as the South Africa's apartheid framework was characterised by widespread racial segregation, discrimination, and social inequality throughout the era, from 1948–1994 (Lephakga 2017). High levels of poverty, migratory labour, limited access to healthcare, and sexual networks that enabled transmission - were some of the factors that contributed to the fast spread of HIV in the late 1980s and early 1990s (Kalichman and Simbayi 2004). Furthermore, the political atmosphere hindered open conversations around sexual health, thereby negatively impacting awareness campaigns (Koodibetse 2015). HIV awareness initiatives have gradually increased since apartheid ended in 1994, but attitudes and access to care are still being negatively impacted by its legacy (Grundlingh 2009).

In the early 1980s, apartheid neglect, created an atmosphere where false information developed, adding to the stigma associated with the disease, especially among South Africans of African descent (Manley 2014). The country's public health response to HIV

and AIDS was hampered during the apartheid period, due to the unequal distribution of healthcare resources among racial groups (Jaeckel 2017). Studies reveal that the government's disregard for the health needs of disadvantaged populations during the apartheid era resulted in a deficiency of information and resources about HIV prevention and treatment (Michell 2023). The majority of South Africans, particularly those living in rural regions, held a belief that witchcraft was the source of HIV/AIDS (Ashforth 2001; Kalichman and Simbayi 2004). The same beliefs were documented in some parts of the Okhahlamba district in Bergville, Kwazulu-Natal, by Mchunu and Preston-White (2005). This could be because people were confused about the origins and nature of HIV and AIDS. For the purpose of imparting accurate knowledge about HIV/AIDS to the next generation, it was crucial that older people possess adequate and relevant knowledge about the origins and consequences of the disease. There are those who believed that HIV was a virus of the spirits, and this notion was supported by the fact that certain individuals who had the virus had noticeable variations in their life from others who did not (Ashfort 2001; Goffman 2009). Stigmatisation was a direct result of attributing the origin of HIV/AIDS to angry gods or ancestor spirits. Black South Africans believed that individuals living with HIV and AIDS have undoubtedly brought their illness upon themselves and their social circles. Two of the main components of stigmatising were the feeling of disgust and the fairness of societal penalties that resulted from attributing the cause of HIV and AIDS to the gods (Goffman 2009).

In the earlier years of democracy from 1990 to the mid-year 2000, following President Nelson Mandela’s administration, President Thabo Mbeki was heavily criticised for delaying the implementation of antiretroviral treatment (ART) programmes and downplaying the connection between HIV and AIDS (Kim 2015). According to estimates, between 1999 and 2002, this resulted in 343,000 deaths and 171,000 preventable new infections (Furman 2016). Mills (2023) also adds that the government's initial denial of HIV and AIDS resulted in delayed interventions, which raised infection rates, however, the approach to the disease has changed dramatically over time. Increased activism and pressure from across the globe by the late 1990s and early 2000s led to a shift towards broader treatment and preventative methods, such as the introduction of antiretroviral

therapy (ART) (Mills 2023), although, there are still issues that prevent effective public health interventions, like discrimination and stigma (Bell et al., 2022).

Policy changes were eventually brought about because of local and international pressure from activists, medical experts, and groups like Treatment Action Campaign (TAC) (Kadia et al., 2020). One of the biggest ART programmes in the world was introduced in South Africa in 2003, greatly enhancing treatment accessibility (Kadia et al., 2020). Early in the 2000s, about 20% of adults in South Africa were infected with HIV, although this number has significantly dropped over the years, however, there is still a sizable HIV burden in South Africa, with approximately 7.9 million people living with the virus, representing a prevalence rate of 14.0% among the population (Gous et al., 2016; Zuma et al., 2022). The government now seeks to increase safe sex practices and lower HIV transmission rates (Wojcicki 2017). Two significant initiatives in this regard, include integrating maternal health services and expanding access to the ART. By maintaining maternal viral suppression with ART throughout pregnancy, the Prevention of Mother-to-Child Transmission (PMTCT) programme has drastically reduced transmission rates from 23% in 2003 to 0.7% in 2019 (Wessels et al., 2020). Furthermore, studies have associated lower HIV risk behaviours, such as lower transactional and condom-free sex, to structural interventions aimed at adolescents, such as enhancing education (Rudgard et al., 2023). The multidisciplinary clinic approaches are helping patients who are not responding to ART to achieve virological suppression (Juta et al., 2024); despite these efforts, the persisting stigma, unequal access to healthcare, and gender-based problems have caused some difficulties in combating HIV and AIDS in South Africa (Manley 2014).

The UNAIDS 90-90-90 targets, which aim for 90% of people living with HIV to know their status; 90% of those who are diagnosed to receive treatment, and 90% of those who are receiving treatment to have suppressed viral loads, have been made in part, but challenges still exist in achieving them all (Vallecillo et al., 2020). The urgency around the epidemic has been partially addressed, however, the nation still has problems with avoiding new infections and enhancing the lives of HIV+ individuals, including children.

The ART has contributed to a 52% decrease in AIDS-related mortality worldwide (UNAIDS 2013). The treatment plays a critical role in lowering HIV-related death rate among children under the age of ten (Almeida et al 2013). It is crucial that children infected with HIV adhere to treatment because the goal of ART is to reduce viral replication and to restore and sustain the immune system (Almeida et al., 2013). Every country has increased access to ART, but sub-Saharan Africa has seen the most increase (UNAIDS 2013). When ART is available, the morbidity and mortality rate of HIV infection in children is significantly decreased, turning the illness into a chronic condition, as opposed to a lethal one.

## 1.2 PROBLEM STATEMENT AND RATIONALE OF THE STUDY

### 1.2.1 Problem statement

HIV directly and indirectly impact children's development outcomes (Garnett 2020), since HIV+ learners may face unique challenges related to their social interaction with their peers, such as stigma, discrimination, and physical limitations (UNAIDS 2021). Discrimination against people living with HIV remains prevalent in educational settings, despite global efforts to combat stigma (Maughan – Brown and Spaull 2014). HIV+ learners frequently visit hospitals, clinics, or doctors, hence, the development and maintenance of peer relationships and friendships is hampered because of their frequent absence from class (Kimera et al., 2019). These learners may miss significant amounts of class time, which prevents them from participating in group activities and making friends within the group. Being rejected by classmates can make a learner feel inferior, alone, and isolated, which could harm his or her self-esteem (Cedillo et al., 2019).

There has been significant progress in preventing and treating HIV in South Africa, however, it is still crucial to understand the experiences of teachers who interact with HIV+ learners in the classroom. According to the Education White Paper 6 (Department of Education, 2001), inclusive education policies aim to ensure equal educational opportunities for all learners, including HIV+ learners. South Africa has been working for years towards a peaceful and meaningful integration of individuals from different cultures

and races into mainstream society and education, however, currently, the diverse learners in the school system, means more challenges for teachers and school administration (Rowan et al., 2021).

Research conducted in nine Southern African countries (Botswana, Lesotho, Malawi, eSwatini, Mozambique, Namibia, South Africa, Zambia and Zimbabwe) revealed that there was a prevalent issue of discrimination and stigmatisation against HIV+ learners in schools (Maughan – Brown and Spaull 2014). Additionally, the study found that HIV+ learners experience considerable challenges in obtaining quality education and participating in school-related events. In some countries, for instance, Nigeria, there has, however, been some positive attitude demonstrated by some foundation phase teachers and learners towards HIV+ learners (Nwimo et al., 2020). The literature emphasises the difficulties faced by HIV+ learners and the crucial role teachers play in helping them, despite this, there are still gaps in appropriate ways that teachers can create an inclusive classroom.

Limited research is directly focused on South African foundation-phase classrooms; instead, data are mostly derived from Western contexts or more general Sub-Saharan studies. As a result, little is known about how national policies, such as the White Paper 6 and the DBE's 2017 policy on HIV in schools, are actually put into practice and whether or not teachers are sufficiently prepared to assist young learners who are living with HIV. This means there are limited studies that explore teachers' daily experiences, attitudes, and teaching methods related to the needs of young children living with HIV. Additionally, there is a dearth of culturally-relevant and context-sensitive tools or interventions that might help teachers promote treatment adherence, improve inclusion, and lessen stigma in the classroom. Most of the research overlooks the larger contextual and intersectional elements that influence teachers' interactions with these learners, such as poverty, cultural norms, and stigma in the community. Lastly, there is limited assessment of the efficacy of school-based support programmes or how learner outcomes and teacher practices have changed over time, in connection with children living with HIV. These limitations underline the necessity for locally-grounded research that reflects teachers’

lived experiences and guides the development of practical, culturally-relevant support mechanisms for foundation-phase classrooms.

It is for these reasons that this study seeks to investigate how teachers interact with HIV+ learners in Gauteng East schools, with the aim of advocating for sensitivity in interactions with these learners. It is necessary, therefore, to conduct a study that delves into teachers' interactions with learners who are living with HIV and come up with initiatives to support these learners effectively in their learning experiences. To address issues of discrimination and HIV-related stigma that affect the learning experiences of learners, it is essential to first explore how teachers interact with these learners and identify challenges and points that need improvement. This study, hence, will highlight some of the challenges that teachers face and discuss effective strategies to promote the well-being and educational success of HIV+ learners in the classroom.

### 1.2.2 Rationale of the study

The high number of South African HIV-infected school-aged children, is a serious concern in relation to the educational outcomes and the psychological well-being of learners (Maddocks, Perumal and Chetty 2020). Research conducted in South Africa by Lekhuleni and Chabeli (2015) found that HIV and AIDS-related stigma affects the ability of learners to access education and impacts their academic performance and social interactions with peers (Martin et al., 2022). Similarly, a study conducted in India found that stigma and discrimination against People living with HIV and AIDS (PLWHA) are widespread in schools, and teachers were often unwilling or unable to support the needs of these learners (Kapila et al., 2016).

In this context, teachers need to adapt their teaching methods to accommodate the needs of HIV+ learners, such as providing additional support or catering for their missed classes, due to medical appointments or illness (Naidoo and Rule 2016). Addressing the challenges faced by teachers, when dealing with HIV+ learners, requires a comprehensive approach that includes - addressing stigma and discrimination, providing appropriate support and care, and promoting inclusive education for all learners. The

implementation of school-based HIV prevention programmes, however, does not always provide youth-friendly services, convenient clinic hours, or thorough information (Sekgobela et al., 2020). In general, tackling issues related to learners living with HIV, in the foundation phase, in South African schools, necessitates a comprehensive strategy that includes accessibility to relevant education, support services, and a supportive school environment. Theron (2018) states that when teachers' attitude is positive and their knowledge is improved, the environment for HIV+ learners do improve. This study is significant as it will provide insights into teachers' experience with HIV+ learners in the foundation phase, in Gauteng East schools.

The study contributes to knowledge, thereby, enhancing the understanding of teachers, school administrators, and policymakers on challenges faced by teachers in supporting HIV+ learners. Furthermore, the study could identify training needs relevant to improving teacher-interactions with learners, to create a sensitive and inclusive learning environments for HIV+ learners. The findings of the study, therefore, may also indicate gaps in which the education system can better support HIV+ learners, equip teachers with the relevant skills so they can be sensitive in their interactions with learners.

## 1.3 RESEARCH QUESTION, AIMS, OBJECTIVES AND PURPOSE

### 1.3.1. Purpose of the study

The purpose of this study was to explore foundation phase teachers' experience in interacting with HIV+ learners in Gauteng East. This research will create a better understanding of teachers' behaviour and attitudes towards HIV+ learners, the challenges they come across, and the strategies they employ during their interactions with HIV positive learners. The study will also identify the knowledge gap around the promotion of the well-being and educational success of these learners in the classroom. The findings, hence, will generate insights that can help improve teacher-training programmes, create more inclusive school environments, reduce stigma, and promote a supportive educational experience, for learners living with HIV in the classroom.

### 1.3.2 The aim and objective of the study

**Aim**

The aim of the study was to explore teachers' experiences in interacting with HIV+ positive learners in the Foundation Phase, in Gauteng East schools.

**Objectives**

- To identify challenges faced by teachers when interacting with the foundation phase HIV+ learners and the impact of these challenges on teaching practices in Gauteng East schools.
- To identify the training and support needs of teachers to enhance their ability to interact with sensitivity and accommodate the needs of HIV+ learners in Gauteng East schools.
- To assess the preparedness and support received by foundation phase teachers so as to effectively interact with and educate HIV+ learners, in Gauteng East schools.
- To propose recommendations for educational institutions and policymakers on how to improve support for HIV+ learners in schools.

### 1.3.3. Research question

The study answered the main research question: **What are Gauteng East school teachers' experiences in interacting with foundation phase HIV+ learners?**

To answer this main question, four sub-questions were developed:

*Sub-questions*

- What are the challenges that teachers face when interacting with HIV+ learners, and how do these challenges impact their teaching practices in Gauteng East schools?

- What are the training and support needs of teachers that can enhance their ability to interact with sensitivity and accommodate the needs of HIV+ learners in Gauteng East schools?
- To what extent do teachers feel adequately prepared and supported, to effectively interact with and educate HIV+ learners in Gauteng East schools?
- What recommendations can be made for educational institutions and policymakers to improve teacher-support for HIV+ learners in Gauteng East Schools?

## 1.4 DEFINITION OF KEY CONCEPTS

**Learners:** According to the South African Government Gazette (2011: 48), a learner is "a person who attends an Early Childhood Development (ECD) centre, school or Adult Basic Education and Training (ABET) centre". Additionally, a learner is also someone who, through instruction or experience, gains knowledge, skills, beliefs, and values through various ways that can include instructions, personal reflection or experience (Weigel, James and Gardner 2009). The definition of a "learner" however, can vary depending on the context.
In this study, "learners" will be operationalised as HIV+ children who are attending school on a weekly basis. These learners are at the primary school level, in the foundation phase.

**Teachers:** A teacher is responsible for guiding learners' education process, as mandated by the National Policy Act No. 27 of 1996 in South Africa (Republic of South Africa and President's Office 1996). To do so, the teacher must hold a qualification that is equivalent to at least level 5 of the NQF; this qualification is required for both office-based and school-based teaching (Occupational Specific Dispensation [OSD] 2007). Teachers who work in the district and circuit offices serve as support staff or as advisors on curriculum, among other things, while full-time teachers are known as "school-based teachers" who work, either, in the foundation phase in primary, secondary or special schools (Occupational Specific Dispensation [OSD] 2007). A teacher in this study is operationalized in terms of a school-based full-time individual, who provides teaching services to primary school learners, for both HIV+ and HIV-negative learners. This is a teacher who interacts with these learners on daily basis, within a school setting.

**Stigma**: The term "stigma" refers to an undesirable characteristic that is associated with intolerance, fear of the unknown, social isolation, and a set of misconceptions stemming from a lack of knowledge, understanding and awareness regarding a characteristic (Goffman 1969). It often results in unfavourable preconceptions, discrimination, and social exclusion. In its most basic form, stigma is a mark of shame or contempt that can significantly affect both individuals and societies (Santos, Barros and Santos 2016).

**HIV**: HIV infection is caused by the Human Immunodeficiency Virus, which attacks the immune system and specifically targets CD4 cells (also known as “T-helper cells”), which are crucial in fighting infections (Kapila et al., 2016). Sexual contact, blood transfusions, mother-to-child transmission, and needle-sharing among injectable drug users, are the four main ways that HIV is generally spread. Heterosexual contact is the most common mode of transmission, accounting for over 85% of infections worldwide (Basavarajaiah and Murthy 2020; Franjic 2020). Contaminated blood products are the source of bloodborne transmission, with an extremely high risk of infection (Vernazza et al., 1999). According to Vernazza et al. (1999) and Tomaso et al. (1995), mother-to-child transmission can occur during pregnancy, childbirth, or breastfeeding, with approximately 25% of infants contracting the HIV virus through this method, if their mothers are positive. This study focuses on learners who are currently living with HIV, regardless of how it was transmitted to them.

**Perceptions**: Perception refers to a process of choosing, arranging, and interpreting sensory data to make sense of the environment around oneself. It is inclusive of multiple aspects, such as sensory awareness, appearance-based beliefs, and the capacity to identify subtle details that might not be immediately obvious (Jabar and Fougnie 2022; Yeon and Rahnev 2020).

The teachers’ perceptions in this study includes their attitudes, beliefs, and challenges experienced when interacting with HIV+ learners, and the strategies used - be it self-taught or based on the DBE policy for HIV+ learners.

## 1.5 DISSERTATION CHAPTER LAYOUT

**Chapter 1** provides the background, focusing on aspects like, the problem statement and rationale indicating the significance of this study, along with the objectives and the research questions that guided the study.

**Chapter 2** explores the literature on HIV in the context of rural South Africa and foundation phase children. In addition, two theories supporting this study - Theory of planned behaviour (TPB) and the Intergroup Contact Theory (ICT) - are also outlined in this chapter.

**Chapter 3** describes the research design and methodology, dwelling on the data collection and analysis processes followed in the study. These details also provide information related to the study design, recruitment process, data collection, thematic analysis, trustworthiness, and ethical issues.

**Chapter 4** presents an analysis of the collected data around the main emerged themes and sub-themes - 'navigating clinical, social, and emotional challenges in teaching HIV+ learners'. This serves as a foundation for Chapter 5 which interprets in-depth, additional themes from the study analysis.

**Chapter 5** presents more in-depth findings from the thematic analysis and the discussions on the main findings. The main themes discussed in this chapter are – "The need for improved preparation and systemic support" and "Pathways to improvement: Recommendations for policy and practice". These themes are further supported by their sub-themes for in-depth analysis and interpretation.

The concluding chapter which provides a summary of key findings from the study, highlights the contribution made by the study, offers recommendations for future research, and outlines the limitations of the study.

## 1.6 CONCLUSION

This chapter begins with providing background to the study that included. the history of HIV in South Africa, followed by the problem statement, which suggest that there are different challenges teachers at the foundation phase face when interacting with HIV+ learners, including stigma. Research show that some teachers, in other countries have found methods to overcome challenges related to interacting with HIV+ learners and combating HIV stigma, however, it is not clear which strategies are currently employed by teachers at foundation phase level, in the Gauteng East schools as teachers' challenges are different, hence, these require contextually-based solutions. The key concepts to be used in the study were defined in this chapter as well as the research purpose, and objectives. The main research question and sub-questions were outlined, as well as a summary of the thesis' chapters.

The next chapter reviews literature on HIV among children globally and in rural South Africa; HIV-related stigma and its impact on affected individuals; understanding HIV in the educational context, as well as the theories underpinning the study.

# CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

## 2.1 INTRODUCTION

As HIV continues to affect millions of people worldwide, the relationship between teachers and learners living with HIV has become an increasingly necessary area of scholarly inquiry. This chapter presents a critical review of existing literature on HIV in educational contexts, with particular attention to the experiences of foundation phase learners living with HIV and the role of teachers in shaping their educational experiences. The chapter begins by examining literature on socio-ecological issues of HIV-positive children in rural Gauteng to provide a context of the study's target focus; HIV-related stigma - focusing on how stigma affects the psychological, social, and educational lives of people living with HIV, through a global lens. It then reviews studies that explore HIV and AIDS within educational settings, providing an overview of HIV prevalence and its implications for education in South Africa, as well as the role of schools in supporting these learners. The review further focuses on teachers' attitudes and behaviours towards learners living with HIV, drawing on existing research to examine how teachers' knowledge, beliefs, and perceptions influence learner wellbeing and academic outcomes. Understanding these dynamics is essential for addressing the challenges experienced by both educators and HIV-affected learners, in school environments.

In addition, the chapter identifies challenges encountered by teachers globally when working with learners living with HIV, highlighting how stigma and discrimination can shape teaching practices and classroom interactions. Recognising these challenges is crucial for the development of effective support structures that will enable teachers to respond appropriately to learners' needs. The chapter also explores strategies used by teachers to support learners living with HIV, with an emphasis on inclusive pedagogical practices and school-based interventions, that promote learner participation, safety, and academic success. Furthermore, the review examines teachers' training and professional development needs, by analysing existing HIV information and teacher preparation programmes, and their effectiveness in enhancing teachers' readiness to support learners

living with HIV. The chapter concludes by discussing the theoretical framework underpinning the study, explaining how the selected theories align with the research problem, objectives, and design; the final section synthesises key insights from the literature. Through this systematic examination, the chapter aims to generate insight that can inform teacher education, strengthen inclusive school environments, reduce HIV-related stigma, and enhance support for learners living with HIV, in Gauteng East schools.

## 2.2 SOCIO-ECOLOGICAL ISSUES OF HIV+ CHILDREN IN RURAL GAUTENG

This section explores existing socio-ecological issues related to HIV+ school children, particularly, those living in rural parts of the Gauteng Province. The discussions further focus on the contributing factors to these learners' vulnerability and the specific challenges they encounter in obtaining comprehensive HIV care and support services (Kitenge et al., 2025).

Generally, there are still issues surrounding HIV, especially in rural regions where access to comprehensive preventive and treatment programmes may be limited, despite the significant success made in lowering mother-to-child HIV transmission (Buthelezi, Modeste and Phetlhu 2021). This is particularly relevant in South Africa, where the Prevention of Mother-to-Child Transmission Programme has reduced vertical transmission rates to about 3% in the country's estimated 8 million HIV+ population (Mazanderani, Radebe, and Sherman 2024). The ongoing burden of around 280,000 children and adolescents under the age of 15 living with HIV in the country is contrasted with the progress made so far (Mazanderani, Radebe and Sherman 2024).

Research on HIV among children in rural South Africa reveal that, although new infections worldwide and childhood HIV-related fatalities, have greatly decreased, children still lag behind adults in receiving essential HIV services (Magobo et al., 2025). The SABSSM VI Gauteng Provincial Findings (2024) show that HIV prevalence among children under 15 has decreased to less than 1% as a result of effective Prevention of Mother-to-Child Transmission (PMTCT) programmes; a cohort of "long-term survivors" is presently progressing through the Foundation Phase (HSRC 2024). These children, however, are

particularly vulnerable in rural Gauteng because, unlike their urban-based counterparts living with HIV, they tend to reside in informal or tribal areas where viral load suppression (VLS) rates are almost 10% lower than in urban regions (HSRC 2024).

According to research findings from the Thembisa model (Johnson, van Schalkwyk and Dorrington 2025), which is a combined HIV and demographic model created for South Africa, children living with HIV in the Foundation Phase are more likely to experience executive function deficits (delays in memory, processing speed, and attention) which are crucial for early literacy and numeracy. This also includes the School Progress Index (SPI) Lag, where data from the Thembisa 2025 Model indicates that HIV+ children have an early-stage "academic handicap" in which they lag behind their disease-free peers in Grades 1 and 2, possibly as a result of health-related disruptions during the crucial early socialisation period, rather than low intelligence (Johnson, van Schalkwyk and Dorrington 2025). To avoid labelling and stigma, parents often conceal their child's HIV status from both the child and the school administration. This is because parents and caregivers of HIV+ children fear that young children lack the social maturity to keep their status a secret, from teachers and other school personnel. As a result, Foundation Phase teachers may misunderstand HIV-related cognitive impairments as "laziness" or "learning disabilities," thereby, not providing specialised necessary pedagogical support (Johnson, van Schalkwyk and Dorrington 2025).

The health of Foundation Phase HIV+ learners in rural Gauteng, is further largely dependent on the school-clinic link, however, the National Youth HIV Prevention Strategy note that Integrated School Health Policy (ISHP) services are frequently absent from rural schools (Republic of South Africa 2022). Medication, for example, must frequently be taken with meals, hence, the National School Nutrition Programme (NSNP) is a crucial pillar for ARV adherence in children aged 5 to 9 (Republic of South Africa 2022). For children in rural areas, "weekend hunger" or lack of access to school food, is still considered one of the reason why young children's ARV therapy is interrupted (Republic of South Africa 2022). Researchers also point out another challenge related to the physical location of HIV+ children residing in the rural areas - some of these children in the Foundation Phase sometimes depend on their grandparents or other elderly carers

to get them to the clinic. Due to the physical distance to rural clinics, "Wellness Baby" or "Child Health" appointments which are essential for tracking growth and CD4 counts throughout these early years, are routinely skipped (Republic of South Africa 2022).

In summary, the literature on Foundation Phase children living with HIV in rural Gauteng, shows that their educational survival is still at risk. Researchers agree that HIV+ children will continue to experience a cumulative disadvantage that will show up as they leave the Foundation Phase, if early screening for neurocognitive deficits and effective communication between rural carers and Grade R–3 teachers are not implemented (Johnson, van Schalkwyk and Dorrington 2025).

## 2.3 HIV-RELATED STIGMA AND ITS IMPACT ON HIV+ INDIVIDUALS, GLOBALLY

Stigma in the context of HIV refers to behaviours that include - treating people differently, verbally abusing them, undervaluing them, and rejecting them in social interactions - due to their perceived or known HIV+ status (Friedland et al., 2020). Negative attitudes, feelings, and beliefs towards HIV+ people and groups are defined as HIV-related stigma, according to the Joint United Nations Programme on HIV and AIDS (UNAIDS) (Joint United Nations Programme on HIV and AIDS [HIV and AIDS JUNPo] 2011). Results from recent international and local studies on stigma associated with HIV, have shown that stigma is linked to adverse effects on mental health, such as anxiety (Rueda et al 2016), depression (Felker – Kantor et al., 2019; Lambert et al., 2019), emotional distress (Siegel, Lekas and Schrimshaw 2005), and low life satisfaction (Hsieh et al., 2022). Turan et al.'s research conducted in the United States (2017) showed that stigma associated with HIV might cause people living with the virus to internalise stigma, which can have detrimental effects on their mental and physical health. In addition, high levels of stigma have been connected to - risky sexual behaviour, depression, poor medication adherence, decreased use of health and social services, anxiety, negative self-image, lower quality of life, mental distress, and decreased social support from friends, family, and health services - according to a meta-analysis by Rueda et al. (2016).

HIV stigma is a multifaceted chain of institutional, societal, and cultural prejudices that arise from fear and misconceptions about the infection (Obeagu and Obeagu 2024). The social effects of HIV stigma include - discrimination, fear, and prejudice towards HIV+ people (Lekhuleni and Chabeli 2015). Due to preconceived notions and stereotyping, people living with HIV may be reluctant to disclose their status out of fear of social rejection, judgement, or ostracism, which furthers their isolation and alienation (Izuchukwu et al 2016). Attitudes regarding HIV are significantly shaped by cultural norms and beliefs (Fauk et al., 2021). Cultural practices, such as attributing illness to supernatural causes or moral failings can be profoundly linked with stigma as it can support discriminatory acts and spread misconceptions or misinformation about the virus's spread. In certain cultures it is believed that viruses such as HIV, or mental illness are caused by personal weakness, a lack of faith, or even spirit possession or black magic. These ideas encourage discriminatory behaviour by implying that the victim is the "other" or is blameworthy, hence, less worthy of medical assistance (Fauk et al., 2021). For culturally-sensitive interventions to be effective and resonate with diverse communities, it is imperative that these cultural dimensions be understood, challenged and addressed (UNAIDS 2018).

According to Dessie and Zewotir (2024) and Goldstein et al. (2023), marginalised populations, such as people who are HIV+ in the United States (U.S), experience discrimination that is exacerbated by a lack of social support, educational attainment, and mental health, although, stigma is only partially a result of these factors. Davtyan et al (2023) conducted a study on disclosure of parental HIV status to children and found that the decision of HIV+ U.S mothers to disclose to their children, is influenced by levels of internalised stigma - higher levels of stigma is associated with lower rates of disclosure - highlighting the psychological burden that stigma creates (Davtyan et al 2023). Similarly, Conway (2016) conducted multiple case studies with parents and HIV positive learners in UK schools. The interviews revealed that most parents were reluctant to share their children's HIV status with the school psychologists and teachers from fear of discrimination. The challenge, however, is that HIV+ learners need to go to the hospital on a frequent basis, and the school may get concerned about their absence. According

to Beer et al. (2021), negative public perceptions contribute to the perpetuation of societal stigma, which primarily affects women, racial minorities, and younger people. People living with HIV are further marginalised by structural stigma, which restricts their social networks and interactions with others; examples of this stigma include limited opportunities for sero-discordant partnership (Lee, Butts and Schneider 2023). In the end, enhancing the quality of life and social integration of those living with HIV requires tackling this deeply-ingrained structural stigma.

In Africa, these stigmas not only impede people from being tested or seeking treatment, but they also work against the establishment of inclusive and supportive environments that are essential for HIV-prevention and care initiatives to be successful, as seen in countries such as Nigeria (Ezeoru et al., 2021; Obeagu et al., 2016; Odo et al., 2020a; Offie et al., 2021). Overlapping identities further reinforce the stigma that sexual and gender minorities already experience, making them more susceptible to HIV and limiting their access to services for prevention and treatment in Sub-Saharan countries (Dada et al., 2024). These relate to the idea of intersectional stigma, which occurs when a person simultaneously possesses several marginalised social identities, resulting in unique and intensified feelings of prejudice and disadvantage (Dada et al., 2024). Understanding and resolving the specific challenges experienced by African HIV populations has been hampered by the absence of intersectional approaches in stigma research (Dada et al., 2024). Successful community-based interventions that emphasise support and information exchange by HIV+ individuals, have been found in Sub-Saharan Africa (Kimera et al 2024), however, a lot of the interventions do not include the community in their design, which makes them less sustainable (Kimera et al., 2024). Terefe and Jembere (2024), 32.73% note that women working in health-care centres in East Africa report having discriminatory attitudes towards HIV patients. These opinions are influenced by variables, such as socio-economic status, education, and access to healthcare, suggesting that one's economic status is a key player in the dynamics of stigma (Terefe and Jembere 2024).

The effects of HIV stigma are extensive, impeding not only the mental and physical health of individuals living with the virus but also more general public health objectives (Stangl et al., 2019). Mental-health issues can negatively impact individual's capacity to follow treatment plans and participate in preventative measures. Stigma typically affects a person's life in many ways, not just in the healthcare context (Terefe and Jembere 2024). This situation also hinders attempts to meet international goals, like the UNAIDS 90-90-90 targets, which specify that by 2030, 90% of HIV positive people will have received antiretroviral medication; 90% of those diagnosed will have had their virus suppressed, and 90% of those treated will have their viral load reduced (Obeagu and Obeagu 2024). Workplace policies, legal frameworks, and discriminatory healthcare practices can all lead to the marginalisation of HIV+ individuals (Obeagu and Obeagu 2024). When stigma intersects with other types of discrimination, like those based on gender, sexual orientation, race, or socio-economic status, it becomes even more exacerbated (Chambers et al., 2015). For some populations, the intersectionality of stigma poses extreme challenges worsening the social, economic, and health inequalities they already experience. Self-stigma can develop in HIV+ people as a result of internalising societal stereotyping (Turan et al., 2016); these individuals' inability to reveal their status, seek medical attention, or interact with supporting networks may be further hampered by this internalised shame or guilt (Dauttan et al., 2023).

A study conducted in India by Kapila et al. (2016) found that stigma and discrimination against HIV+ learners were widespread in schools, and teachers were often unwilling or unable to support the needs of these learners. In Zimbabwe, for instance, learners who are stigmatised often choose to skip school rather than face exclusion or ridicule from their peers and teachers (Zinyemba et al., 2021). To overcome this, the development of resilience, self-empowerment, and mental health support are some of the strategies used by teachers to help learners overcome self-stigma (Turan et al., 2016). In East African schools, including Western Uganda, researchers established that, despite the difficulties HIV positive children may experience, schools can help these learners develop resilience and receive the essential assistance they need, stressing the necessity for complete, stigma-free treatments (Kimera et al., 2019; Kimera et al., 2021).

Studies conducted in Pakistan and Nigeria further highlight that a major factor in how the public views HIV is the media (Aizaz et al., 2023; Ifeanyi, Uzoma and Okpara 2015). Negative misconceptions can persist in part due to sensationalism, false information, and stigmatising visual representations in the media. On the other hand, factual media coverage has the potential to be an effective means for debunking myths, raising awareness, and altering public perceptions (Aizaz et al., 2023; Ifeanyi, Uzoma and Okpara 2015). The words used in describing HIV and people living with it, can create stigma for those affected and infected with HIV. Promoting person-centred, non-stigmatising language, hence, is crucial to creating a discourse that is more understanding and compassionate (Obeagu and Obeagu 2024). The prevention of new infections as well as the provision of proper care and treatment for those living with HIV, are significantly impacted by HIV stigma (Ifeanyi, Uzoma and Okpara 2015). People's perceptions of the illness are impacted by stigma, which also frequently influence their propensity to seek medical attention.

People's ability to reveal their HIV status, take preventive measures, and obtain crucial healthcare services, might be seriously hampered by their fear of stigma (Obeagu et al., 2022). People living with HIV are afraid of being rejected, discriminated against, and judged by others, hence, many people avoid taking tests. This unwillingness to voluntarily get tested for HIV causes delayed diagnosis, which postpones starting treatment and raises the possibility of unintentionally spreading the virus to others (Obeagu et al., 2022; Odo et al., 2020b; Okoroiwu et al., 2022). Affected peoples' reluctance to reveal their HIV status, even to close friends and family, is also influenced by stigma; this results in isolation, which also restricts their access to informal support systems that are crucial for psychologically managing the illness.

Antiretroviral treatment (ART) adherence can be compromised as a result of stigma. HIV+ people may not take their medication as prescribed because they fear disclosure or may experience discrimination at healthcare facilities. Lack of adherence does not only put the patient's health at risk but also contributes to the possibility of drug-resistant viral strains emerging, which complicates the treatment options (Obeagu et al., 2017; Viola et al., 2023). Delays in receiving healthcare services, such as regular medical care and

specialised HIV treatment, are therefore exacerbated by stigma. People may avoid seeking help until their health reaches a critical stage, which could result in more complicated medical conditions and a reduced ability to respond to therapy. For HIV to be adequately managed, studies show that timely access to healthcare is essential (Ezugwu et al., 2021; Igwe et al., 2022; Vincent et al., 2021).

Mahlalela et al. (2024) conducted a study on the association between HIV-related stigma and the uptake of HIV testing and ART among older adults in rural South Africa and found that, 85% of lower rates of HIV testing and ART uptake correlated with anticipated stigma, which occurs when people fear being judged negatively. Stigma-reducing interventions have minimal impact on care retention, although, community-level concerns about HIV do play a significant role (Browne et al., 2024). Similarly, a study conducted in South Africa by Luthuli and John-Langba (2024) found that ART adherence is positively influenced by social support; however, this impact becomes less noticeable as stigma levels rise.

Generally, transparency regarding a child's positive status is often difficult due to the stigma attached to HIV (Bingaman et al., 2022). When children learn that they are HIV positive, several factors might have a detrimental impact on them; for example, Bhana et al.'s (2014) qualitative study found that HIV+ children are more likely to experience mental health issues, particularly if their parents are dealing with ongoing medical issues as a result of HIV. Similarly Vreenma et al. (2017) found that for learners, when they learn about their HIV status and need to start taking the ART, they tend to question whether they should tell their peers or keep it a secret. This is especially challenging for younger learners who might not even know what it means to be HIV+ (Vreenman et al., 2017). When these learners grow up, having not resolved their profound psychological problems with their HIV+ condition, their internal battle can get much more difficult (Conway 2016). Children living with HIV often fail to establish and sustain peer relations due to a combination of individual, societal, and structural variables, according to research on factors linked with depression among HIV+ children aged 3 to 18 years in China (Zhou et al., 2019). The immense impact of social stigma, which frequently results in loneliness, rejection anxiety, and a purposeful retreat from social settings to conceal their HIV status,

is a major cause of these challenges (Robinson et al., 2023). In the next section, the researcher will unpack HIV children's experience in the educational setting.

## 2.4 GLOBAL UNDERSTANDING OF HIV IN THE EDUCATIONAL CONTEXT

### 2.4.1 The impact of HIV on the health and psychological well-being of children

The prognosis for HIV has significantly improved with the increased accessibility of the triple ART (the simultaneous administration of three distinct antiretroviral medications in order to suppress the virus more successfully than single or dual-drug therapies); many children are making it through to adolescence and adulthood as a result of this treatment (Joshi et al., 2017). The early 2000s, saw improvements in ART which have greatly increased the life expectancy and quality of life for HIV+ children in the UK (Trickey et al., 2017). Due to successful therapies, almost 65% of affected children live to above the age of five (Trickey et al., 2017); notwithstanding these developments, there are still difficulties with adherence to medications and the treatment of HIV-related illnesses, such as opportunistic infections and chronic health problems, which all have significant psychological impact on HIV+ children (Conway 2016). Children who are HIV+, according to Robinson et al. (2023) and Conway (2016), experience anxiety, despair, and stigma, although HIV's transformation from an incurable virus to a chronic, manageable condition has had an impact on mental health because it forces affected individuals to deal with social stigma and navigate their identities as people with a chronic illness (Robinson et al., 2023; Conway 2016). In the UK, social factors also have a big impact on the wellbeing of HIV+ children.

Globally, there were over 1.3 million children aged 0–14 years living with HIV as of the end of 2022, and about 109,000 new cases were reported that year (HIV/AIDS WHO 2024). The World Health Organisation (WHO 2024), maintain that many children will not live past early childhood if they do not have access to testing and treatment. Survival rates have increased with ART, however, access to ART is still unevenly distributed, especially in rural regions in Africa. A study by Humphrey (2019) in the UK which explored bereaved children's experiences of the support they received when their parent had a life-

limiting illness, found that children who live to see their parents' or carers' prolonged illness and death, often suffer from anxiety, depression, and a sense of loneliness. Due to the lack of parental support and supervision, studies show that most African orphaned children are especially susceptible to mental health problems (Josh et al., 2017). Studies conducted on viral suppression among HIV+ children in Kenya, as well as a systematic literature review on mental health challenges faced by orphaned adolescents and in homes with sick members, have revealed reduced rates of viral suppression following ART in children whose parents did not experience viral suppression (Humphrey et al 2019; Vreeman et al., 2017). Zinyemba, Pavlova and Groot (2023) conducted a study in Zimbabwe on the effects of parental HIV on children's education and found that HIV+ children may also have educational setbacks as a result of absences for health-related reasons or societal stigma. A systematic review conducted on 16 countries in the East and Southern Africa (including Eswatini, South Africa, Zimbabwe, Uganda, Tanzania, Kenya and Lesotho), illustrated that HIV+ children had poorer educational achievements than their counterparts (Zinyemba, Pavlova and Groot 2023). Their socio-economic status and general quality of life were negatively impacted for a longer period by challenges in school.

The South African Foundation Phase children living with HIV, have been negatively impacted by the virus, such that, this has affected their educational outcomes and psychological well-being (Cockroft and Cassimjee 2020). Perinatal HIV exposure and long-term ART use for both vertically (mother-to-child-transmission) and horizontally (healthcare facility related) transmitted HIV, have been successful in preventing and reducing HIV transmission, however, there are still challenges to the success of this prevention. Research conducted in Haiti, for example, indicates that even with highly-active antiretroviral treatment (HAART), children who are infected with vertically-transmitted HIV have neuropsychological difficulties that vary between mild to severe (WHO 2024). Due to both the preventive effects of ART and the immunological side effects of HIV in utero (caused by the mother's immune activation), it is thought that an uninfected child who has been exposed to the virus has a distinct neurocognitive profile. The neurocognitive functioning of this population has not received much attention, but

there are signs that, in comparison to peers who are not affected, they exhibit some neurocognitive effects (Milligan and Cockcroft 2017; Robertson et al., 2018; Cockcroft and Milligan 2019). These effects include decreased verbal skills and poorer working memory.

HIV+ children also exhibit increased levels of anxiety, depression, behavioural issues, and functional impairment (Hecker and Jordaan 2018). According to a study conducted in an undisclosed peri-urban area of South Africa, 30% of HIV+ children aged 4-6 years, tested positive for behavioural and mental issues (Mellins et al., 2018). The children were tested using the Strength and Difficulties Questionnaire (SDQ), observational reports from caregivers and clinical and social screening tools.

Survival rates for children living with HIV have significantly increased due to medical improvements in ART, although the literature still emphasises that significant barriers still exist in their scholastic and psychological trajectories. HIV continues to have a significant influence on child development, from the neurocognitive impairments, seen in South African Foundation Phase learners, to the widespread social stigma and mental health issues experienced by orphaned children in Kenya and Zimbabwe.

### 2.3.2 HIV+ parents, death, and the experiences of children left orphaned

South Africa's efforts in curbing the lack of support for HIV+ children have been met with challenges, especially, in instances where the parents succumb to the virus, leaving them as orphans. As of 2024, there were over 630 000 children orphaned in South Africa, as a result of HIV and AIDS (UNAIDS 2024). As a result, the HIV and AIDS epidemic has significantly transformed household arrangements in some African countries, such as Namibia, which has affected orphans who formerly relied on the extended family as a customary support system for their care (Reece 2022). This is due to the deteriorated kin support system and the dissolving clan network, therefore, in nations where HIV and AIDS is very prevalent, poverty is high, and stigma associated with the disease is pervasive; communities and families are ill-prepared to deal with the growing number of orphans (Vambe and Mushore 2023; Yassin et al., 2020). The extended family finds it difficult to

take up this role and integrate the HIV+ orphans into their own families, because doing so could drain their own resources, therefore, they are unable to deal with the large number of HIV and AIDS associated deaths and insufficient resources (Ntuli et al., 2020).

Child and youth-headed homes are now prevalent in South African society, having emerged from the collapse of the former network and kin support structures (Hall et al., 2025). In a family headed by a child or young adult, the primary carer is usually under eighteen. When the mother or both parents pass away, it is typically the oldest sibling who assumes the parental duties of looking after the younger siblings. Given the poverty levels within many families that may have parents working in farms, some children also have to skip school and help their parents on the farms. A study conducted in Limpopo Province with HIV+ farm workers, revealed that both farm workers and their children frequently labour on farms, which presents serious health and social challenges (Mlangeni et al., 2024). The authors highlight how these children must labour for a living because many families depend on their contributions to make ends meet; they further go into details on the physical dangers of farm work, such as chemical exposure and the physically-demanding nature of the task, which might aggravate HIV-related health problems. Additionally, Durojaiye et al. (2021) point out that there is a cycle of vulnerability created by the combination of poverty and HIV status, which restricts educational prospects and upholds labour exploitation. While these children may be farming and producing food as a form of earning a living, they still face challenges related to their nutrition, such as the requirement for customised dietary interventions that take into account the distinct health requirements of HIV (Kupolati et al., 2019). To ensure that families understand the significance of nutrition in controlling HIV, Okeyo et al. (2020) indicate that community involvement and education are vital for the longevity of the affected individuals.

### *2.3.3 Schools' Global Response to HIV and AIDS*

Schools are essential in helping HIV+ children because they offer a structured setting that can either lessen or increase the difficulties these children experience. Schools also provide vital support systems, such as peer education, counselling, and social networks,

which can reduce stigma and encourage treatment compliance (Kimera et al., 2019; Kimera et al., 2021). A systematic literature review from 32 studies in West-African, Sub-Saharan and European countries, explored from a database ranging from 1997 – 2019, on school functioning problems of perinatally HIV+ children, revealed that learners with prenatal HIV infection often encounter major challenges in their school functioning, such as decreased academic performance and a greater demand for special education assistance (van Opstal et al., 2021). Toska et al. (2019) suggest that schools can play a crucial role in identifying these learners and connecting them to the health care they require, especially if they show signs of low attendance or cognitive impairments.

In the U.S, in a CDC study of 2019, it was noted that children have been disproportionately associated with prenatal HIV transmission and ethnicity, where 73 children under the age of 13 received a perinatal HIV diagnosis in 2017. Among the 73 children, 64% identified as Black or African American, 14% as Hispanic or Latino, 12% as White, 7% as multiracial, and 1% as Asian (CDC, 2019). These numbers demonstrate the importance of school psychologists considering a person's racial and ethnic background when conducting assessments and developing intervention plans (Davis, Short and Chittooran 2020). It is for such reasons, among others, that schools in the U.S have designated school psychologists who ensure that HIV+ children are well-resourced and taken care of.

Typically, children diagnosed with HIV display a broad neuro-psychological profile that is heavily influenced by multiple environmental and biological factors. As a result, school psychologists in the U.S are always encouraged to conduct thorough evaluations that include measures of central nervous system functioning, medical records, and diagnostic interviews with carers and other health professionals (Davis, Short and Chittooran 2020). Some of the determining factors on the outcomes of HIV+ children's assessments include information on - the number of days they were absent from school as a result of illness, medication adherence, mother's health, the degree of central nervous system impairment, the presence of opportunistic infection and other medical conditions (like seizure disorders), the viral load/disease severity, and other factors (Davis, Short and Chittooran 2020).

Insufficient assistance for HIV+ children can lead to negative effects on their academic trajectory, such as illness, frequent absenteeism, stigmatisation, humiliation and isolation. Among Zimbabwean HIV+ learners, academic persistence has been hampered by the absence of resources and helpful learning environments, such as access to counselling and healthcare, eventually leading to affected learners dropping out (Pufall et al., 2015). A scoping review conducted on seven (7) countries (Botswana, South Africa, Malawi, Kenya, Ghana, Cameroon and the UK) on treatment non-adherence or abandonment among young HIV+ children, revealed that the need for comprehensive programmes that address both health and educational requirements. These results highlighted that in some places, initiatives focused at enhancing educational assistance for HIV+ children have shown promise in reducing dropout rates (Piran et al., 2023).

According to a report by the Department of Basic Education (2025), South Africa has some of the highest rates of primary school learners' enrolment on the continent amounting to 93% in 2024, therefore, addressing the various socio-cultural, economic, and political issues that underlie HIV and AIDS preventive and treatment efforts, requires better use of the school environment (Cockroft and Cassimjee 2020). In South African schools, educational programmes have been put in place to address the complex behavioural factors that underlie risky behaviour. Modifications at the structural and content levels, such as curriculum adjustments and informational and awareness campaigns have been put into place to encourage healthy behavioural changes and lower youth health risks (Cockroft and Cassimjee 2020). Learners' perceptions of schools as a valuable source of information on HIV and AIDS attest to the success of these programmes, yet, widespread misconceptions about prevention and treatment persist (Dzhugudzha et al., 2015; Madiba and Mokgatle 2015).

The White Paper 6 on '*Special Needs Education: Building an Inclusive Education and Training System*', addresses the neuropsychological wellbeing of South African children affected by HIV and AIDS and recognises that these children have special educational needs (Department of Education and Training 2001). The pandemic of HIV and AIDS is specifically mentioned, as is the necessity of determining the prevalence of the illness and how it affects school enrolment and dropout rates. The White Paper also recognises

the potential cumulative effect that poverty may have on these children' access to school. The Ministry of Education is specifically charged with creating timely and suitable intervention programmes for impacted learners, setting up an orphan-identification system, organising care and support programmes, setting up referral protocols for teachers, and creating guiding materials on how to assist impacted learners (Department of Education and Training 2001). The White Paper seeks to increase these learners' access to specialised learning environments, ideally in a setting that is inclusive and integrated. The White Paper 6 proposes that the few specialised schools, already in existence, should undergo qualitative improvements and be transformed into resource centres. These centres would then be linked with district-based support teams, which offer expert assistance to neighbouring schools.

Currently, schools serve as critical sites for identifying and supporting HIV+ children and school psychologists are allocated to area teams, where they collaborate with other experts to offer help to schools (Toska et al., 2019). Apart from the shortage of these professionals, there has been a number of structural issues that hinder the most effective use of qualified professionals in the educational system, including a lack of state funding and a dearth of professional training facilities (Moolla and Lazarus 2014). Furthermore, it is unclear how learners in need of specialised help are identified, assessed and integrated into regular or special needs schools, in a way that upholds confidentiality and is morally right (Cockroft and Cassinjee 2020). Unfortunately, it appears that no significant progress has been made since the White Paper 6 was first introduced in 2001, with its suggestions remaining unimplemented.

There are minor advancements in a few areas in the overall quality of education for children with learning barriers, however, most conditions remain unchanged, according to the Department of Basic Education's Report on the execution of Education White Paper 6 (DBE, 2015). School children, especially those impacted by HIV, have physical and mental health requirements that should be addressed by the Integrated School Health policy (2012). The scope of school health services has been expanded by this policy to include health education tailored to aspects like - the learners' age, health screenings and tests, identification and support of children living with chronic illnesses like HIV, psycho-

social and mental health assessments, some on-site health services (like vision and hearing screenings), follow-ups and referrals, and preventive interventions that prioritise abstinence and delaying first sexual experience (Integrated School Health Policy 2012).

The Bushbuckridge Municipality, in Mpumalanga province, has been identified as one of the provinces displaying less efforts in attempts to implement supportive initiatives in schools, in dealing with HI- related issues (Sekgobela et al., 2020). In terms of support in school settings, the implementation of school-based HIV and AIDS prevention programmes does not always provide youth-friendly services, convenient clinic hours, or thorough information (Sekgobela et al., 2020). These suggested initiatives are informed by the findings from latter studies, indicating that HIV+ learners may exhibit behaviours that are influenced by internal conflict, as they attempt to blend in with their peers, be it at school or home. Shenderovich et al. (2021) conducted a study in the Eastern Cape Province among 900+ children aged 10-19 years who have been placed on ARV and found that caregivers' supervision reduced these learners' anxiety, although it did not reduce depression; better communication over time with their caregivers, also reduced both their depression and anxiety.

In terms of issues related to dietary programmes for HIV+ learners, while limited research have examined HIV-infected children's dietary requirements, WHO advises that they maintain a balanced macronutrient distribution for the best growth and nutrition (Shiau et al., 2017). HIV+ learners' diets in South Africa have caused serious issues since, diets have an immediate impact on affected learners' health and academic performance. From a study conducted on anaemia, as well as, iron and vitamin A status among HIV+ school children in Cape Town, it was established that a large number of children affected by HIV have severe malnutrition, which can worsen their health and impair their academic performance (Goosen et al., 2022a). These authors argue that these learners commonly struggle with food insecurity, which can result in poor growth patterns due to insufficient dietary intake. The findings also highlight the significance of the school food programmes, which have been demonstrated to enhance learners' nutritional status and cognitive function (Goosen et al., 2021; Goosen et al., 2022b). In general, tackling HIV in foundation phase school children, in South Africa, necessitates a comprehensive strategy that

includes accessibility to relevant education, support services, and a conducive school environment.

### 2.3.4 Teachers' attitude and behaviour towards HIV+ learners

Adedeji and Olaniyan (2011) assert that the right to education is made up of three interconnected components: the right to respect in a specific environment; the right to quality education, and the right to access education. Education, for example, is viewed as a fundamental human right, hence, discourse has focused on how governments may ensure that all children have access to it (Adedeji and Olaniyan 2011; McGrath 2010; Mulkeen and Chen 2008). Southern African governments have been encouraged to ensure that all children have access to education, especially those in disadvantaged and rural areas. This is because teachers are viewed as change agents who can ensure learners in these disadvantaged schools learn the necessary skills to engage, on equal footing, with society (Themane and Thobejane 2019). Understanding teachers' perspectives could help determine whether they support or oppose inclusive education. Carew et al. (2018) suggest that pre- or in-service training, in inclusive education is a key strategy to help teachers cultivate positive attitudes to teach learners, with different backgrounds in inclusive classrooms. Teachers would be able to comprehend the diversity of learners and work to help all learners in the classroom, if they are exposed to inclusive education courses (Opoku et al., 2021). Teachers would also have a thorough understanding of the policies and legal frameworks supporting the implementation of inclusive education.

Many teachers, despite the fact that they have undergone inclusive education training, show variation in the attitudes towards implementing inclusive education, in countries such as Greece, UK, U.S, Malaysia, Turkey, and South Africa (Mitchell 2023), although such variations are not widespread (Garrad, Rayner and Pedersen 2018; O'Toole and Burke, 2013; Romero-Contreras et al., 2013; Shah et al., 2013; Wong and Chik 2015). In the context of HIV, teachers' success in addressing HIV-related concerns in school settings is greatly influenced by their attitudes and beliefs, for sometimes, although negative attitudes may reinforce stigma and impede successful intervention, positive

attitudes can provide supportive environments for HIV-positive children (Martin et al., 2021). Teachers' stigmatising behaviours can have a direct impact on HIV+ learners and result in detrimental psychological consequences on them (Martin et al., 2021). Studies conducted in Western Kenya have demonstrated that teacher workshops significantly reduced stigmatising attitudes, suggesting that training interventions aimed at reducing stigma, have promise (Martin et al., 2021; Chory et al., 2021).

In a recent study, more than half of Spanish school children showed discrimination towards their HIV+ peers, indicating a pattern that might possibly exist in these classrooms (Cejudo-Cortés et al., 2021). Teachers in certain other nations, such as Greece, although ranking lower than teachers in the UK, have demonstrated positive attitudes towards inclusive education (Charitaki et al., 2022).

Sub-Saharan African teachers appear to display better and more positive attitudes in matters related to HIV. According to a study conducted on 400 primary school teachers in Ebonyi State, Nigeria, the teachers had a generally positive attitude towards learners who are affected by HIV and had a reasonable level of awareness (57.4%) regarding the disease (Nwimo et al., 2020). A systematic review by Martin et al. (2021) of teacher-focused interventions aimed at lowering HIV stigma in the classroom, revealed a substantial gap in the literature, finding just two relevant research studies. Their findings suggest that there is limited research on effective interventions for lowering HIV stigma among teachers in the classroom. This suggests that researchers have not extensively examined which particular programmes or training techniques are most successful in addressing this kind of stigma. An interactive training, covering common HIV-related subjects and a two-day workshop that combined lectures and role-play scenarios, in stigma-reduction intervention, were organised for two groups of South African teachers (Chory et al., 2021). A substantial decrease in overall HIV stigma was noted, with no difference between the study groups, after both training groups were given information on common subjects, such as HIV transmission, risk factors for infection, and steps educators can take when dealing with HIV-related issues in the classroom (Chory et al., 2021). After completing a six-weeks training session, that focused on common HIV issues, a subset of teacher participants were asked to provide a full-day training for their

peers. Afterwards, although stigmatising views about HIV significantly decreased overall, out of the 120 teachers, majority of teacher participants (59%) still agreed with stigmatising statements such as *"It's a disgrace if you find out that someone in your family has HIV and AIDS"*. These findings showed a notable decrease in HIV stigma among participants, indicating the approach's validity and possible effectiveness. According to Chory et al. (2021), changing teachers' attitudes, knowledge, and beliefs regarding HIV may lessen stigmatising behaviour in their classes and schools, creating a better environment for learners living with the virus.

### 2.3.5 Challenges faced by teachers interacting with HIV+ learners in South Africa: Training and support needs for teachers interacting with HIV+ learners

According to the United Nations Educational, Scientific and Cultural Organization (UNESCO) (2019), the term “challenges” refers to difficulties that teachers face, for instance, when working with HIV-positive learners. These challenges could include, a lack of knowledge about HIV and AIDS, fear of infection, and concerns about confidentiality (Naidoo and Rule 2016). International policies emphasise the necessity of schools in ensuring the safety, inclusion, and well-being of HIV+ children (UNESCO 2022; UNICEF 2018). While it can be argued that children have the capacity to contribute to a healthy society and should be given the support, they need to realise this potential, Medicine et al. (2025) argue that, because of the effects of HIV, children require more attention and care from their parents and educators; however, in some parts of the world, teachers are not well equipped to deal with HIV-related issues in school settings.

A lack of resources and training to adequately help HIV+ learners was also cited by many Tanzanian teachers at the Foundation Phase, demonstrating the need for improved teacher education programmes (Bilinga 2016). Nxumalo et al. (2015) conducted a qualitative study in Swaziland’s primary schools, on the changing roles of teachers in the context of HIV. The results revealed that teachers in high-burdened areas are responsible for providing care, treatment, emotional support, and counselling to HIV+ children because of the significant amount of time they spend with the learners. It sometimes, however, becomes a challenge when teachers themselves and the schools’ authorities in

the form of principals, are not knowledgeable enough or lack the capacity to assist their HIV+ learners, when they need help. Matjeke (2018), for example, in conjunction with Sedibe and Matjeke (2022) found that principals of primary schools in Sedibeng East, in the Gauteng Province, acknowledged a lack of experience in providing assistance to HIV+ teachers, which most likely extends to their incapacity to counsel learners who are impacted by the same virus.

In a study conducted by Maddocks et al. (2020b) in South Africa, with experts in HIV paediatric care, on the rehabilitation framework for HIV+ children, it was found that socio-economic determinants, like poverty and stigma were noted by teachers and healthcare professionals as impediments to the academic achievement of HIV+ learners, indicating the need for improved training and collaborative effort to address these concerns. The matter is made more difficult by the fact that medical professionals have acknowledged having insufficient knowledge and expertise in providing child-centred HIV care in some parts of the country, like KwaZulu-Natal (Mulambo et al., 2021). When trusted healthcare professionals are not well equipped, this puts both the learners and their teachers at extreme risk.

Some teachers, despite these challenges, have developed strategies to support HIV-positive learners in their schools. A study conducted in South Africa, among teachers in Eastern Cape schools, revealed that teachers who received training on HIV and AIDS were more likely to have positive attitudes towards HIV+ learners and to be willing to provide them with appropriate support and care (Nyembezi and Machingambi 2016). It however, remains unclear if similar strategies are being implemented by teachers in Gauteng East schools, as there is insufficient information regarding the subject, for the manner in which teachers interact with HIV+ learners can vary, depending on the former's knowledge and attitude towards the condition.

### 2.4 Strategies employed by teachers to support HIV+ learners

According to international policies, educators should go above and beyond the call of duty to help mitigate the effects of HIV on children by also providing pastoral care and support,

as well as social- and child-protection responsibilities (Enderson et al., 2014). The UNESCO Education for Health and Well-Being Strategy, for example, is an approach that requires teachers to support students' physical and mental health in addition to academic instruction (UNICEF 2024). It demands all-encompassing responses from the education sector which has identified schools as vital support centres, requiring them to raise awareness of preventive care and treatment issues, among school personnel. Additionally, the Child-Friendly Schools (CFS) Model of UNICEF is another framework that promotes the establishment of safe, healthy, and protective learning environments in schools (UNICEF 2024). CFS makes it clear that qualified teachers are required to offer children, especially those who are marginalised by HIV/AIDS, emotional and social support. The 'Education Plus' Initiative of UNAIDS, is a multisectoral project that uses educational institutions as "strategic entry points" to promote gender equality and assist young women and girls living with HIV. It encourages comprehensive interventions, such as freedom from gender-based violence and economic security (Andersen et al., 2014).

In its call for more comprehensive responses to HIV and AIDS by the education sector, UNESCO states that the school community, which includes parents, learners, staff, and management, should be made aware of issues related to prevention, care, and treatment (UNESCO 2022). It has also identified schools as having the potential to play a significant role in providing this support, through the adoption of flexible systems and having an association with health services (UNESCO 2022). According to UNICEF's Child-Friendly Schools model, learning environments should be secure, healthy, and protective, with qualified educators, sufficient funding, and suitable physical, emotional, and social context for children to learn in (UNICEF 2018). In some instances, direct and face-to-face interactions are crucial in educational settings, since research indicates that using interpersonal communication can greatly enhance treatment adherence and encourage positive behavioural changes in HIV+ learners (Mabuto 2017).

When communication tactics are modified, they should resonate with learners' lived experiences and backgrounds (Nchabeleng 2018). Wang et al. (2022) suggest that putting in place structured support networks, like mentorship programmes and feedback

systems, have helped increased teachers' confidence and commitment to teaching HIV education and engaging with HIV+ learners.

When working with HIV+ learners, in the Foundation Phase, teachers use a variety of approaches, which tend to be influenced by cultural contexts and educational frameworks. In Nigeria, for example, through a study that assessed the impact of Spontaneous Collaborative Group Approach on learning outcomes as compared to traditional methods, it was demonstrated that using participatory teaching strategies, such as the Spontaneous Collaborative Group Approach, improves learners' attitudes and performance in HIV and AIDS education, encouraging learner participation and awareness (Sopekan 2014).

Cultural taboos around talking about sex and sexuality, however, present serious difficulties. In California, US, for example, public and catholic schools, at the Foundation Phase, place more weight on religious ideas than in scientific explanations, which might unintentionally promote heteronormative viewpoints and restrict inclusive conversations on sexuality (Spengen 2014). Creative interactive techniques enhance learning results, but their efficacy is sometimes affected by cultural limitations, hence, the requirement for more inclusive methods to handle different experiences of learners (Chinyanganya and Muguti 2013; Van Laren 2014).

With multimodal strategies that include, education, training, and community involvement, some teachers have been able to offer emotional support to HIV+ learners. Studies reveal that schools play a critical role in providing psychosocial support, although, it is apparent that some teachers face obstacles in carrying out these responsibilities, due to low morale and the stigma associated with HIV and AIDS (Campbell et al., 2015; Coultas et al., 2016). Attending to the particular emotional needs of HIV+ learners, however, requires a customised strategy that considers both their specific context and the larger socio-economic background (Njuguna et al., 2023). In a study conducted in Zimbabwe, teachers at Foundation Phase were trained to keep track of the health of HIV+ learners and deal with illness-related absenteeism (Chinamasa, Maponga and Moyo 2015). Teachers who received training in HIV and AIDS were more inclined to engage in HIV prevention

activities and promote acceptance and support for HIV+ learners (Munetsi et al., 2015). Zimbabwean teachers have also been able to manage sensitivities in HIV situations, by creating language that do not contravene social norms when conveying information about HIV and AIDS (Njokwe and Kijima 2025). Additionally, community involvement in rural Zimbabwe schools has been very necessary to establish trust and promote open communication, thereby, creating a supportive school climate where learners feel comfortable sharing their circumstances (Campbell et al., 2016). In an attempt to improve the emotional and practical help available to these learners, teachers in East Africa, including Kenya, set up structured support networks that enable safe disclosure (Kimera et al., 2019; Moraa et al., 2023). A study conducted by Nxumalo (2017) on teachers' experience in supporting learners, on taking antiretroviral therapy, discovered that there was improvement among teachers in Swaziland schools, in terms of support given to HIV+ learners. Teachers had started to foster social inclusion in the classroom by guiding learners in the fight against stigma and bullying and had also facilitated the provision of adequate nutrition for learners undergoing ART (Nxumalo 2017).

Teachers are also required to maintain confidentiality and anonymity about learners' personal information. In the context of HIV, teachers in recent years have also been using a variety of techniques to maintain anonymity for learners in Kenya. Two of the main techniques that they use include building an atmosphere of trust and following confidentiality laws (Moraa et al., 2023). A study in Kenya, show that a large number of HIV+ learners expressed an urgent need for cautious planning when it comes to disclosure, because they are afraid of being stigmatised and they mistrust school personnel; this concern might make them reluctant to disclose their status (Bussone et al., 2020; Khademi and Asghari 2023; Moraa et al., 2023). Building trust between educators and learners promotes open discussions about health concerns, such as HIV status, and this can result in improved medication adherence (Moraa et al., 2023). To receive the support they need, without fearing rejection or discrimination, learners must feel comfortable sharing their status in a trusting environment (Salvadori and Hahn, 2019). Respecting confidentiality laws gives learners a sense of security and privacy, both of which are essential for their emotional health (Khademi and Asghari 2023).

Confidentiality violations can result in stigma and care abandonment, hence, maintaining confidentiality is associated with improved treatment adherence (Salvadori and Hahn 2019).

In South Africa, the government has created inclusive programmes to meet the needs of children with disabilities and special needs, including those affected by HIV (Mpu and Oadu 2021). The Department of Basic Education's 2014 draft policy on screening, identification, assessment, and assistance, is one of these policies. It is aimed at improving learners' access to education, as well as their involvement and inclusion in the classroom. Additionally, the National Department of Health and Basic Education's 2012 Integrated School Health Policy seeks to address and enhance learners' overall health in schools so as to impact their academic performance (Maddocks et al., 2020a). Teachers are also deemed important in creating an atmosphere of inclusion and acceptance for HIV+ learners, therefore, to increase inclusion and protection for HIV+ learners in South Africa, a number of new policies have been introduced, and programmes have been revised and replaced. The National Policy on HIV, STIs, and TB is one of the most significantly-advanced policy (Department of Basic Education 2017). The Department of Basic Education (DBE) revised the 1999 HIV/AIDS policy with this comprehensive policy (Department of Basic Education 2017). The new policy requires that stigma and discrimination, based on health status, be treated with zero tolerance. Following the aforementioned policy, is the National Youth HIV Prevention Strategy, which was modified in 2022 (Republic of South Africa 2022). This proactive policy seeks to alter social norms and strengthen youth resilience, by encouraging a combined prevention strategy that incorporates social and behavioural interventions in schools and focuses on reducing obstacles for all youth, regardless of their HIV status (Republic of South Africa 2022). A compassionate workplace and educational setting, where disclosure of status is legally-privileged and completely confidential, is focused upon, in this National Youth HIV Prevention Strategy’s recent amendments (effective in 2024) (WCED 2003). Another policy that requires the health and education sectors to combine and provide services in schools, directly, is the ISHP; it expressly addresses HIV-positive learners' needs by seeking to ensure learners with "barriers to learning,"

such as those living with HIV, receive the academic and medical support they require to continue their education (WCED 2003). Lastly, the U=U (Undetectable = Untransmittable) Campaign was launched in 2024 (Western Cape Government 2024).The U=U campaign has recently been incorporated into school health toolkits, in provinces such the Western Cape, in an effort to lessen stigma by educating learners that those receiving effective treatment are unable to spread the virus (Western Cape Government 2024).

## 2.5 THE THEORETICAL FRAMEWORK

This study draws on two complementary theoretical lenses - Ajzen's (1985) Theory of Planned Behaviour (TPB) and Allport's (1954) Intergroup Contact Theory (ICT) - to underpin teachers' experiences in interacting with HIV+ learners in the Foundation Phase, in Gauteng East schools. Together, these frameworks provide a nuanced understanding of psychological, social, and institutional factors shaping teacher-learner interactions in the Foundation Phase contexts, which could be shaped by stigma and vulnerability of HIV+ learners. Understanding how teachers interact with HIV+ learners through these theoretical lenses is crucial, as their interactions within the school environment can impact learner behaviour and actions. These theoretical frameworks can assist in comprehending teacher interactions, leading to the development of interventions, training, and support systems that would promote inclusive education and a welcoming school environment for learners living with HIV.

### 2.5.1. Theory of planned behaviour (TPB)-Ajzen, 1985

The theory of planned behaviour (TPB) (Ajzen 1991, 2012), is one of the most applied theories in the social and behavioural sciences, having been empirically examined in over 4,200 publications cited in the Web of Science bibliographic database as of April 2020 (Bosnjak, Ajzen and Schmidt 2020). The theory was developed by Ajzen in 1985 as an extension of a prior theory called "Theory of Reasoned Action" (TRA), which he co-developed with Martin Fishbein. The development of the TPB was motivated by the need to improve the predictive power of the TRA by including additional factors that influence human behaviour (Ajzen 1985). The TPB has drawn a lot of interest from fields like -

business and management, environmental science, health sciences, and educational research. In their conceptualisation of TRA and TPB, Fishbein and Ajzen (1975) recognised the significance of attitude in comprehending human behaviour. Ajzen (1991) contended that beliefs are essential to understanding human conduct in relation to planned behaviour, thus, the TPB examines the relationship between individuals' intentions and their actions, as well as their attitudes, social norms, and perceived control over their behaviour (Ajzen 2020). Figure 1 below depicts the theory as explained by (Ajzen 2019).

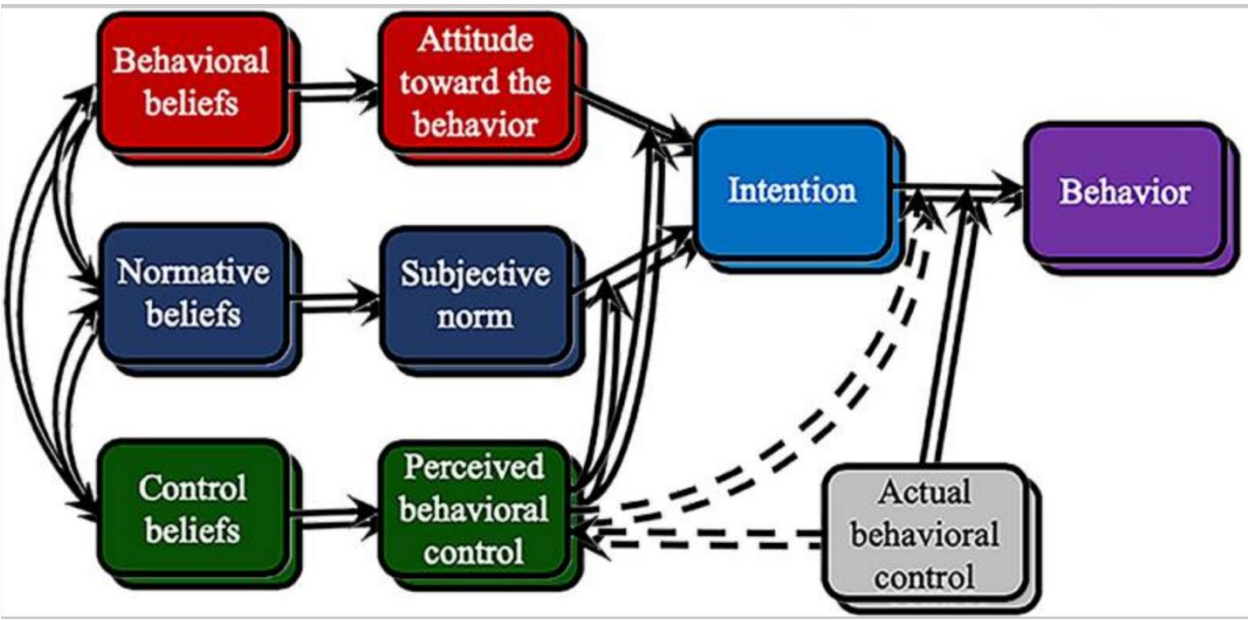



Figure 1: Graphical depiction of the theory of planned behaviour (Ajzen, 2019)

The theory has been widely used in studies conducted in the field of education in relation to HIV, however, the focus has been primarily on the attitudes and beliefs of adolescent learners and tertiary students in the context of sexual behaviour and prevention strategies (Ashrafi et al., 2020; Cheng and Huang 2018; Farahani, Darabi and Yaseri 2020; Mpeta, Moroke and Gabaitiri 2021; Protogerou et al., 2012; Semungus, Tafese and Semella 2017). While this current study recognises the contributions made by previous studies to the body of knowledge on HIV in education context, it is also imperative to understand the attitude of those bestowed with the responsibility of ensuring that learners' HIV status does not affect the quality of education they receive, thus, the adoption of this theory.

It has been generally determined that human intention to carry out or undertake an activity is determined by three linked beliefs - behavioural, normative, and control (Opoku et al., 2021). One important factor that predicts whether a person will be inclined to carry out a particular activity is their behavioural beliefs. Attitudes towards behaviour result from behavioural ideas, hence, given its importance, attempts have been made to comprehend how people behave when carrying out a specific action (Opoku et al., 2021).

This theory is useful in understanding the factors that influence how teachers perceive, intend, and behave when interacting with HIV+ learners. The TPB was applied in relation to this topic by exploring the following elements in this study, as depicted in Figure 1 above:

***Attitude towards the behaviour****:* According to the TPB, attitude is a person's assessment, whether favourable or unfavourable, of whether to engage in a particular behaviour or not (Ajzen 1991). The theory asserts that intentions and subsequent behaviours are collectively shaped by attitudes, subjective norms, and perceived behavioural control.
The application of this component was on the attitudes of teachers when interacting with HIV+ learners. This component investigated teachers' values and attitudes, by assessing the advantages and disadvantages of such interactions. Teacher's attitudes can be affected by a variety of things, including their knowledge of HIV, their own experiences, and how they feel about the possible advantages and difficulties of working with HIV+ learners.

***Subjective norms***: The perceived social pressure to engage in or refrain from engaging in a behaviour is known as "subjective norms". According to Ajzen (1991) and La Barbera and Ajzen (2020), this process includes opinions on how significant others, such as family, friends, and peers, think one should behave in relation to a behaviour. In essence, it shows how strongly people believe their significant others want them to do something. According to the TPB, the perceived likelihood that a specific action will result in a desired outcome shapes attitudes, hence, people evaluate the likelihood that their activities would

produce particular outcomes, which influences their general attitude towards engaging in the behaviour (Ajzen 1988).

This component examines the societal norms and influences that have an impact on teachers' attitudes and actions. It explores the perceptions of what others, including parents, co-workers, and the public, expect of teachers who interact with HIV+ learners. Teachers' sense of duty, social acceptance or rejection, and the perceived propriety of their interactions can all be impacted by subjective norms, because in interaction with the reference's importance or significance to the individual, the subjective norm is directly proportional (Ajzen 2020).

***Perceived Behavioural Control***: This component describes how someone feels about his/her capacity to carry out a particular behaviour, including how simple or complex that behaviour is to carry out, as well as, whether or not he/she believes there are elements present that could help or impede in executing that behaviour (Ajzen 1991). Past experiences, perceived resources, and barriers all have an impact on these beliefs (Ajzen 1991). Individuals, for instance, are more likely to feel highly in control of their behaviour if they believe they have access to the resources they need, such as time, money, and support.

This aspect of the theory taps into teachers' opinions of their capacity to interact with HIV+ learners. The theory considers the perceived obstacle, available tools, abilities, and self-efficacy in relation to such interactions (Ajzen 2020). Several factors can impact a teacher's perceived control over learners' behaviour. These may include teachers' - confidence in addressing the needs of HIV positive learners, access to resources and support, and opportunities for professional development in education.

***Behavioural Intentions***: The preparedness or commitment of an individual to carry out a particular behaviour is referred to as "behavioural intentions" (Ajzen 1991). An essential connection between attitudes, subjective norms, perceived behavioural control, and the final action taken, is made by behavioural intentions, which are seen as the most direct predictor to actual behaviour, within the framework of the TPB (Ajzen 1991). This aspect

examines how teachers plan to interact with HIV+ learners and how the former behave towards them in the classroom.

Research-based practices of pre-service teachers are also highly shaped by positive attitudes and perceived social norms, as demonstrated by the use of TPB in educational settings (Gold et al., 2023; Hou et al., 2022). This suggests that creating supportive environments and raising teachers' self-efficacy may have a favourable impact on how they treat HIV+ learners; nonetheless, it is still relevant to employ TPB in a variety of educational settings, considering the unique difficulties teachers have with HIV-positive learners (Hysaj et al., 2023). Even though TPB offers a strong framework, addressing the specific attitudes and social perceptions towards HIV+ learners, it is necessary to customise interventions which this study was able to do. Studies show that teachers' views, subjective norms, and perceived behavioural control all affect their intents to interact with particular learner populations, such as those who are HIV positive (Henning and Khanna 2016; Lee 2021; Omer and Haidar 2010). Lee's study (2021), for example, demonstrates how these variables influence teachers' intentions to send learners to mental health specialists, indicating that comparable constructs might also be applicable to attitudes towards HIV- positive learners.

### 2.5.2 Intergroup Contact Theory (ICT) by Gordon Allport (1954)

Intergroup Contact Theory (ICT) was coined by social psychologist, Gordon W. Allport in his 1954 book - *The Nature of Prejudice*. Gordon Allport developed the Intergroup Contact Theory (ICT) in 1954, at a time when racial tensions and segregation were particularly high in the U.S, due to Jim Crow's legislation (Allport 1954). Intergroup relations at the time were marked by pervasive prejudice and discrimination, which prompted the development of the theory. To solve these problems, Allport (1954) investigated the ways in which interpersonal interaction between various social groups could lessen prejudice and enhance ties between them. He understood that not every interaction would be beneficial, therefore he listed particular circumstances in which intergroup communication would work best (Allport 1954).

The theory posits that more interaction and contact between members of various social groups can lessen prejudice, foster better attitudes, and heighten favourable judgments of the out- groups. This study exploits the ICT to explain how good interactions and direct contact can affect teachers' attitudes and behaviour toward HIV+ learners. This framework can help create strategies and interventions that will boost communication, foster understanding, and lessen stigma to create inclusive and encouraging learning environments for HIV+ learners. The ICT was used to investigate the following issues related to the current research topic:

***Direct Contact***: The term "direct contact" describes in-person interactions between people from various social or cultural groups (Allport 1954). This can happen in a number of areas, including social gatherings, businesses, schools, and community events (Allport 1954). Direct interaction can help people develop more positive attitudes towards members of the out-group by giving them a means to connect with one another as persons, rather than as stereotypes. These one-on-one interactions help dispel stereotypes and lessen the fear that comes with meeting people from different groups (Pettigrew and Tropp 2006). The focal point of this aspect is on analysing the actual contact between teachers and HIV+ learners. The process investigates the extent, calibre, and character of these exchanges and how they can affect teachers' opinions, attitudes, and actions toward HIV+ learners (Dmitry 2022).

***Positive Interactions***: Positive interactions occur when people participate in meaningful communication in an open and respectful manner. When members of a group feel more connected to one another, then stereotype ideas become challenged (Allport 1954). Emotional benefits including improved empathy, decreased anxiety, and more comfort in intergroup situations, might result from having positive encounters. These emotional reactions can improve intergroup relations generally and are essential for reducing unfavourable sentiments related to the out-group individuals (Pettigrew and Tropp 2006).

***Reduced Stigma and Prejudice***: In the framework of the Intergroup Contact Theory (ICT), reduced stigma and prejudice relate to the favourable shifts in attitudes and actions towards members of the out-group prompted by meaningful encounters between various

social groupings (Cox and Balcetis 2022). This element of the theory focuses on how contact with learners living with HIV negate stigma and cause prejudice reduction. It determines whether closer interaction fosters empathy, lessens stereotypes, increases awareness about HIV, and fosters a more favourable perception of HIV+ learners (Dmitry 2022).

***Intergroup Cooperation***: When individuals of several social or cultural groups work together to achieve shared objectives, this is referred to as “intergroup cooperation” (Allport 1954). Pettigrew and Tropp (2011) argue that, groups must have a common objective, often referred to as a “superordinate goal”, for intergroup collaboration to be successful. Collaboration is necessary to accomplish this goal, which calls on members of various groups to bring together their resources and efforts (Allport 1954). Cooperation between groups needs to take place, in an environment free from competition, for instead of reducing preconceived notions and biases, competition between groups can strengthen them. People are more inclined to cooperate and build healthy relationships when they see that they are working together as equals, rather than competing for resources or attention (Pettigrew and Tropp 2011).

***Support Norms and Institutional Practices***: Effective interactions between groups require the backing of authorities, like laws, educational institutions, community leaders, and organisational structures. This support aids in the establishment of acceptable standards and rules for group members' interactions with one another (Allport 1954; Pettigrew and Tropp 2011). Institutional practices have the power to set an example and create norms that encourage respect for one another and tolerance for diversity amongst groups. These norms create an environment where people feel comfortable interacting with one another, by establishing expectations for behaviour during intergroup encounters (Allport 1954; Pettigrew and Tropp 2011). Positive contact and interactions are made possible by supportive norms and institutional practices, which are considered in this component.

According to the ICT, when certain requirements are satisfied, such as having equal status and common objectives, meaningful contacts between various groups can lessen

prejudice and enhance intergroup relations (Cox and Balcetis 2022). Positive intergroup contact has been shown to increase trust and decrease anxiety, both of which are essential in educational environments, where stigma may persist, such as with HIV+ learners (Shujing et al., 2022). The theory does have the potential to promote social equality, however, some studies point to some limitations because interactions with marginalised populations do not always result in a stronger sense of solidarity (Sengupta et al., 2023; Lytle 2018).

## 2.6 CRITICAL REFLECTION AND CONTEXTUAL LIMITATIONS OF THE THEORETICAL FRAMEWORK

The combination of the TPB and Intergroup Contact Theory provides an effective lens for analysing individual teacher attitudes, intents, and interpersonal dynamics, however, their use within the South African educational context, also requires critical examination. TPB's basic concept of a rational, self-enclosed individual decision-maker, with complete decision-making control over their actions, is one of its primary disadvantages. The deeply-rooted systemic and structural obstacles present in the South African public education system, such as severe resource limitations, understaffed classrooms, and institutional weaknesses in health literacy, are not sufficiently taken into account by this individualistic approach.

Furthermore, TPB does not necessarily represent the persistent cultural dynamics and historical socio-political complexes that greatly influence how HIV-related stigma and discrimination develop in local communities. Similar to this concern, Intergroup Contact Theory describes how meaningful engagement might reduce discrimination between teachers and learners living with HIV, but it is still limited by its incapacity to take institutional bottlenecks and inflexible power-related structures within schools' administration, into account. An individual teacher's behavioural decisions and interpersonal interactions are never fully autonomous in the global South, and in the Gauteng East environment in particular; they are continuously mediated and tend to be constrained by institutional limitations and systemic weaknesses.

These are critical disadvantages, however, this study still makes use of both frameworks, in combination, to build on their complementary benefits. When TPB reveals each teacher's internal cognitive and intentional motivating factors, Intergroup Relational and environmental interactions in the classroom are contextualised, by the contact theory. The study does not apply these concepts as complete paradigms, since it clearly acknowledges these structural and cultural limitations; rather, it uses them as a baseline to investigate how individual teacher's agency functions when constrained by complex, systemic South African educational realities.

## 2.7 CONCLUSION

In this chapter the researcher reviewed the significant factors that influence how teachers engage with HIV+ learners. The literature demonstrates that while biomedical advancements such as PMTCT and ART have normalised clinical survival for HIV+ children, many of them, especially the Foundation Phase learners in rural Gauteng, continue to face serious socio-ecological obstacles that threaten their social, psychological, and educational development. Access to continuous care, early neurocognitive support, and appropriate educational interventions are hindered by persistent HIV-related stigma, poverty, food insecurity, limited disclosure, carer constraints, and insufficient school-clinic linkages; hence, despite being viewed as essential support systems, schools and teachers frequently face challenges related to a lack of resources, training, and policy implementation. Attempts to reduce stigma, introduction of school nutrition programmes, and inclusive education policies show promise, however, their effects are still unequal. To, therefore, minimise cumulative disadvantage among HIV+ children, studies generally emphasises the need to shift from a merely biological treatment of HIV, to an integrated, school-based, and child-centred approach, that addresses stigma, psychosocial well-being, and educational inclusion.

The TPB focuses on the psychological and behavioural determinants of teachers' actions, while ICT underscores the structural and rational conditions under which different types of interactions occur. Taken together, these theories enable a comprehensive exploration of how teachers' internal attitudes and external environments converge to shape their

experiences with HIV+ learners. This dual framework also points to practical interventions, including training programmes, supportive policies, and inclusive pedagogies, that can enhance teachers' capacity to engage positively with HIV+ learners.

Both theories offer valuable models for investigating the ways in which attitudes, social norms, and interactions between groups affect experiences and behaviours, in the learning environments. According to the TPB, three fundamental factors - attitudes towards the behaviour, subjective norms, and perceived behavioural control - influence behavioural intentions. Understanding teachers' intentions to interact positively with HIV positive learners can be based on their attitudes towards the virus, their perceptions of social pressures (subjective norms), and their confidence in their ability to handle these interactions (perceived behavioural control). In addition, positive connections between various social groups can lessen bias and strengthen relationships, according to ICT. In this instance, having direct interaction with HIV+ learners can help teachers develop empathy and understanding, which may increase their readiness to help these learners.

The next chapter discusses the research design and methods employed in conducting this study.

# CHAPTER 3: RESEARCH DESIGN AND METHODS

## 3.1 INTRODUCTION

This chapter begins by outlining the research paradigm that underpins the study, positioning it within the interpretivist tradition that seeks to understand social phenomena through participants' lived experiences. In line with this paradigm, in the chapter is discussed the phenomenological approach adopted, highlighting its suitability for exploring teachers' experiences in interacting with HIV+ learners in the Foundation Phase within Gauteng East schools. The chapter then provides a detailed motivation for the selected research design, demonstrating how it aligns with the study's objectives, thus enables a nuanced understanding of the complexities surrounding teachers' interactions with these learners.

Subsequently, the chapter unpacks the research methods employed, including a description of the study population, the sampling method, and the development of the research instruments. The processes of data collection and analysis are explained in detail to ensure methodological transparency. To enhance the rigour of the study, measures undertaken to establish trustworthiness, such as credibility, transferability, dependability, and confirmability, are discussed in detail. The discussions also focus on the ethical considerations that guided the research, with particular attention to issues of confidentiality and anonymity, protecting the participants from harm and obtaining informed consent. The chapter concludes with a reflexive account of the researcher's positionality, acknowledging how personal and professional factors may have influenced the research process, from data collection to interpretation, and reflecting on the implications of this positionality on the reliability of the study's findings.

## 3.2 THE INTERPRETIVIST RESEARCH PARADIGM

This study adopted the interpretivist research paradigm - a framework that places a strong stand on understanding people's individualised experiences and interpretations of their social reality (Burrel and Morgan 2017). This paradigm is based on the idea that people's

interpretations of their own particular contexts are the source of knowledge and that reality is socially constructed (Pervin and Mokhtar 2022). According to the interpretivist paradigm, knowledge is influenced by social interactions, cultural factors and individual experiences, as context is believed to affect human behaviour (Branchi 2024; Heald et al., 2023; Pervin and Mokhtar 2022). The interpretivist paradigm, thus recognises that social behaviours cannot be interpreted in a vacuum, nor separated from their cultural, historical, and contextual backgrounds (Albohn et al,. 2024), therefore, researchers who subscribe to this paradigm concentrate on understanding how people view and interpret their surroundings. According to Alharahsheh and Pius (2020), the interpretivist paradigm generally uses qualitative research techniques, such as, focus-group discussions, interviews, and participant observations to collect rich, in-depth information about participants' perceptions and experiences. This method enables in-depth investigation of complex social processes. The complexity of social relationships may be explored by researchers who embrace this paradigm, through them concentrating on a small number of individuals experiencing the phenomenon explored, through different forms of interactions (Berryman 2019). This study aimed to provide an in-depth exploration of teachers' perspectives when interacting with HIV+ learners by using the interpretivism paradigm. To achieve this, careful consideration was given to the meaning teachers attached to their experiences, given the social contexts that shaped their personal views. By this, it was possible to achieve a comprehensive understanding of the multiple factors influencing how teachers interact with HIV+ learners.

### 3.3 PHENOMENOLOGICAL APPROACH

The phenomenological approach, according to Mortari et al. (2023), is a research approach that prioritises first-person knowledge of human experiences. The approach dwells on subjective interpretations and meanings, in an effort to convey the diversity of human experiences (Ismail and Kinchin 2023). It has been applied by researchers, in the context of HIV in the school settings with teachers and learners (Appiah et al., 2019; Campbell et al., 2014; 2016; Doat, Navab and Hoseini 2020; Nkosi, Mabasa and Themane 2023; Nxumalo 2017). The approach often uses semi-structured or in-depth

interviews as an inquiry technique since these allow for a more thorough exploration of participants' perspectives, within a qualitative study (Hossain, Alam and Ali 2024).

Phenomenology and grounded theory may appear to be rather similar at first, however, a closer examination of the two approaches reveals some distinction. Phenomenology's primary goal is to examine events from the viewpoint of the individual (Cleland 2017). Tenny, Brannan and Brannan (2022), explain that phenomenology is basically investigating the "lived experiences" of the participants, to determine how and why they behaved in a particular manner. This is one of the key distinctions between phenomenology and grounded theory. By analysing several data sources, grounded theory seeks to provide a theory for social phenomena (Tenny, Brannan and Brannan 2022). The purpose of phenomenology, on the other hand, is to describe and explain a phenomena or events from the perspective of the individuals who had experienced them (Tenny, Brannan and Brannan 2022).

For the purpose of this study, a phenomenological approach entailed an in-depth analysis. The analysis focused on teachers' personal experiences and perspectives on interacting with HIV positive learners, as the approach primarily aims to capture the essence of participants' lived experiences. The study was able to explore the nuances of their interactions, the challenges that teachers encounter, and their emotional reactions to these events, by conducting in-depth interviews with them. Additionally, phenomenology highlights how vital context is in shaping experiences, therefore, in this study, the context helped to understand how teachers' attitudes and behaviours towards HIV positive learners are influenced by the unique educational environment in Gauteng East schools.

### 3.4 QUALITATIVE RESEARCH DESIGN

The study is qualitative in nature; this is a design that investigates and offers detailed and comprehensive understandings of real-world issues (Moser and Korstjens 2017). In contrast to quantitative research, which emphasises numerical measurement and the testing of interventions, qualitative research is concerned with exploring lived experiences

and the meanings participants attach to them (Tenny, Brannan and Brannan 2022). Within the context of this study, a qualitative design allowed for an in-depth understanding of how teachers experience and navigate their interactions with HIV+ learners in the Foundation Phase. This approach moves beyond statistical generalisations to capture the nuanced, personal, and contextual realities that shape these interactions. Fundamentally, it provides answers to the ‘hows’ and ‘whys’ rather than the ‘how much’ or ‘how many’ (Cleland 2017). According to Lim (2024) this specific design can also be structured as either a stand-alone study that solely utilises qualitative data or as a component of mixed-methods research that incorporates both qualitative and quantitative data.

Explaining human behaviour patterns and processes that are hard to measure, is one of the advantages of qualitative research (Hennink, Hutter and Bailey 2020). Experiences, attitudes, and behaviours are examples of phenomena that can be difficult to precisely and quantitatively measure. A qualitative method, however, enables participants to describe how, why, or what they were feeling, thinking, and experiencing at a specific moment or during an event of interest (Lim 2024). The fundamental goal of qualitative data is to identify themes and patterns that can be challenging to measure, therefore, it is essential to ensure that the context and narrative of qualitative work are preserved by not attempting to quantify something that is not intended for quantification (Tenny, Brannan and Brannan 2020).

Teachers' lived experiences and views when interacting with HIV- positive learners were, therefore, explored through the adoption of a qualitative research design. With this method, the study collected rich, in-depth data that highlighted the complexity of teachers’ emotions, attitudes, and challenges. The qualitative design provides flexibility in terms of data collection techniques, enabling modification of the strategy in response to new information; to capture the various facets of teachers' perspectives, the study used a semi-structured, in-depth interview.

## 3.5 CONTEXTUALISING THE RESEARCH SITE

With high rates of structural unemployment, high levels of poverty, and a significant reliance on child support subsidies and seasonal agricultural labour, Sedibeng is primarily a region struggling with multiple socio-economic vulnerabilities. There are roughly 1.19 million people living in the district, which covers an area of 4,173 km² (https://municipalities.co.za). Black African citizens make up between 81% and 82% of the entire population, and the demographic makeup is concentrated in townships and peri-urban areas (Census 2011, nd). Due to these underlying economic realities, local public schools often bear heavy socio-ecological burdens, where difficult issues such as food insecurity, HIV stigma in the community, and a lack of parental health literacy, directly affect the classroom setting.

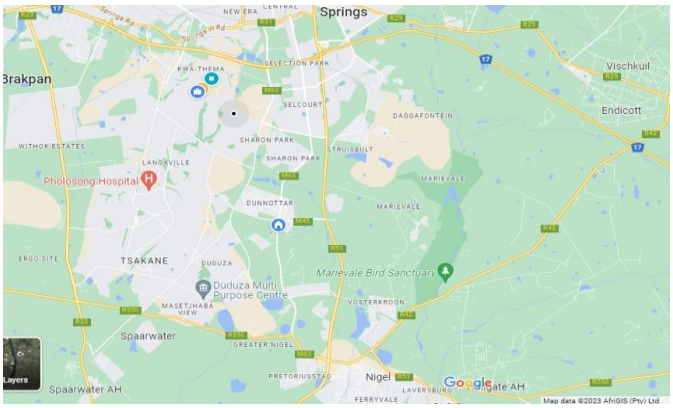
Administratively, the Gauteng Department of Education oversees public education in the area, through regional hubs dispersed throughout the school districts of Sedibeng East and Sedibeng West (DBE, nd.); Sedibeng Government, 2024). Hundreds of public schools spread throughout its constituent local municipalities (Emfuleni, Midvaal, and Lesedi) are served by these district networks. The existence of public schools built on private farmlands (farm schools) especially to provide basic educational access for the children of marginalised farm labourers, is a noteworthy structural attribute of this educational landscape.

This District's public primary schools tend to have large learner enrolments and although the official average learner-teacher ratio in Gauteng public primary schools is roughly 33.8%, these averages do not translate equally to individual classrooms, according to official oversight reports (Parliamentary Monitoring Group, 2024). In reality, localised primary school classrooms, particularly those in marginalised or farm-based areas, often suffer from extreme classroom overcrowding, with actual active learner-teacher ratios rising as high as 40:1 to 50:1, due to uneven distribution models and local infrastructure backlogs (West and Meier, 2020). This disparity is not due to structural limits on classroom spacing, but rather to the post-provisioning criteria monitoring overall school enrolment allocations.

Navigating a high teacher-to-learner ratio contributes to the immediate clinical, social, and emotional challenges examined in this study, which focused on Foundation Phase educators (Grades 1-3). It is very challenging for a single teacher overseeing a large classroom to be able to quietly observe each child's health conditions, track irregular learner absences due to clinic appointments, offer psychosocial support, or maintain medication compliance, without unintentionally violating clinical confidentiality or inciting peer stigmatisation.

The two sites for data collection were two primary schools, in rural locations within Gauteng East, which falls under the Sedibeng District Municipality (see the map below). These rural settlements also have farms where the residents are employed, and the owners of these farms have schools established within their farms to provide farm workers' children with the opportunity to learn. For the purpose of confidentiality and anonymity, the school names are not mentioned in the dissertation.

Map of Springs




Source: (Google maps 2025)

### 3.6 SAMPLING METHOD AND THE SELECTION OF PARTICIPANTS

A purposive sampling strategy was adopted in this study. Purposive sampling is a technique used to select participants who are most likely to yield relevant and useful information (Campbell et al., 2020). The technique is distinct from random sampling, to ensure that only specific types of people, events or cases that are relevant, are included

in the study's final sample (Campbell et al., 2020). For the purpose of this study, participants in this study were ten Foundation Phase (Grades 1-3) teachers, purposely selected from two primary schools. Each school had five teachers identified using a selection criterion which included teachers with formal schooling, residing within the Gauteng Province, male or female, and who must have been interacting with HIV+ learners.

The study was first approved by the University of South Africa's College of Human Sciences Research Ethics Committee with the NHREC registration number (Rec-24-0816-052). A letter of approval to conduct the research, recruit and conduct interviews with participants was also obtained from the school principals. The researcher scheduled a meeting with the principals through the school secretary prior to the interviews starting. The meeting served to present the study, obtain the principal's approval to collaborate with teachers as study participants, and to establish plans for the method, timing, and location of data collection at the school.

Upon receiving approval from the schools' principals, copies of the information sheet were distributed amongst the teachers in the two schools; those who were interested and satisfied the selection criteria, made contact. From this communication, further screening was conducted, clear explanation of the purpose of the study was included in the informed consent form and suitable dates for the interviews were finalised. The relevant teachers were given copies of the approval letter granted by UNISA Collage of Human Science Research Ethics Committee (see Appendix A), as well as an information sheet (See Appendix D) and the consent form (see Appendix B) indicating their voluntary participation. Ultimately, the sample consisted of 10 participants; Table 3.1 below provides an overview of the participants' profiles.

**Table 3.1: Profile of participants**

| Participant | Age | Gender | Phase teaching | Grade | Level of school | Years of service |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Participant 1 | 55 | Female | Foundation phase | 3 | Primary | 27 |
| Participant 2 | 42 | Male | Foundation phase | 3 | Primary | 12 |
| Participant3 | 47 | Female | Foundation phase | 3 | Primary | 10 |
| Participant 4 | 43 | Female | Foundation phase | 2 | Primary | 8 |
| Participant 5 | 58 | Female | Foundation phase | 2 | Primary | 28 |
| Participant 6 | 49 | Female | Foundation phase | 2 | Primary | 20 |
| Participant 7 | 61 | Female | Foundation phase | 1 | Primary | 29 |
| Participant 8 | 47 | Female | Foundation phase | 1 | Primary | 27 |
| Participant 9 | 39 | Female | Foundation phase | 1 | Primary | 15 |
| Participant 10 | 33 | Male | Foundation phase | 1 | Primary | 9 |

The selection of participants was based on voluntary nature of participation and open for all genders, however, a recurring macro-systemic tendency in South Africa's basic education sector was seen in the study's overwhelming predominance of female teachers. Early childhood education and the Foundation Phase (Grades R–3) have historically and culturally been strongly gendered as areas of maternal caregiving rather than pedagogy (Mzimela, 2022); male teachers are, therefore deliberately discouraged from entering or staying in early-grade classes due to institutional bottlenecks and widespread cultural stereotypes (Mzimela, 2022). The fact that this study only included two male teachers emphasises how under-represented men are in these crucial foundational levels, highlighting a larger provincial and national challenge in diversifying the early childhood workforce.

The sample's scarcity of young teachers, between the ages of 24 and 32, is consistent with what macro-demographic analysts refer to as South Africa's upcoming "teacher retirement wave." Recent national education audits reveal that roughly half (49%) of publicly-employed school teachers in South Africa are aged 50 or older, with a major shortfall of younger educators, actively integrated into public institutions (Monama, 2022). The severe provincial spending limits make this generational gap significantly worse. Thousands of first-year teacher education candidates are graduated by South African

universities each year, but provincial education departments have experienced severe financial constraints. As a result, newly-qualified young teachers are unable to secure formal appointments, while older teachers continue to hold their positions until they are required to retire (Monama, 2022).

In peri-urban, rural, and farm-school outer regions, such as the Gauteng East agricultural area, this demographic disparity is even more noticeable. Retention rates are disproportionately high among early-career teachers (ages 24–32) who have been successfully integrated into the system (Monama, 2022). When given an opportunity, younger educators often use their mobility to look for jobs in private schools, well-resourced urban areas, or abroad, rather than accepting placements in under-resourced schools where they have to deal with difficult systemic barriers, such as high teacher-to-learner ratios and prevalent community-health crises.

The interpretation of the collected empirical data is influenced by this demographic reality. The study's older, more seasoned teacher cohort contributes decades of "organic" classroom management as well as institutional memory, however, HIV/AIDS training was either completely absent from formal teacher training courses or very clinical at the time their professional baseline was set. This means that, despite having received the latest training on inclusive education policy, younger teachers are systematically excluded from the front lines of these high-burden neighbourhoods, because of hiring practices.

### 3.7 DATA-COLLECTION METHODS

In-depth interviews were used to gather data, because these allow researchers and participants to engage in a conversation about the topic under investigation. The interviews were conducted in simple and understandable English. "Simple and understandable English" in the context of qualitative research, refers to the intentional use of inclusive, accessible, and straightforward language intended to promote meaningful communication between a participant and a researcher (South African Journal of Science, n.d). As stated in the information sheet, participants would also be guaranteed confidentiality and anonymity by using pseudonyms in reporting on the interviews (see Appendix D). Interviewees' consent was sought before using an audio voice recorder. The

interviews were semi-structured, allowing for flexibility in the questions that were asked, therefore, the participants were able to expound on their responses and make comprehensive statements during the interview process. Interviews were conducted from April to June 2025, using the interview guide that contained specific questions, relevant to the objectives. Where responses were not clear or lacked depth, the researcher used probing questions for further understanding. Some of the interview questions were - '*What challenges have you encountered when interacting with Foundation phase learners living with HIV?*' and *'Can you share specific examples of situations or incidents that have had a significant impact on your teaching practices, in relation to learners living with HIV?*'

The participants were then asked if anything significant should be included after the interviews ended, within the predetermined times (24 to 45 minutes). To further maintain confidentiality and anonymity, all the interviews were conducted at designated private areas which were, convenient for teachers, were not near the schools where the teachers work, hence, there were few people around who were from the school environment. To further ensure that this environment was conducive, the rooms were closed to prevent unauthorised entry, and the conversations were held at a low-pitched voice.

Usually, it is difficult to record everything in writing while listening, hence, a tape recorder was an invaluable tool for the purpose of recording the interviews. To maintain confidentiality, the researcher immediately downloaded the audio recording of each interview session, onto a password-protected computer. Prior to the interviews, consents from the volunteering participants were sought, through written informed consent and permission was sought to record the interviews. These audio-recorded interviews were later transcribed into textual data for analysis purposes.

## 3.8 METHOD OF DATA ANALYSIS

The study adhered to Braun and Clarke's (2006, 2023) thematic analysis framework. Thematic analysis is an adaptable technique for finding, examining, and summarising emerging themes or patterns in qualitative data. From collecting the raw data to final reporting, the following six stages of thematic analysis were followed:

**Step 1: Familiarisation with the data**

To ensure the accuracy and integrity of the participants' experiences, the researcher personally transcribed the ten in-depth audio-recorded interviews into textual data. Further the transcripts were read several times while listening to the audio recordings, to have a deep understanding of the data. This was followed by reviewing the field notes made during the interview to capture any contextual and emotional subtleties of the discussions had.

**Step 2: Generating initial codes**

During this phase, the transcripts were manually coded, while making preliminary notes in the margins to identify key segments. Mind maps were then used to illustrate the relationships between various codes and recurrent concepts among the ten individuals. From this initial process, "*medication adherence*," "*stigma*," "*lack of training*," and "*emotional burden*" were among some of the initial codes identified.

**Step 3: Generating themes**

At this step, the researcher began categorising the original codes into broader codes that had comparable meaning patterns. After that, codes were grouped into possible themes that specifically addressed the research objectives on teachers' interactions with learners living with HIV. Some of the potential theme identified, for instance, were - "*navigating clinical, social, and emotional challenges*" – these were used to group codes pertaining to discrimination and peer rejection.

**Step 4: Reviewing potential themes**

In this phase, the researcher verified that the potential themes accurately reflected the experiences of the participants, by comparing them to a complete dataset. The themes' applicability to the main study question and sub-questions was then confirmed; this ensured that the themes were sufficiently relevant and robust to convey the teachers' reality and the complex challenges they had experienced.

**Step 5: Defining and labelling themes**

At this phase, each theme's label and definitions were clearly encapsulated as the true essence of the data, by refining the themes' labels and definitions. Ultimately, the three primary themes which emerged were - *navigating clinical, social, and emotional challenges; the need for improved preparation and systemic support; and pathways to improvement (practice and policy*). To give a more thorough analysis, these were further divided into sub-themes, such as - *the burden of medical non-compliance"* and *"deficiencies in specialised HIV/AIDS training*". (see Table 3.2 below).

Table 3.2: Themes that emerged from the data

| Themes | Sub-themes |
|---|---|
| Navigating clinical, social, and emotional challenges | • The burden of medical non-compliance and absenteeism;<br>• The prevalence of discrimination and stigma; and<br>• Addressing learners' emotional and psychological distress. |
| The need for improved preparation and systemic support | • Deficiencies in specialised HIV and AIDS Training;<br>• Perceived lack of institutional and departmental support; and<br>• Teacher preparedness (a spectrum of readiness). |
| Pathways to improvement: Recommendations for policy and practice | • Calls for comprehensive and practical training;<br>• The vision for multi-stakeholder collaboration; and<br>• Policy amendments for enhanced classroom support. |

**Step 6: Writing the report**

In the last phase, the researcher composed a narrative that is provided in Chapters 4 and 5, offering a thorough examination of the teachers' actual experiences. Verbatim quotations from the participants are included, to support the themes. To provide a

thorough analysis of the findings, the themes are linked back to - the Theory of Planned Behaviour and the Intergroup Contact Theory.

## 3.9 ETHICAL CONSIDERATIONS

### Ethical approval and access to participants

Prior to commencing with the research, ethical clearance for the study was sought from UNISA College of Human Sciences Research Ethics Committee. The study was approved with the ethics number: (Rec-24-0816-052). Upon receiving permission from the schools' principals, teachers were accessed and recruited.

### Voluntary participation

In research, voluntary participation refers to people choosing to participate in a study voluntarily - showing that participants were not subjected to any undue influence, pressure, or coercion (Iseselo and Tarimo 2024). Prior to signing the consent form, participants were made aware that they had the right to withdraw from the study at any point, if they no longer felt comfortable to continue. It was essential to ensure that participants in this study fully comprehended the research process, including the procedures, demands, and risks involved. Additionally, prior to conducting the interviews, the researcher went through the information sheet with the participants to ensure that they understood what participation required and that they were not being coerced into taking part in the interviews. The participant information letter and recruitment process, clearly outlined that participation was voluntary, and this was reiterated during the interview. The interviews were conducted in English with each participant.

### Anonymity and Confidentiality

According to Allen (2017), confidentiality and anonymity are ethical practices designed to ensure the concealment of human participants while collecting, analysing, and reporting data. This study examined extremely sensitive and highly-stigmatised lived experiences,

hence, it was crucial to uphold strict ethical discretion in order to protect each participant's social and psychological safety. A number of intentional procedural precautions were put in place to operationalise these measures. First, although participants naturally revealed their names during the first in-person interviews, these identifiers were completely removed during the transcription process and substituted with unique pseudonyms (e.g., Participant 1 and Participant 2) to ensure complete anonymity during reporting. Second, no learner names or personal information was asked for, recorded, or incorporated at any point throughout data management or dissertation drafting, to protect the identity of these third parties. The participating teachers' and their schools' confidentiality was strictly protected against potential institutional or social harm.

The learner's personal information, including their names, were not required nor provided during the report writing. In line with the objectives of the study, the teachers were asked to only narrate their experiences without disclosing the learners' personal information. Anonymity and confidentiality were maintained to protect the schools and participants from any harm. In addition, all the interviews were conducted at designated private areas that were convenient for teachers and were not near the schools where the teachers work. All the interviews were audio recorded and all the electronic data, including transcripts and field notes were stored in a password-protected Google Drive folder. The supervisor and the researcher were the only people with access to the audio recordings, since the link to the recordings is password-protected.

**Protection from harm**

According to Bos (2020), "protection from harm" refers to ensuring that participants are not at risk of discomfort, harm, or other unfavourable outcomes, including financial, social, psychological, or physical risks, arising from their participation in the research. The ethical duty to "do no harm" is the foundation of this principle, which mandates that researchers minimise possible risks and maximise potential benefits for participants (Bos 2020). During the study, measures were taken to ensure the safety and well-being of participants, including protecting them from emotional harm. Participants had the right to

withdraw from the study if they felt overwhelmed and did not wish to continue the interview. Ethically, participants had the right to withdraw at any stage of research, and if there was a possibility of psychological harm, the researcher would have referred the participants to professional counsellors for psychological support.

This was a medium-risk study due to the nature of the topic. The researcher only engaged with the teachers who had interacted with learners living with HIV, not the learners themselves; therefore, as per the selection criteria, only teachers who were willing to express their experiences in this regard were considered. The learner's personal information, including their names, was not required at any stage of the interviews. In line with the objectives of the study, the teachers were able to narrate their experiences without disclosing the learners' personal information and for precaution, the researcher had made prior arrangements with a counsellor to assist in case some of the teachers experienced psychological effects during the interview; fortunately, none of the teachers experienced any psychological distress, and there was no need for referrals.

### 3.10 TRUSTWORTHINESS

To ensure the study's trustworthiness, rigorous strategies were employed to enhance the credibility, dependability, and confirmability of the findings. The reading and re-reading of the transcripts multiple times and listening to the recordings to make sure that there were no factual errors, ensured trustworthiness. Below is the set of principles applied to ensure credibility, dependability, confirmability, and transferability (Adler 2022):

**Credibility** was enhanced through triangulation, where the collected data were cross verified with observations, ensuring that participants' narratives were captured accurately. The researcher further undertook prolonged engagement with the data by repeatedly reading the transcripts and listening to the audio recordings; this limited the possibilities of misrepresentation in the analysis and enhanced the authenticity of the participants' narratives.

**Dependability** was ensured through a systematic and transparent documentation of the research process, including clear explanations of the data collection and analysis procedures. Additionally, pilot interviews were conducted with two (2) teachers who met the selection criteria just to ensure that the questions were relatable and easily understandable, that they flowed and responded to the objectives of the study, consistently. Member checking was further conducted to ensure that there was no misinterpretation and distortion of participants' responses. Lastly, the process of ensuring dependability related also to, data coding and analysis.

In terms of **confirmability**, the researcher reflected on the possibility of own biases influencing the interpretation and used a journal to document some of the notable observations and thoughts during the field work. The findings were discussed with the supervisor to ensure that the researcher's interpretations reflected the participants' narratives. All the research processes, including data collection, coding and data analysis were documented to provide an audit trail and maintain transparency, which, everyone involved in the study, including external examiners, can verify.

Lastly, in relation to **transferability**, while the findings may not be generalizable given the nature of the study design, the report provides a rich description of its context. The findings of the study, therefore, can assist readers or reviewers interested in a similar study or in similar circumstances, in understanding the context of this particular study.

## 3.11 POSITIONALITY AND REFLEXIVITY: REFLECTIONS OF THE RESEARCHER

Reflexivity in research is a continuous, self-awareness, and critical process in which researchers explicitly evaluate their own subjective background, beliefs, values, and experiences to comprehend how these factors and their positionality may influence the entire research process, from question development to data interpretation (Olmos-Vega et al., 2022). In seeking to uncover the lived experience of the participants, the researcher, hence, first needs to acknowledge hs/her positionality and its influence on the methodology and interpretations (Kara 2017). According to Rowe (2014), positionality is a researcher's viewpoint when conducting research. It is also about how researchers view

themselves and are viewed by others - as an insider or outsider, someone with power or who feels powerless or coming from a privileged or disadvantaged position (Ozano and Khatri 2018).

The researcher embarked on this study as a black South African woman who works as a teacher in the Foundation phase; this background enabled her, as the researcher, to listen empathically to the participants' narratives. The researcher acknowledged that the participants would have suffered similar setbacks in their day-today interactions with HIV+ learners with whom they live and work, although each had his / her unique experiences and stories to tell. These beliefs influenced the researcher's decisions to allow participants to narrate their experiences and interpretations of their social reality from their own contexts.

Having a shared work experience with the participants somewhat positioned the researcher as an insider, given their shared background as teachers in the same Foundation Phase. The researcher expected the study to be relatively uncomplicated as an insider researching people with similar experiences; therefore, there were no anticipated challenges and undercurrents, which was evident in the whole research process. A number of difficulties, however, surfaced during the interviews, despite the researcher's familiarity with the Foundation Phase environment and identification as an insider. These included participants' initial reluctance to discuss HIV and AIDS freely because of the sensitive subject; their fear of violating confidentiality, and their concerns about potential negative effects on their careers. Participants occasionally gave guarded or brief answers, necessitating probing and assurance to promote deeper disclosure. These difficulties showed that having the same professional background did not always make gathering data easy, especially when discussing sensitive and stigmatised topics.

This study also drew the researcher into the reflexive stance in the interpretive approach, which advocates that researchers may embrace phenomenology by concentrating on a small number of individuals experiencing similar issues through interaction (Berryman 2019). It was a humble experience to embark on this investigation, exploring the

perspectives of teachers who, on a daily basis, interact with learners living with HIV. The researcher began this study with a strong desire to understand and amplify teachers' experiences to help address pressing social and public health issues, while also being conscious of her own positionality and how her viewpoints could influence the study's processes.

Given South Africa's long experience with the HIV epidemic and its progressive policies, the researcher firstly had some preconceived expectations about the level of awareness and support that may exist in schools, however, the interviews challenged some of these presumptions and revealed a more complex and at times, despairing reality. Hearing first-hand accounts from teachers regarding, for instance, their everyday challenges with their learners' medication adherence, the increasing prevalence of stigma, and the psychological impact this had had on learners had a deep effect. Throughout the interviews, there were times when the emotional impact of their stories became evident, necessitating the researcher’s conscious effort to remain professional, while allowing for sympathetic sessions. The ethical issues surrounding confidentiality were a major focus of the researcher’s reflection. The teachers' faith and trust in the researcher was demonstrated by their willingness to divulge such confidential insights, primarily related to learners whose HIV status was not well known. This reaffirmed the researcher’s dedication to maintain the highest levels of anonymity and confidentiality, throughout the whole research process, from gathering data to reporting the findings. There was always the difficulty of striking a balance between the need to preserve the identities of participants and learners and the necessity for rich, objective and descriptive data.

The study also emphasised these teachers' perseverance and commitment. Their dedication to creating a welcoming and inclusive environment for all learners was constantly evident, even when they felt undertrained, in some areas and unsupported. This personal dedication, which often addressed systemic gaps, was both encouraging and concerning, since it demonstrated the unmanageable strain on individual teachers. In addition to broadening the researcher’s scholarly knowledge of HIV and AIDS in educational settings, this research also strengthened her empathy for the struggles that

disadvantaged learners and teachers experience daily. It has reaffirmed the vital significance of translating policy into practical help and the ability of qualitative research to shed light on complex social issues from the perspectives of those most affected. Without a doubt, the knowledge the researcher gained from this study will shape her future academic endeavours and dedication, to promoting more inclusive and encouraging educational systems.

## 3.12 CONCLUSION

A thorough outline of the study conduction was presented in Chapter 3, which began with the interpretivist paradigm and the phenomenological approach. These frameworks were chosen to give priority to the subjective, "first-person" narratives of Gauteng East Foundation Phase teachers. The study delved beyond basic statistics to capture the emotional and social complexity of the classroom by reflecting on the meanings these educators ascribe to their interactions with HIV+ learners.

Purposive sampling was used in the qualitative design of the study to ensure that the relevant participants' direct and relevant experiences were captured. Semi-structured, in-depth interviews were used to gather data, enabling a flexible yet thorough exploration of the research topic. Braun and Clarke's (2006) six-step thematic analysis - a rigorous technique that transforms raw interview transcripts into insightful themes addressing clinical, social, and systemic issues - was then applied to this data. The researcher further followed rigorous ethical guidelines, ensuring trustworthiness, as well as, participants' safety and reflexivity, thereby, maintaining the integrity of the study.

The next chapter discusses the lived realities and challenges experiences by teachers interacting with learners living with HIV based on the data collected during the semi-structured interviews.

# CHAPTER 4: THE LIVED REALITIES - CHALLENGES AND EXPERIENCES OF TEACHERS INTERACTING WITH LEARNERS LIVING WITH HIV

## 4.1 INTRODUCTION

The previous chapter discussed in detail, how the process of data collection unfolded including how the collected data was analysed. In this chapter, the research findings pertaining to the daily challenges and lived experiences of Gauteng East school teachers interacting with Foundation Phase learners living with HIV, are presented. This chapter addresses the overarching study question - *"How do Gauteng East school teachers experience interactions with foundation phase HIV+ learners?"* - using semi-structured interviews conducted with ten participants. These findings focus on teachers' narrations in relation to the first research sub-question - "*What are the challenges faced by teachers when interacting with HIV+ learners, and how do these challenges impact their teaching practices?".*

The analysis presented below is structured around the main theme derived from the data: "Navigating clinical, social, and emotional challenges", hence, this serves as a basis for the analysis that follows next. The theme is further examined through three (3) sub-themes: (i) the burden of medical non-compliance and absenteeism; (ii) the prevalence of discrimination and stigma; and (iii) addressing learners' emotional and psychological distress. The empirical findings below reflect a robust account of the teachers' experiences.

## 4.2 NAVIGATING CLINICAL, SOCIAL AND EMOTIONAL CHALLENGES

Interacting with HIV+ learners in the Gauteng East District presents a broad spectrum of challenges for teachers that go beyond standard pedagogical issues. These difficulties include - the extensive impact of social stigma, medical and adherence problems, and the severe emotional and psychological suffering learners display. Research on the

management of chronic illnesses in schools has repeatedly shown how these complex obstacles significantly impact teachers' ability to deliver the best possible support and education (Harden et al., 2020; Wabule 2020; Plisková and Snopek 2017). One of the sub-themes related to this theme "*Navigating clinical, social, and emotional challenges*" is in relation to the clinical aspect that teachers narrated as often resulting in absenteeism.

### 4.2.1 The burden of medical non-compliance and learner absenteeism

One major issue raised by the participants is the medical care of HIV+ learners, specifically with regard to medication compliance and subsequent health issues. Teachers routinely deal with learners who are not taking their medications as prescribed, which can result in significant health problems and affect their attendance and engagement in class. A teacher who related a troubling incident in which a parent requested her to give the medication to a HIV+ learner, highlighted the lack of medical competence among teachers. Participant 3 stated:

> *"The learner that is in my class you can tell by her physical appearance that she's not well, she sleeps during class activities. Sometimes she is absent for more than a week. Her parent which is her mother explained to me some of the challenges she faced at home, she said, sometimes the child will not take the treatment, rather she will flush it into the toilet. The parent asked me that I can help them at school to give the learner the treatment and they will give her over the weekend… I told the parent that I am not trained to give any learner any treatment even if it's for the headache, I am not allowed to do that because I am not a professional. Those are significant incidents that I have had with my learners because for academic [related matters] I must go back to the work that was done to make sure she catches up."* [Participant 3, 47 years old-female, 21/04/2025]

This narrative from Participant 3 illustrates the complex challenges of teaching HIV+ learners, where visible ill health, fatigue, and prolonged absenteeism negatively affect

academic progress. The parent's request for the teacher to administer treatment highlights the blurred boundaries between professional and care-giving roles, while the teacher's refusal reflects both institutional constraints and teachers' lack of medical training. The learner's resistance to treatment further reveals the psycho-social struggles linked to living with HIV, putting strain on both the family and the teacher. The narrative underscores the hidden roles teachers may have to perform in supporting learners, beyond academics, and points to the urgent need for integrated health and psycho-social support within schools. This finding is consistent with research showing that children's poor adherence to ART is a major obstacle in efficiently managing HIV and is often caused by challenges experienced by the caregiver and their lack of knowledge (Gemechu, Hebo and Kura 2023; Onyango et al., 2021). Given that teachers often find themselves in situations that call for medical care for which they are not authorised or trained for, this indicates a crucial gap in the support system. In addition to medication, infected learners' general illness and exhaustion are commonly noted; these can result in their difficulties concentrating and delays in growth. As mentioned by Participant 10:

> "*Most learners who are infected suffer from fatigue and fever, which also lead to loss of concentration and application when working in the classroom. These learners show developmental deterioration and ill health. Sometimes they may present with an increase of being infected with other childhood diseases due to a vulnerable immune system so it is hard sometimes to push these learner to do their school work as they are expected to do their work and behave, but, at the same time, they cannot be treated as if they are living a normal life"* [Participant 10, 33 years old-male, 20/06/2025 ]

This response from Participant 10 illustrates that teachers must be professional in teaching HIV+ learners, despite their physical appearance showing they are ill. This also illustrates that the teacher must not be exclusive or harsh on those learners who might show signs of illness in the classroom because the main aim of inclusive education is to provide quality education for all, within a non-discriminatory environment. This is already a tough task with the learners experiencing individual barriers (traditional medical needs

such as chronic physiological illnesses and learning disability) in the classes. It is, however, even more demanding with all the contextual and social needs brought into the classroom by “non-traditional” special needs such as HIV which are often distinguished not only by the immediate physical impairment but also by their social, environmental, and psychological effects on the learner. Unfortunately, these consequences cannot be ignored in an inclusive classroom situation, as learners are closely involved with peers who are infected. It is, hence, necessary to use adaptive teaching practices, since these physical manifestations of HIV can directly impair a child's cognitive function and academic achievement (Sherr et al., 2017).

As a result, absenteeism becomes a major barrier to academic success. Participant 4 continued to testify that learners were missing class regularly, often without parents' clear explanation, leading to a challenge in insisting on regular attendance. The following response was given:

> *“I mentioned early that in my class there are more absenteeism and parents are not open enough to tell us about the illness that their children are facing… I didn’t know that there were any HIV+ learners in my class up until the parent came to school and reported about her child’s absenteeism from school and the child was diagnosed with HIV infection and the learner needs to be absent to collect medicine at the clinic. So, the learner was struggling to cope because she was absent a lot at school and we have large numbers of learners in our classrooms so I have to stay after school to assist the learner to catch up with some school work and I even send some homework for learners to be assisted by the parent but because the parent was not educated, she struggles to help the learner that is why the learner didn’t progress with schoolwork”* [Participant 4,43 years old-female, 25/04/2025]

Participant 4 indicated that she was not aware that there were HIV+ learners in the classroom, although there were sick learners. Furthermore, this finding illustrates the dilemma of disclosure by the parents. The teacher highlighted that HIV+ learners

appeared to be experiencing barriers to learning, due to poor school attendance as they had to be absent for medical treatment. In other instances, HIV+ learners stayed away from school due to chronic illness. Participant 4 also reported the frustrations that she had had due to the extra work in meeting the learning needs of all the learners in the classroom, including the needs of HIV+ learners, for, she was dealing with an overcrowded classroom. This finding concurs with those of Hoag (2023) and Allen, Diamond-Myrsten and Rollins (2018), that children with chronic health concerns are known to struggle with chronic absenteeism, which can often result in lower educational outcomes and academic disengagement.

Participant 6 explained in the following statement that in some instances, as teachers, they are the first people to discover these problems, and yet are prohibited by confidentiality policies from immediately intervening or asking about learners' health, thereby making the situation even more difficult:

> *"You see there are lots of challenges but I will mention just one or two that I am faced with in my class. The first one is that, you see a learner with a certain physical appearance but you cannot do anything because you don't really know the health status of that learner. The learner is sleeping in class, the learner is very slow in articulating words, the learner is not active to participate in class or group activity,[and] lastly, the learner is always absent from school but there are no answers to that. As a teacher I want to be more helpful to give support to the learner but the only thing that I must do is to support the learner academically. I will stay with the learners after school to make sure that they improve and don't end up not progressing to the next grade in that year but it is very difficult to deal with the learner who is always absent from school…some of the learners, they appear as if they are ill because of their physical bodies; they don't appear to look like their age group. You find out the learner is so skinny having blisters in the mouth, don't like to play with their peers and always sleeping during class. The tricky part is that, you can't ask a parent or anyone living with the learner as you know we must respect the*

*health status of a learner, unless the family can disclose to us"* [Participant 6, 49 year old-female, 07/05/2025]

Participant 6 had the same narratives of acknowledging that it is a person's right not to disclose his or her health status, but in some cases, teachers do notice that some learners have symptoms which indicate that they were most likely to be HIV+. It is also clear that several factors contribute to the complexity of the teachers' challenges in working with HIV+ learners. Learners within the mainstream schooling are expected to complete their tasks on a regular basis, however, due to absenteeism, HIV+ learners miss out on a lot of academic work. These results indicate that absenteeism has a negative impact on HIV+ learners, as they need to catch up with their school work, leading to poor performance. Absenteeism due to challenges related to HIV affect learners' progress as they miss a lot of work and then end up not being ready to progress to the next grade, hence, HIV has a negative impact on learners' performance.

The conflict between the teachers' responsibility and the need to preserve learners' privacy highlights this ethical dilemma - teachers are trusted with their learners' well-being, yet, it may be necessary to gather and share personal information while also maintaining learner confidentiality and privacy (Wessels and Swart 2024). In this situation, teachers are expected to strike a balance in terms of creating a secure and encouraging learning environment, however, the evidence above indicates that this may be a challenging process. All medical information is private, and neither parents nor learners are required by law to disclose a learner's HIV status to the school administration (DBE 2017).

### 4.2.2 The prevalence of discrimination and stigma

Teachers stated that stigma and discrimination are still persistent issues that have a significant impact on HIV+ learners in both the classroom and the larger community settings, despite frameworks for policies that encourage inclusivity. Peer teasing and social exclusion are just two examples of how this social problem presents itself. Stigma

and discrimination often occur through unawareness and ignorance within the society. Participant 1 gave a detailed account of the community setting:

> *"The community is small so they know each other and even when someone in another family is sick or has died because of unknown reasons, the community will assume the course of death is HIV and AIDS and they will also assume as well that the children from that household are also sick and they will be teased and mocked by their peers"* [Participant 1, 55 year old-female, 07/04/2025].

The narrative from Participant 1 illustrate that HIV+ learners experience various attitudinal prejudices, not only from peers, but also from the society in general. The lack of knowledge and understanding of HIV, within the society, creates the misconceptions people have about the virus and cause them to be judgemental. This stigma at the community level directly affects the educational setting, causing learners to have unpleasant experiences. This is supported by previous studies which continuously reveal that stigma associated with HIV is a serious obstacle to affected children's social integration and general wellbeing, resulting in psychological distress and social isolation (Robinson et al., 2023; Yassin, Erasmus and Frantz 2021). Participants 5 and 8 related an alleged bullying incident in relation to this challenge:

> *"A learner is known by her peers because the community is small, people know each other, no parent or any one staying with a learner will come to the school to disclose the learner's health status or that the learner is sick or infected with the HIV, but you will find out the learner is being teased and excluded by classmates due to misconceptions about HIV and AIDS"* [Participant 5:58 years old-female, 05/05/2025]

> *"I did have some few challenges whereby a learner is refusing to come to school because her friends didn't want to share food with her and they said*

*she has a bad smell in her mouth. That was very disturbing for me because I always preach harmony among learners. The parent came and reported this matter to me and I solved it by promoting understanding and patience amongst them. Those learners apologised and the matter was resolved"* [Participant 8: 47 year old- female,09/06/2025]

The narratives from Participants 5 and 8 highlight how stigma and misconceptions about HIV manifest within peer interactions, often leading to exclusion, teasing, and social isolation of affected learners. In both narratives, the absence of formal disclosure of a learner's health status contrasts with the informal circulation of assumptions among peers, demonstrating how small, close-knit communities heighten vulnerability to stigma. Participant 8's narrative further illustrates how stigma extends into everyday practices such as sharing food, resulting in the learner's withdrawal from school and distress for both the learner and the teacher. The teacher's response - promoting understanding, patience, and reconciliation - points to the essential role that teachers play in eliminating stigma and fostering inclusive environments, even though such interventions may be limited to immediate conflict resolution. These narratives reflect how HIV-related stigma is embedded in school social cultures and how the teachers are positioned at the frontline to address its psychosocial consequences within the classroom. Bullying and social exclusion are well-documented effects of stigma that affect a child's safety and sense of belonging, in the school environments (Skarstein, Helseth and Kvarme 2020). According to the participants, parents or learners themselves tend to withhold information out of fear of such discrimination, which hinders the provision of appropriate support as alluded by Participants 1 and 6:

*"It is hard for a parent to disclose to the school because she fears that her child might be discriminated by other school staff members that are not teachers, she feels it's better to disclose to the immediate teacher for confidentiality"* [Participant 1, 55 year old female, 07/04/2025]

> *"…because the reason is that the learner is sick but no sick note, then you see that maybe the family doesn't want to take the child to the clinic or they don't want to disclose the child's illness because of the reason that the child might get discriminated against and bullied"* [49 year old female, 07/05/2025]

The responses from Participants 1 and 6 suggest that some parents perceived non-disclosure as a form of protecting their HIV+ children from being stigmatised, discriminated against and rejected due to their status. It is evident that the non-disclosure to the school from the parents about their HIV+ children, is a complex issue that requires careful thought and planning. Participants argued that parents should disclose children's HIV status because it promotes their responsibility and adherence to medication. For teachers, this non-disclosure, which is usually motivated by a fear of stigma, poses a significant challenge since it limits their capacity to offer targeted support and solutions. Teachers are forced to consistently emphasise inclusive teaching and basic principles about HIV due to this prevalent stigma, although, they often feel as though they are up against deeply-rooted society beliefs.

### 4.2.3 Addressing learners' emotional and psychological distress

In addition to the social and physical challenges, teachers face HIV+ learners experiencing psychological and emotional distress. These learners tend to display emotional vulnerability symptoms, such as depression, disengagement and trouble focussing, which have an additional negative impact on their school performance. The emotional toll on the learners was mentioned by the participant below:

> *"I acknowledge that the HIV and AIDS is complex and it puts learners at risk for emotional distress, as well as poor performance in terms of learning progress. These risks are challenges that I am currently facing with the learners in my classroom"* [Participant 3: 47-year-old female, 21/04/2025]

The narrative from the above teacher indicates that HIV+ learners, within the mainstream school settings, have difficulties in their academic performance due to the health issues

they encounter during school hours. Participant 6 also revealed how HIV+ learners are likely to experience delays in progressing through their developmental stages, that may result in cognitive and emotional immaturity while the illness may also deprive them of opportunities to work and interact with their peers. This is supported by previous studies which demonstrate that the chronic nature of HIV, the side effects of treatment, and the experiences of stigma, increase the likelihood of mental health disorders, such as anxiety, depression, and behavioural challenges, among HIV+ children (Faidas et al., 2024; Vreeman, McCoy and Lee 2017). A similar experience of observed behavioural and emotional patterns was narrated by Participant 9:

> *"I noticed that these learners have a slow pace of doing things and sometimes they want to be alone and very reserved when participating in a group activity. They prefer one-on-one discussions. And another thing, they have emotional problems, they cry a lot, even if they can't do anything they will cry"* [Participant 9: 39-year-old female, 13/06/2025]

Participant 9 describes how HIV+ learners behave when doing their classwork activities and how they disengage from their peers. These findings are also in line with research on the psychosocial effects of HIV on children, which include social disengagement and emotional dysregulation (Faidas et al., 2024; Toromo et al., 2022). Teachers find themselves in a parenting role, offering empathy and compassion, despite lacking professional training in psychological care. The need for understanding, being a "second parent" and creating a safe space for HIV+ learners to express their emotions, was highlighted by Participants 7 and 8:

> *"I think for me, more than anything these learners need to be understood so, I make sure that I support them positively and reinforce the conducive environment and ensure their self-esteem so that they can improve their academic performance"* [Participant 7:61-year-old female, 23/05/2025]

> "*I provide warmth and space to speak on how they feel and be free at all times. I always read to them the stories about sick people; that we must love them and understand them and care for them"* [Participant 8:47-yearold female, 09/06/2025]

Participants 7 and 8 take on a compassionate approach, which is essential for the learners to feel safe, however, the participants are severely burdened by the lack of professional psychological training for teachers, in schools, as they are ill-prepared to manage complex mental health issues, even with their best efforts. Participant 3 added:

> "*I don't think as a school we have good practice and practical plan about the psychological well-being of these learners because as I said every teacher is dealing with his or her challenges in the classroom and as you know we are not allowed to disclose any health issue of a learner; it is the policy, and we signed the confidentiality form in our contracts"* [Participant 3: 47 year old female, 21/04/2025]

Participant 3's quotation reveals that a teacher needs to provide psychological support to the HIV+ learners, however, the schools have no plans in place to support teachers with psychological support tools directed towards HIV+ learners. This narrative suggests that the teacher needs to develop a positive learning atmosphere in the classroom as any form of labelling and exclusion could be harmful to the learning process of HIV+ learners. The study draws attention to a significant gap in the school system's ability to provide comprehensive psychological support services - a challenge that is often experienced in school settings with limited resources. These findings demonstrate how teachers encounter psycho-social issues in the classroom, in addition to their pedagogical responsibilities. In these quotations, the participants' intentions are positive in wanting to support the learners, however, previous studies suggest that the teachers may run the risk of engaging in unethical conduct, since they lack the legal authority and training required to offer counselling services or statutory intervention (Wessels and Wood 2019).

## 4.3 DISCUSSION

The findings presented in this chapter reveal the complex realities of teachers' experiences in interacting with Foundation Phase HIV+ learners, in Gauteng East schools. The participants are confronted with challenges that extend beyond conventional pedagogical roles, as they must navigate issues of learners' medical non-compliance, stigma, and emotional distress, often, without adequate institutional or professional support. These findings support previous literature that demonstrates the intersection between health and HIV education, as a stigmatised chronic illness profoundly shapes children's educational experiences (Sherr et al., 2017; Harden et al., 2020).

A recurring theme across the participants' narratives is the burden of medical non-compliance and absenteeism. The teachers' narratives of learners who struggle with fatigue, constant illnesses, and missed classes reflect broader social issues, which demonstrate that non-adherence to ART is a persistent challenge in paediatric HIV care, influenced by developmental, social, and structural barriers (Kacanek et al., 2019; Zhou et al., 2021). The findings reveal how teachers are drawn into caregiving roles, with parents occasionally requesting assistance with ensuring that the learners take their treatment when they are at school. This blurring of professional boundaries raises ethical and practical dilemmas, as teachers are neither trained nor authorised to provide medical care to learners. Such findings highlight systemic gaps in school-based health support and align with calls for integrated-care models that situate schools as critical sites of both educational and health intervention (Gemechu, Hebo and Kura 2023). The analysis also demonstrates the pervasive impact of stigma and discrimination on learners' schooling experiences. Peer exclusion, bullying, and gossip, often rooted in the communities' misconceptions about HIV, are congruent with findings from other South African and international studies that link stigma to social isolation and educational disengagement (Pantelic et al., 2020; Robinson et al., 2023). Teachers' responses to stigma against the learners, such as, promoting understanding and reconciliation, suggest that teachers act as frontline mediators in the fight against stigma, however, these interventions often

remain reactive and limited to interpersonal conflicts, rather than addressing the structural and cultural roots of HIV stigma in the schools.

Lastly, the findings highlight the emotional and psychological burden faced by HIV+ learners, which manifests in depression, withdrawal from interactions with other learners and teachers, and behavioural difficulties. Teachers frequently described themselves as “second parents,” offering empathy and emotional support, despite lacking specialised training. While such efforts foster safe and caring classroom environments, they also reveal the absence of formal psychosocial services in the schools. This resonates with literature documenting how teachers in under-resourced schools are overburdened by pastoral-care responsibilities although, they are ill-equipped to respond to complex mental health needs of the learners (Nkambule and Amsterdam 2018; Wessels and Wood 2019). The lack of systemic support not only compromises learners’ psychological well-being but also places unsustainable pressure on the teachers.

Ultimately, these findings contribute to a deeper understanding of how teachers’ lived experiences with HIV+ learners are informed by the intersection of clinical, social, and emotional challenges. The teachers emerge as critical, yet under-supported agents in mediating the impact of HIV on children’s schooling and educational experiences.

## 4.4 CONCLUSION

In this chapter, the empirical data gathered to explore the lived realities, experiences, and challenges faced by Foundation Phase teachers working with learners living with HIV in Gauteng East schools was thoroughly and thematically analysed, presented and interpreted. The main focus of this research was on teachers "navigating clinical, social, and emotional challenges when working with HIV+," which highlighted how these interrelated factors appear in early childhood classrooms.

The findings clearly show that teachers have a demanding and complex responsibilities that extend beyond traditional pedagogical instruction. Learner medical non-compliance and systemic health vulnerabilities have a significant influence in classrooms and are the

primary cause of high absenteeism rates. Teachers continually modify their teaching strategies to support learners who miss significant amounts of class time due to illness or clinic appointments because the frequent absenteeism interrupts teaching practices.

The chapter also revealed the persistence of stigma and discrimination associated with HIV in educational settings. Young learners' social integration, peer interactions, and general academic engagement are all significantly affected by this overall societal stigma, which drives them into isolation and silence. Teachers also deal with the emotional and psychological suffering of their learners, who display behavioural issues, depression, and withdrawal symptoms, in their role as frontline mediators. Teachers sometimes take on the role of "second parents," providing deep empathy and psychosocial support despite their lack of formal, specialised training, in order, to lessen this emotional distress and create secure, loving school environments.

In summary, this chapter's findings present a complex picture of the everyday realities in Gauteng East schools, demonstrating that although national inclusive education policies exist, individual teachers tend to be left to deal with the harsh clinical, social, and emotional realities of HIV on their own. Chapter 5, which extends beyond these immediate classroom problems to address teachers' specialised training needs, systemic preparation, and multi-stakeholder approaches toward sustained institutional transformation, depends heavily on the complex facts described here.

# CHAPTER 5: TOWARDS A SUPPORTIVE ENVIRONMENT – TRAINING NEEDS, PREPAREDNESS AND PROPOSED SOLUTIONS

## 5.1 INTRODUCTION

Building on the teachers' daily realities and challenges discussed in Chapter 4, this chapter expands upon the systemic issues associated with teacher readiness, the available resources for support, and the urgent need for improved interventions. These systemic issues address research sub-questions 2,3 and 4, which are as follows:

- What are the training and support needs of teachers that can enhance their ability to interact with sensitivity and accommodate HIV+ learners?
- To what extent do teachers feel adequately prepared and supported to effectively interact with and educate learners living with HIV? and
- What recommendations can be made for educational institutions and policymakers to improve teacher support for learners living with HIV?

Two main themes serve as the framework for this chapter's analysis - "The need for improved preparation and systemic support" and "Pathways to improvement: Recommendations for policy and practice".

## 5.2 THE NEED FOR IMPROVED PREPARATION AND SYSTEMIC SUPPORT

This theme demonstrates how teachers in Gauteng East schools perceive lack of structural support and inadequate preparation in efforts to effectively meet the needs of HIV+ learners. The participants, frequently stated that they are unprepared to implement the guidelines and regulatory frameworks designed to support learners living with HIV in the classroom, due to lack of training from the Department of Education. The theme, therefore, highlights a crucial discrepancy between the intended objectives of policies and their actual execution at the school level. Three related sub-themes are used to unpack this theme, as listed in Figure 2 below.

The discussions will start by examining teachers' experiences with inadequate professional development and training, especially with regard to practical skills for accommodating and assisting HIV+ learners. Second, institutional and systemic issues

that further limit teachers' ability to react appropriately, such as, poor policy implementation, a lack of resources, and a lack of continuous assistance from education authorities, are examined. The last sub-theme focuses on a whole spectrum of initiatives for teachers' preparedness and readiness, in dealing with HIV+ learners.

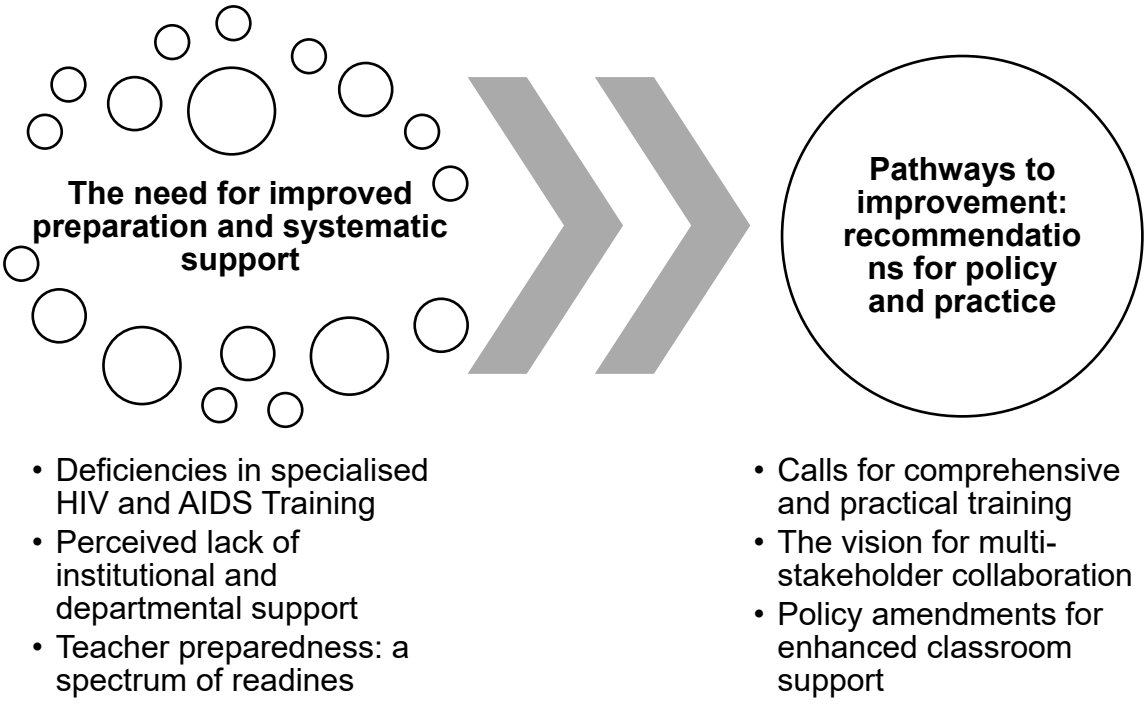



*Figure 2: Themes on teachers' preparedness and pathways to improvement*

Teachers at Gauteng East schools indicated that they need more support and training to deal with and accommodate HIV+ learners. There are certain regulations and mechanisms already in place, however, there are glaring gaps in their actual implementation and the required knowledge that teachers need. This finding is in line with broader issues in teacher professional development in HIV-affected environments, where lack of appropriate support tend to hinder effective support that teachers should be providing for HIV+ learners (Campbell et al., 2016).

### 5.2.1 Deficiencies in specialised HIV and AIDS training

Israel, Kimhi and Bar Nir (2025) assessed the state of teacher-education programmes and their findings revealed the necessity for policies that prepare teachers to work in diverse classrooms. According to their findings, developing positive attitudes and effective teaching strategies in inclusive environments requires appropriate and relevant training. Similarly, the absence of specialised, comprehensive training on how to manage the unique needs of HIV+ learners, was a common challenge identified by participants in this study. Participant 2 reported that teachers are not sufficiently prepared for the complexities of HIV and AIDS in the classroom by their regular qualifications for teaching or during their "inclusive education" training:

> *"I didn't do any training in preparation to work with the HIV+ learners. I only got a training where all of us were supposed to do professional development training for six weeks on inclusive teaching methodology that was organised by the district office. All educators were given a chance to register themselves online; some didn't register. The course was not about HIV and AIDS, but it was for learners who have difficulties with learning, behaviours and any other health issues that they may encounter, as we are dealing with young learners in the Foundation phase. That training was very helpful because I learned a lot about learners who are facing difficulties in academics and how I must assist and support them"* [Participant 2, 42-years-old male, 18/04/2025]

This finding concurs with an inclusive education research which revealed that, although generic inclusive education training is useful, it often fails to meet the unique pedagogical and psychosocial needs of learners with certain medical problems, such as HIV and AIDS (Zibengwa and Bila 2021). Teachers trained at mainstream educational institutions may not have the self-efficacy and confidence necessary to successfully apply inclusive education principles in diverse classroom environments, which further complicates the issue of attempting inclusivity in the classrooms (Malahlela and Johnson 2024). This was mentioned by Participant 3, who, despite having a basic counselling certificate, felt unprepared for the direct intervention required with HIV+ learners:

*"No training that I received from the school or department t speaks specifically on how to handle learners living with HIV and AIDS in the classroom. I have the certificate that come with my degree that is Certificate in HIV and AIDS counselling. But, with that certificate I am not allowed to give counselling session as I am not professionally trained, it is only the basic that I know. In our contract we do sign the privacy and confidentiality form and that form it states exactly that no information must be given to anyone including the information about HIV and AIDS of anyone either your colleagues, staff members as well as the learners at school. So, yes, maybe it's one of the trainings because the principal reads it to you before signing your work contract. Another training is the induction when you start working"* [Participant 3, 47-years-old female, 21/04/2025]

Participant 3 reveals the inadequate training that the Department offers to teachers and not training specific to HIV and AIDS. The study suggests that teacher readiness is key when addressing sensitive interventions, such as addressing trauma, behavioural issues, and socio-emotional learning in primary education. A significant gap in teacher readiness in this study is highlighted by the disparity between professional competence and general knowledge, since sensitive interventions usually need formal qualifications. Participant 6 also emphasised the shortcomings of the current training:

*"When it comes to working with children with disabilities, I do have inclusive education, but it is limited when it comes to working with learners living with HIV and AIDS because I don't think HIV+ learners are referred to as learners with disabilities as they are administered in the mainstream school"* [Participant 6, 49-years-old female, 07/05/2025]

Participant 6 highlights the challenges they face in working with HIV+ learners in the mainstream education because these learners are not placed in schools where children with special needs are, to receive special care. This finding is congruent with those of Zibengwa and Bila (2021) who found that existing classifications and training frameworks do not fully account for the unique support needs of HIV+ learners, who may not meet

conventional categories of "disability" but nevertheless need specialised care. HIV evolves into a chronic illness as treatment progresses, necessitating a change to a more nuanced perspective that recognises the interaction between a person's culture, strengths, life trajectory, and their biological growth (Metsch et al., 2022). Participant 1 felt that the existing model, which frequently uses a "train-the-trainer" strategy in which a school coordinator attends a session before distributing information to staff, was insufficient:

> *"These trainings take place in teachers' centres and as a coordinator of the committee, it is my duty to train the staff members after attending the training and sometimes it is just an information-sharing session"* [Participant 1, 55 years old female, 07/04/2025]

The participant indicated that she was fortunate to be trained in dealing with HIV and AIDS but confirmed that not all the teachers had the opportunity to go for this training. Furthermore, she indicated that as teachers, they have informal discussions on HIV and AIDS, but they never engaged comprehensively on curriculum-based matters. She indicated that the training she received was just to create awareness as it did not touch on learning support. This cascade-training approach, despite being economical, has drawn criticism for its tendency to dilute information and lack of long-term impact, which could result in inconsistent staff knowledge transfer and application. Teachers at different stages of the cascade may not receive the same amount of information or support due to differences in training quality and individual trainers' capabilities, which could lead to inconsistencies in their knowledge and abilities. This implies that all teachers should receive more focused, thorough, and practical training that goes beyond basic awareness to include specific techniques for managing the classroom, health monitoring, and providing emotional support to learners living with HIV.

### 5.2.2 Perceived lack of institutional and departmental support

Policies such as the National Policy of HIV and AIDS and the South African Schools Act No 84 of 1996 (SASA Act) although recognised as offering support, teachers still

complained that they often feel that the support provided by them, through external departments (Health and Social Development), school management Team (SMT), and school governing bodies (SGB) is either inadequate or not specifically designed to meet the needs of HIV+ learners.

> *"There is no proper support from the school management team, and sometimes even from the Department of Health and Social Development"* [Participant 1, 55 years old female, 07/04/2025]

This quotation from Participant 1 brought attention to the functionality of the current School Management Teams (SMT) and their lack of support for teachers. The Participant also explained that there are no working collaboration with the Department of Health and Social Development to assist the school in supporting teachers to deal with the challenges when interacting with HIV+ learners in the classrooms.

Participants believe that the School-Based Support Team's (SBST) support is more concerned with general behavioural problems or learning challenges, than with the specific health risks associated with HIV:

> *"With their support, I think it is when you take a report of your learners that need academic support or have a learning barriers to the SBST, and you are supported because they will do their intervention to make sure that learner is supported and also if the learner does not improve, they will recommend the Department to make the final decision on learners future. So, I can say that, they are giving us that support but it is limited for the learners living with HIV and AIDS because it has nothing to do with the health issues of a learner. The only thing or what matter is the academic performance of a learner or the behaviour that is unusual and it is a pattern then they will support individual teachers and the learner"* [Participant 9*,* 39 years old female, 13/06/2025*]*

> *"…the SMT and the SGB, they do support us on registering online courses for our professional development in managing young children. But there are no*

*courses that are there for HIV and AIDS when working with children"* [Participant 2, 42 years old male, 18/04/2025]

*"But when it comes to support the need of the learners the school has school-base support team that support every learner who is having difficulties in learning or have a behavioural problem, such as bullying or neglected by their families or not taking care when it comes to food, clothing, and other stuff that they required in terms of their studies. When it comes to learners living with HIV and AIDS, I never heard that there are support that are given to individual learners".* [Participant 6, 49 years old female, 07/05/2025]

These narratives by Participants 9 and 6 imply that the school and the current SBST frameworks may not fully address the unique health and psychosocial challenges associated with HIV, requiring a more tailored approach, for these are only helpful for general learning challenges. It is evident that the school-based support teams only focus on improving academic support, not on health-related issues in the school. Additionally, as Participant 1 pointed out, the district office's participation is primarily limited to particular events, such as World AIDS Day:

*"Yes, the district office has a coordinator that coordinates the HIV and AIDS in schools, but their problem is, they are only visible when there is a World AIDS day to monitor the schools that are participating in that activity, that they planned"* [Participant 1, 55 years old female, 07/04/2025]

This response from Participant 1 demonstrates that the district officials are visible when there are awareness campaigns that collaborate with schools in promoting education about HIV and AIDS, but the district officials do not have any action plan or programmes for other interventions, other than organising World AIDS day.

### 5.2.3 Teacher preparedness: A spectrum of readiness

There are differences in how well-prepared schools are and how supported teachers feel; the commonality here is that they all feel unprepared for their specific challenges. Some felt that there was a lack of specialised information and useful tools. With a Bachelor's Degree in Early Childhood Development, Participant 4 felt generally prepared, however there were no adequate courses specifically on HIV and AIDS:

> *"I have a Bachelor's Degree in Early Childhood Development which I have done in 4 years. It includes the certificate of basic HIV and AIDS counselling where it enables me to do counselling, if necessary, but I need to do a professional degree to be a full professional counsellor. So, for your question, it is yes because once you do teach and work with young children it is compulsory to be their parents and be patient and knowledgeable and be prepared of any situation that may come. As for the school they do give us support on doing these certificates that are provided by the department online, such as First Aid courses and other health certificates regarding working with young children"* [Participant 4, 43 years old female, 25/04/2025]

Participant 4 reveals teachers' dependence on general teaching skills and basic health information, which may not be adequate for the complex needs of HIV+ learners; this is because these are foundational, however, in the face of complex social and medical issues, this general overall readiness tends to fail. Participant 10 further described the ongoing challenge of striking a balance between the need for specialised knowledge and empathy:

> *"The problem is that, clearly every learner is unique, and we still taught these learners in mainstream school and in our classroom as if they have identical educational needs and expectations like those learners that have special needs. Effective teachers need to evaluate learners in such a way that their unique abilities, limitations and barriers to learning are addressing adequately to avert treating, all of them in the same way. As for me, I must be able to understand and accommodate, giving empathy and sympathy and remember I must apply this without fail with my own values and belief. That is the*

*challenge I have had to encounter every day"* [Participant 10, 33 years old male, 20/06/2025 ]

Participant 10 highlights the challenges he faces when he interacts with HIV+ learners who are evaluated the same as learners who have no learning barriers related to health; learners with health-learning barriers need special attention, hence they attend special schools. The affected learners are, therefore, expected to perform academically like an HIV-negative learner, in mainstream schooling.

Previous studies suggest that without sufficient professional resources, these emotional demands can result in teachers' burnout and feelings of inadequacy, which can affect their confidence in their ability to manage learners who are at risk (Dabrowski et al., 2025; Nath and Pandey 2025; Körkkö, Lutovac and Korte 2024). Dependence on generic teaching techniques and personal empathy, while valuable, highlights a structural shortage of specialised support that would allow the participants to feel genuinely competent and confident in this specialised field. The current confidentiality policies are crucial for protecting learners, however, they also make the participants feel isolated and prevent them from sharing information or asking for peer opinions to better support learners. Participant 9, highlighted this dilemma:

*"The one that I can tell you is not knowing how to talk to a young learner on his or her illness because you know it is not permitted to do so or even discuss your incidence with your colleagues and ask for advice, that is problematic"* [Participant 9, 39 years old female, 13/06/2025]

Participant 9 indicates the challenging aspect regarding the confidentiality of the learner, which in practice requires that the teacher must maintain a non-disclosure approach to HIV+ learners. This is not easy, as teachers are also not allowed to discuss the learners' illnesses, either with the learners themselves or with their colleagues. This finding demonstrates a major obstacle to extending comprehensive care for HIV+ learners in school settings and the conflict between preserving confidentiality and encouraging collaborative problem-solving. This finding is in line with the research finding of Maddocks, Perumal and Chetty (2020), where they noted that the ability of educators and

medical experts to collaborate successfully, to meet the specific needs of HIV+ learners, may be limited by the confidentiality clause.

## 5.3 PATHWAYS TO IMPROVEMENT: TEACHERS' RECOMMENDATIONS FOR POLICY AND PRACTICE

The participants in this study made several suggestions for policymakers and educational institutions on how to better serve HIV+ learners, highlighting the necessity of comprehensive teacher training, multi-stakeholder collaboration, and curricular modifications. These recommendations are in line with best practices found in global health and education initiatives. The United Nations Educational, Scientific, and Cultural Organisation (UNESCO) has highlighted the significance of schools offering education, counselling, and psychosocial support, as well as ensuring that children receive appropriate nourishment and healthcare services (UNESCO 2022). To combat HIV, TB, and STIs, the South African National AIDS Council (SANAC) also supports a multi-sectoral strategy that prioritises community- and person-centred approaches (SANAC 2023). Additionally, the focus on comprehensive training and multi-stakeholder collaboration reflects the knowledge that successful support for learners living with HIV requires a holistic approach.

### 5.3.1 Calls for comprehensive and practical training

There was a general consensus amongst the participants that all teachers, not just a few coordinators, need more in-depth and specialised training. This training ought to be practical and directly relevant to classroom settings. Broader training was advocated by Participant 1:

> *"I think the Department of Education can develop a plan of action by involving all stakeholders, including the Health Department where they will discuss further training especially on HIV and AIDS for, the parents, the SGB and the community at large. The reason why I am saying this, is because only people*

*affected, who get counselling from the clinic which is not enough and is only for them, which means they cannot share this information unless they are the activist. Few educators have got their HIV and AIDS certificate on counselling, and they only share information when they are asked"* [Participant 1, 55 years old female, 07/04/2025]

Participant 1's point is in line with recommendations for multi-sectoral, integrated training methods that would include all relevant parties in the child's environment. Participant 4 specifically recommended that all teachers undergo necessary training:

*"In my own opinion, I think the Department must make it a point that all educators must have training on HIV and AIDS in schools and in particular in classroom because no one is taught how to interact. HIV and AIDS is still a sensitive issue which we are not allowed to speak about it, even with colleagues. So yes, I think we must be allowed to share information and talk about or maybe even include it in our curriculum at an early stage because people talk about it, only if there are activities around it, especially to the young children, because at foundation phase it is not taught"* [Participant 4, 43 years old female, 25/04/2025]

The recommendation for mandatory, practical training directly addresses the knowledge and skill shortages that have been highlighted and supports a proactive rather than a reactive approach to teacher preparation. The request to modify the curriculum so as to allow for such training was reiterated by Participant 10:

*"I think there is a lot to be done, such as more training for teachers and parents about HIV and AIDS and what happens to the learners if the disease is not proper managed and if there is no parental involvement because it's not the teacher's problem to take care of such learners in the classroom or the school, but all stakeholders must be involved. The curriculum must also change in training educators on how to accommodate HIV+ learners in the classroom"* [Participant 10, 33 years old male, 20/06/2025]

When considered collectively, these suggestions made by participants reveal the need for intentional investments in teachers' skills, confidence, and relational involvement within school communities to improve support for HIV+ learners. Prior findings that general education training is inadequate to address the particular pedagogical and psychosocial demands associated with HIV and AIDS, are directly addressed by the strong calls for thorough, practical, and mandatory training for all teachers. This supports the claim that in HIV-affected school contexts, structural deficiencies in teacher preparation continue to threaten inclusive education objectives (Mpu and Adu 2021; Zwane and Malale 2018).

In line with the Theory of Planned Behaviour (TPB), these findings imply that three interconnected factors - attitudes, subjective norms, and perceived behavioural control - have an impact on teachers' capacity to assist HIV+ learners. The suggestions made by the participants for curriculum integration and specialist training illustrate the need to improve teachers' perceptions of their ability to act effectively, promote normative support in schools, and positively impact teachers' attitudes towards HIV-related inclusion. Teachers, hence, lack the confidence and perceived control required to turn inclusive intentions into consistent classroom practices, in the absence of sufficient training and institutional support.

Intergroup Contact Theory (ICT), which posits that meaningful, informed, and encouraged engagement lessens stigma and prejudice, is also consistent with these findings. The emphasis placed by participants on open communication, shared training, and multi-stakeholder initiatives demonstrates the necessity of establishing coordinated opportunities for informed interaction among teachers, learners, parents, and health professionals so as to combat HIV-related fear, silence, and misinformation. Schools may become safer and more welcoming places for learners living with HIV, by encouraging ongoing, collaborative participation, as opposed to isolated or reactionary approaches.

Overall, these themes demonstrate that improving both the competence of individual teachers and the larger systemic factors that shape practice, would be the best approach

to make improvements. These suggestions illustrate how focused training and cooperative methods can support, not only policy compliance but also significant attitudinal and relational transformation inside schools, when they are grounded in behavioural and social contact theories.

### 5.3.2 The vision for multi-stakeholder collaboration

HIV-related issues are not limited to the classroom but also include family dynamics, mental and physical health, and social-emotional well-being, which require a multi-facet approach in addressing them. Community-awareness initiatives and support networks can help address the stigma and discrimination that learners may experience because of their HIV status. It is also crucial to maintain privacy and confidentiality, thus, working with external collaborators can help ensure these are maintained, while offering the support that is required (Chory et al., 2021). The participants suggested that to meet the needs of HIV+ learners, several stakeholders outside of the school boundaries must work together. For a holistic and collaborative support, the participation of social workers, psychologists, health professionals, and community organisations, is considered essential as shown by two participants:

> *“I think the Department of Education can develop a plan of action by involving all stakeholders including the Health Department, where they will discuss further training especially on HIV and AIDS with the parents, the SGB and the community at large. The reason why I am saying this, is because only people that are affected, get counselling from the clinic which is not enough and is only based on them. Which means that they cannot share this information unless they are the activist.”* [Participant 1, 55 years old female, 07/04/2025]

> *"I think again if the schools can create platforms or awareness initiatives that involve everyone, such as health workers, social workers, psychologist, community at large, not only the school governing bodies, but also non-government agencies, non-profit organisations and churches, to participate in giving more information about HIV and AIDS. People assume that HIV is still*

*a death sentence especially in the community that I am working in. Some parents do not want to be involved in their children's illness or talk to the educator involved about their children, you only find out when the child is absent for many days from school"* [Participant 2, 42 years old male, 18/04/2025]

Participants 7 also recommends that community-based programmes, such as Non-profit Government Organisations (NGOs) are also needed to support school committees and to provide a range of comprehensive services. This finding is in line with the "whole-school, whole-community, whole-child" approach, which maintains that many systems need to be interconnected, to promote the wellbeing of children (Gross and Rosales, 2022; González-Fernández et al., 2020). Additionally, Participant 7 advocated for more NGOs' involvement:

*"I can say, let's go back to the old days and make HIV known, that it is still living with our families and now is targeting our young learners. It is sad to see young learners who do not know how to take care of themselves with this pandemic while her or his family doesn't care for them. We need to encourage NGOs to change again and go visits home that are vulnerable and provide proper care because what we see in our schools especially with the young learners, it's not fair at all. All stakeholders must come together and fight this pandemic"* [Participant 7, 61-year-old female, 23/05/2025]

It is evident from the participants' narratives that the diverse needs of HIV positive children require a coordinated network of care that includes community-based organisations. Schools may lack the resources and knowledge necessary to address all facets of a learner's well-being, such as, financial aid, medical attention, and psychosocial support, because their primary focus is education. In line with Abelman et al. (2020) without additional support from other stakeholders, schools, particularly those in resource-constrained settings, may find it difficult to provide complete care to HIV- positive learners.

### 5.3.3 Policy amendments for enhanced classroom support

The teachers who participated in this study acknowledged the existence of current regulations, but they argued that they should be clearer and practical in directing daily interactions with HIV+ learners. Policies that give clearer guidance on how to deal with health concerns, stigma, and encourage communication within reasonable bounds are required, as proposed by Participant 3:

> *"There is a lot that can be done to support these learners because as a teacher, it is unfair that I only support the learner that is in my class, but the school has more than one learner and individual teachers can only support the learners that are in their classes. If the Department can allow us to share this information to all the teachers and other stakeholders but not disclose those that are affected so that we can plan together on how to help all learners that are living with HIV and AIDS, not limited to all learners in our school"* [Participant 3, 47 years old female, 21/04/2025]

Participant 3's narrative suggests that, to provide adequate support, policy clarity is required that strikes a compromise between anonymity and the pragmatic need of information exchange among relevant professionals. Participant 8 also advocated for the inclusion of useful interaction techniques in the curriculum:

> *"More could be done if we are more practical and give solutions rather than recommend things that will take time. Our curriculum must include deep or more [of] what can be done in classes when we as teachers interact with these young learners who don't have voices and depend on us even when they are sick of flu, they want us to be there as you know we play a role of a second parent in their lives. The Department and the policymakers must include these kinds of issues on how to interact with HIV+ learners in our classroom as we have a lot on our plate and lots of paperwork to do meanwhile, but we also must sympathise and provide support to our learners"* [Participant 8, 47 years old female 09/06/2025*]*

This recommendation from participant 8 implies that policies must include training and support for teachers by providing detailed information on HIV and AIDS, not only on objectives, content and method, and the crucial aspect of context, but also critical dimensions of the subjectivities and emotionality of the illness. Additionally, there was a specific recommendation for practical support services, such as feeding programmes, to address basic needs that affect learning and health:

> *"Another challenge you find out that learners come with empty stomach they tell you that they haven't eaten last night at home; their last meal was here at school. The school do have feeding scheme, and the school do identify learners that don't benefit from social grant and give some of the food to those learners because the school is full of foreign learners and they don't have documentation to apply for social grants"* [Participant 4, 43 years old female, 25/04/2025]

Participant 10 added:

> *"I think there is a lot to be done, such as more training for teachers and parents about HIV and AIDS and what should be done for the learners if not proper managed and if there is no parental involvement because it's not the teacher's problem alone to take care of these learners in the classroom or in the school, but all stakeholders must be involved. The curriculum must also change in training educators on how to accommodate learners living with HIV in the classroom. There should be a proper feeding scheme to make sure that the learners eat before they take medication because some learners come to school without eating"* [Participant 10, 33-year-old male, 20/06/2025]

These recommendations collectively point towards a need for policies that are not only inclusive in principle but also provide concrete, actionable guidance and resources for teachers on the ground, recognising that basic needs, like nutrition, are fundamental to a child's ability to learn and thrive in an educational environment (Rector et al., 2021). In congruence with Gumarang and Gumarang, (2021), the educational systems must

consider these multiple layers of influence to foster truly equitable and effective learning environments for HIV- positive learners.

## 5.4 DISCUSSION

In the following discussion, the findings from Chapter 5 are interpreted in the light of the research questions of the study and placed in the context of the body of literature that was previously reviewed in Chapter 2. This chapter specifically covers Research Questions 2, 3, and 4, which revolve around the perceived readiness of teachers, their training and support needs, and recommended strategies to enhance assistance for HIV+ learners at the Foundation Phase, in Gauteng East schools.

### 5.4.1 Training and support needs of teachers

Research question 2: *What are the training and support needs of teachers that can enhance their ability to interact with sensitivity and accommodate the needs of HIV positive learners in Gauteng East schools?*

The findings show that there are substantial gaps in specialised HIV and AIDS training for teachers, especially pertaining to training that is practical and directly applicable to Foundation Phase classrooms. The general character of current inclusive education training, according to participants, is inadequate for meeting the unique pedagogical, emotional, and psychosocial needs of students living with HIV. This finding is in line with research showing that general inclusive education programmes tend to fall short of providing teachers with the context-specific skills needed, in learning environments affected by HIV (Campbell et al., 2016; Zibengwa and Bila 2021).

This finding indicates that inclusive education policies, such as Education White Paper 6, are not sufficiently operationalised at the classroom level, despite the fact that they support equity and non-discrimination. Naidoo and Rule (2016) have expressed similar concerns, stating that teachers are expected to adopt inclusive practices without receiving sufficient training or continuing professional support. This study, however, expands on previous research by showing that the issue is not just about the training content, but also

their narrow scope of beneficiaries, since only a small number of teachers are chosen for them and are expected to informally share knowledge with their colleagues.
In line with the Theory of Planned Behaviour (TPB), teachers' perceived behavioural control is significantly impacted by inadequate training, which lowers their confidence in their capacity to effectively serve HIV+ learners. The ability of teachers to remain consistently informed, thereby, is hampered by a lack of specific skills, even when they have good intentions and attitudes.

### 5.4.2 Teacher Preparedness and Perceived Readiness

Research question 3: *To what extent do teachers feel adequately prepared and supported to effectively interact with and educate HIV+ learners in Gauteng East schools?*

The findings demonstrate that teacher-readiness is varied and on a continuum. While some teachers felt overwhelmed, unsure, and nervous about engaging with HIV+ learners, others reported some confidence, which is frequently built through personal experience or self-initiated learning. This validates previous research that differences in teacher preparedness is based on the level of exposure, experience, and institutional support (Theron 2018; Chineka and Mukundu 2017).

The results also demonstrate that teachers' expression of preparedness is flexible and moulded by contextual factors, such as stigma, confidentiality, lack of direction, and restricted engagement with health professionals; this is in contrast to a study conducted with teachers in East and Southern African countries that portray preparedness as a static condition (Kiyemba 2025). This finding is also in contrast to the expectations stated by the policy document which contend that teachers are adequately prepared after receiving basic training in inclusive education (Department of Education 2001).

The relationship between teachers' attitudes, subjective norms, and perceived behavioural control is reflected in this variability within the TPB framework. Teachers who expressed more collegial norms and institutional support, were more prepared, whereas

those who felt less supported showed reluctance and emotional stress, which had a detrimental effect on their teaching methods.

### 5.4.3 Systemic and Institutional Support Structures

The findings in addressing research questions 2 and 3, demonstrate that teachers receive limited departmental and structural support, especially when it comes to guidance, follow-up, and collaboration with other stakeholders, such as social workers and medical specialists. This is consistent with earlier studies that show how HIV-related school policies are implemented in South Africa - in a fragmented manner (Bantwini and Letseka 2016; SANAC 2023).

International frameworks such as UNESCO's Whole School Approach promote integrated, multi-sectoral approaches, however, such cooperation is still primarily aspirational in reality. Teachers in this study reported working alone and frequently depending more on their own judgement than on formal support systems. Studies carried out in settings with greater resources and more institutionalised school-health relationships, stand in contrast to this lack of coordinated support (Campbell et al., 2016; Skinner et al., 2019; Maddocks, Perumal and Chetty 2020).

In accordance with the Intergroup Contact Theory (ICT), meaningful, knowledgeable communication between teachers, learners, parents, and medical professionals is hampered by a lack of organised teamwork. The stigma and silence around HIV continue to be visible in school settings, in the absence of consistent and collaborative engagement, hindering attempts to promote inclusive education.

### 5.4.4 Teachers' Recommendations for Policy and Practice

Research question 4: *What recommendations can be made for educational institutions and policymakers to improve teacher support for HIV positive learners in Gauteng East Schools?*

Participants strongly advocated for mandatory, thorough, practical HIV and AIDS training for all teachers, instead of providing selective training for a small number of teachers. This finding is consistent with global best practices that prioritise shared accountability and whole-school capacity building (UNESCO 2022; SANAC 2023). Participants in this study, however, went further by supporting, early HIV education, curricular reforms, and open communication in schools.

By emphasising that effective care for HIV+ learners necessitates not only technical expertise but also cultural and relational transformation within school communities, this adds to the body of existing literature. These suggestions are in line with ICT, which holds that cooperative, informed, and ongoing engagement reduces stigma. Schools may create settings that normalise HIV and lessen fear and bias by encouraging open conversation and shared learning.

## 5.5 CONCLUSION

This chapter addressed systemic support and teachers' experiences, followed by recommended strategies to enhance support for learners living with HIV in Foundation Phase classrooms. In answering Research Questions 2, 3, and 4, findings show that although HIV-related legislation and inclusive education are in place, their actual application is still insufficient to satisfy the teachers' and learners' needs. According to this study, teachers' confidence and ability to successfully manage HIV+ learners is compromised by poor inter-sectoral coordination, insufficient institutional support, and inadequate training. Simultaneously, teachers presented concise, contextually-based suggestions that prioritise practical training, collective responsibility, and systemic change. These findings, when aligned with the Theory of Planned Behaviour, demonstrate how teachers' perceived behavioural control is limited by training and support shortages; these restrain teachers' capacity to implement inclusive practices even when they have good intentions. The findings further reveal that systematic, ongoing, and informed engagement among all stakeholders, within the school

environment, is necessary for stigma reduction and inclusion, as demonstrated by the Intergroup Contact Theory.

Overall, this chapter has illustrated that improving support for learners living with HIV is a structural and pedagogical challenge. The insights generated serve as a crucial link to Chapter 6, which discusses the study's contributions, policy and practical implications, limitations, and suggestions for further research.

# CHAPTER 6: SUMMARY AND CONCLUDING REMARKS

## 6.1 INTRODUCTION

The previous chapter presented the key findings of this study in response to the research questions posed in Chapter 1, on the overall experiences of teachers' interactions with HIV+ learners. This chapter presents a summary of the key findings of the study in relation to the experiences of Gauteng East school teachers interacting with learners, at Foundation Phase, living with HIV. It synthesises the findings from the thematic analysis in Chapters 4 and 5, relates them to the body of existing scholarly literature, and interprets them using Allport's Theory of Intergroup Contact (1954) and Ajzen's Theory of Planned Behaviour (1985). Subsequent to these discussions, the chapter focuses on the study's contribution, limitations, makes recommendations for future research, and concludes with some remarks on the implications of the study.

Using the main research question and specific sub-questions as a guide, the study sought to understand how Gauteng East school teachers interact with Foundation Phase learners living with HIV. The findings indicate that the educational landscape is challenging and complex, with significant challenges for the teachers, relating to systematic gaps in support. These findings, which incorporate relevant theoretical viewpoints, are examined below under two primary headings.

### 6.1.2 Summary of Key Findings

This study found that teachers in Gauteng East schools encounter multiple challenges that significantly shape their relationship with HIV+ learners. These issues are complex, involving social, emotional, and medical factors; these often become negatively impacted by the weak support structures in place. The burden of absenteeism and medical non-compliance is a major obstacle, hence, due to irregular medication adherence, teachers often witness learners experiencing health issues, such as fatigue, fever, and lack of focus, which result in frequent absenteeism, thus impacting their academic performance (Thongseiratch and Chandeying 2020). This is consistent with studies showing that

children's poor adherence to ART, often associated with caregivers' challenges and socio-economic issues, is a significant obstacle to effective HIV management, (Tran et al., 2017; Van Wyk and Davids 2019). The teachers in this study narrated that they are overburdened since they are expected to manage health-related issues, such as administering medications, without sufficient medical expertise. Children with chronic health concerns are reported to struggle with chronic absenteeism, which further hinders their academic engagement and advancement. A conflict between a teacher's duty of care and the necessity to preserve a learner's privacy in school health management, is aggravated by the ethical dilemma of observing illness without being able to directly intervene because of confidentiality policies; this limits teachers' ability to render prompt support.

One of the major societal challenges that has evolved, is the prevalence of stigma and discrimination that significantly affects HIV+ individuals' lives and impedes the global HIV response. Teachers noted that, in spite of South Africa's progressive regulations, peer mocking and social isolation of HIV+ learners, were caused by community-level stigma that stemmed from misinformation about HIV. This is in line with a study on HIV-related stigma in communities, which tend to lead to social exclusion and affects a child's sense of belonging (Wan et al., 2025). Effective support is also significantly prevented by parents or learners not disclosing their HIV status out of fear of discrimination. The participants complained that this non-disclosure, which stems from a fear of stigmatisation, makes it difficult for them to provide a targeted intervention. As a result, teachers are forced to continuously improvise on aspects like, inclusive education and basic HIV and AIDS guidelines, often feeling as though they are up against deeply-rooted cultural biases.

Additionally, teachers in this study also have to deal with the emotional and psychological distress that learners living with HIV experience. Signs of emotional vulnerability such as depression, disengagement, and lack of focus, were noted by the participants. Given the chronic nature of their illness, the side effects of medication, and the stigma they face, HIV+ learners are more likely to have mental health difficulties, such as anxiety, sadness,

and behavioural challenges. This finding is also supported by Harden et al. (2020); Wabule, (2020); Plisková and Snopek (2017). The absence of formal psychological help in schools imposes an excessive burden on teachers, who are ill-prepared to manage challenging mental-health issues, when they have to take on informal, sympathetic parental roles. This indicates a significant gap in comprehensive psychosocial support services in the educational system, a problem commonly found in settings with limited resources. For HIV+ children, psychosocial support is crucial for adherence to antiretroviral therapy, thereby, highlighting the necessity of counsellors, motivational speakers, and confidential client file management.

The prevalence of stigma and discrimination found in this study indicates that positive intergroup contact, as defined by Allport (1954)'s theory, is largely lacking or inadequate. Contact must encompass equal status, shared objectives, intergroup cooperation, and support from authorities, to reduce discrimination. The kind of open communication that can lessen prejudice and promote understanding among peers and the larger school community, is actively prevented by parents' and learners' fear of disclosure. The observed social exclusion and bullying serve as a clear example of the detrimental effects that occur when the conditions needed for positive interaction are not met.

Ajzen's Theory of Planned Behaviour (1985) also helps explain the experiences of teachers. Teachers' perceived behavioural control is extremely low, despite the fact that they typically show a favourable attitude towards assisting learners living with HIV - for example, by demonstrating empathy and a desire to assist. It is evident from participants' narratives that they lack "necessary skills," "proper training," and "proper support from the school management team", hence, they believe they do not have the tools or opportunity to provide supportive behaviours in an effective manner.

The culture of non-disclosure and the widespread stigma in the community have an impact on subjective norms. Subjective norms are a person's interpretation of the social pressure to engage in or refrain from engaging in a specific behaviour, based on what they believe significant people in their lives (friends, family and neighbours) think they

ought to do (Tsai et al., 2021). These norms are significantly impacted by the culture of HIV non-disclosure and pervasive community stigma, which shape what is deemed socially-acceptable behaviour regarding HIV status (Tsai et al., 2021). Given the sensitivity and the need for confidentiality on the issue, teachers believe there is no social pressure or clear societal expectation to publicly and fully support learners living with HIV. This combination of a non-positive mindset, minimal perceived control, and unclear subjective norms prevents teachers from fully committing to comprehensive support.

Participants in this study provided practical suggestions, articulating clear and urgent need for improved teacher preparation and systemic support to successfully accommodate HIV+ learners, however specialised supportive HIV and AIDS training was lacking. Teachers believed they are not sufficiently prepared, by their general teaching qualifications or extensive "inclusive education" training, for dealing with the challenges of HIV and AIDS in the classroom. This supports criticisms in the literature that general inclusive education is beneficial but often fails to meet the unique pedagogical and psychosocial needs of learners with certain medical conditions (Walton 2025). The "train-the-trainer" approach, in which a school coordinator shares information after attending a workshop, was thought to be inadequate and frequently resulted in diluted information and a lack of long-term impact (Walton 2025).

Another issue raised by participants was a perceived lack of departmental and institutional assistance. Teachers felt that the practical support, provided by schools' administration, schools' governing bodies, and external departments (Health and Social Development) was either insufficient or not specifically tailored to the unique needs of learners living with HIV, even with the existence of legislative frameworks such as the South African Schools Act 84 (SASA) and the National HIV and AIDS policy. As indicated earlier in these findings, these results show that departmental silos can impede comprehensive care and the struggles of cross-sectoral collaboration, in delivering holistic support for learners at risk, including children in general. The School-Based Support Teams (SBSTs) are present, but teachers complained that they were more

concerned with learners' general behavioural or academic issues rather than with the unique health risks associated with HIV.

As a result of these challenges, different levels of readiness were seen among teachers. Some perceived a major lack of specialised knowledge and practical resources, however, other teachers claimed to be generally prepared, due to their compassionate approach and extensive training in inclusive education. Some of these teachers' reliance on generic teaching techniques and personal empathy, although commendable, displays a systemic lack of specialised support that would allow teachers to feel competent and secure in this sensitive field. In addition, the current existing confidentiality policies, despite being crucial in protecting learners, also made teachers feel as though they are operating in isolation, preventing them from sharing information or asking for their colleagues' advice on how to assist learners living with HIV.

Given all the challenges encountered by teachers interacting with learners living with HIV, participating teachers made specific recommendations which can support them and improve their interactions with HIV+ learners in the classrooms. One of the recommendations is that all teachers must receive in-depth practical training that extends beyond basic knowledge, to include a tailored approach for emotional support, health monitoring, and classroom management. According to the teachers in this study, meeting the needs of learners living with HIV necessitates a coordinated effort involving health professionals, social workers, psychologists, and community organisations. Lastly, participants argued for policy changes for improved classroom support. They wanted more specific and practical guidelines for everyday interactions, with learners living with HIV, such as clear guidance on how to manage health concerns, deal with stigma, and encourage communication within acceptable limits. Practical support services, including appropriate food programmes, were also suggested to meet basic requirements that would have impact on learning and health.

Allport's (1954) notion of favourable intergroup contact is particularly relevant in these recommendations. The purpose of calls for an "inclusive school culture,"

"awareness activities," "empathy," and "anti-bullying", is to establish a setting where learners living with HIV are given equal respect and discrimination is actively challenged. A thorough teacher training programme on "managing classroom dynamics to actively combat stigma and bullying" will equip teachers to foster intergroup collaboration and set shared objectives, such as creating a secure and encouraging learning environment for all. The focus on community-awareness campaigns and multi-stakeholder engagement will aim to clearly encourage inclusive behaviours from authorities (government departments, school management, and community leaders), thus reducing prejudice and strengthening positive norms.

In line with the Theory of Planned Behaviour, the suggested solutions by the teachers in this study particularly addresses the elements affecting teachers' intentions to offer comprehensive support. By giving teachers the knowledge and skills they need to deal with difficult circumstances surrounding HIV and AIDS in the classroom, the emphasis will be on thorough and practical training which will improve teachers' perceived behavioural control. The provision of resources and a supportive environment, for improved departmental and institutional support (for example, from SMTs, SBSTs, and inter-sectoral collaboration) will strengthen perceived behavioural control. Additionally, encouraging broader societal understanding and acceptance of learners living with HIV, the call for public awareness campaigns and multi-stakeholder involvement, will change subjective norms and create a more supportive social environment where teachers are acknowledged in their efforts to provide sensitive care.

## 6.2 CONTRIBUTIONS OF THE STUDY

This study offers context-specific qualitative data, from Foundation Phase teachers, in the Gauteng East schools, since the large part of the literature currently available on HIV and education in South Africa is policy-driven or focuses on secondary and higher education contexts. This study provides empirical insights into how HIV-related inclusion is experienced and negotiated in early childhood classrooms, an area that is still understudied. By highlighting that teacher readiness is a dynamic and context-dependent

continuum, influenced by training access, institutional support, emotional labour, and stigma-related concerns, the study adds to the existing body of literature. Previous research that commonly classified teachers as "prepared" or "unprepared" without accounting for how systemic factors influence preparedness over time is expanded upon by this study's perspective (Luwaca, Cishe, and Omojemite 2025). The study adds a crucial layer to inclusive education literature by demonstrating teachers' beliefs that general inclusive education training is inadequate in meeting the unique pedagogical and psychosocial demands of HIV+ learners. It reinforces and expands upon previous criticisms (for example, Campbell et al., 2016; Zibengwa and Bila 2021) by demonstrating how policy effectiveness at the classroom level can be compromised by restricted training reach, a lack of practical application, and selective participation.

This study's integrated application of the Theory of Planned Behaviour and Intergroup Contact Theory, to analyse teachers' experiences and behaviours, is a significant addition. This study shows the applicability of these theories in explaining teacher behaviour, stigma, and inclusion in HIV-affected educational settings, even though they have been used independently in health and social and psychology research. The findings demonstrate how ICT, TPB, attitudes, and subjective norms, all work together to shape inclusive teaching methods. In outlining teacher-generated, contextually-grounded suggestions for enhancing support for HIV+ learners, the study adds to the body of practice-oriented literature. In outlining required practical training, whole-school approaches, curricular integration, and multi-stakeholder collaboration, these suggestions extend beyond theoretical policies' recommendations as the study offers legislators, education departments, and school administrators, practical insights.

Lastly, by detailing how silence, fear of disclosure, and a lack of institutional direction continue to negatively shape teachers' relationships with learners, the study contributes to the conversation on HIV-related stigma in schools. The study also adds to the body of work that frames stigma-reduction as a relational and systemic process, rather than an individual moral concern, by connecting these findings to Intergroup Contact Theory.

## 6.3 LIMITATIONS EXPERIENCED IN CONDUCTING THE STUDY

This study was conducted with several restrictions, which may have potentially affected the scope and depth of the findings:

Sample size and participant access: Ten Foundation Phase teachers made up the study's comparatively small sample. A larger sample may have revealed more diversified experiences or more nuanced perspectives across various Gauteng East school contexts, albeit qualitative research does emphasise depth over breadth. The delicate subject matter made it difficult to recruit participants, which resulted in some early rejections and last-minute cancellations. This required the researcher to make new appointments, placing some challenges on the data collecting process.

Sensitivity of the subject: Promises of anonymity were made to all the participants, yet, several potential participants found it difficult to feel comfortable talking about private aspects of their learners' lives due to the extremely sensitive nature of HIV and AIDS and the constantly growing stigma. As mentioned in the broader literature on HIV and AIDS stigma, this policy for silence hindered the researcher’s ability to completely understand the lived realities of these teachers, as some were reluctant to provide details of their experience.

Geographic scope: Only Gauteng East schools were included in the study; although this provided a specific contextual understanding, however, the findings from this study may not be applicable to other parts of South Africa, where there may be contextual differences in socio-economic circumstances, community dynamics, or the level of support available for teachers and HIV+ learners.

## 6.4 RECOMMENDATIONS FOR FUTURE RESEARCH

The following suggestions are put forth for further research, so as to build on the findings and alleviate some of the limitations of this study:

- *Longitudinal and Mixed-Methods research*: Longitudinal research can be undertaken to evaluate the long-term academic, social, and psychological outcomes on learners living with HIV who receive a comprehensive school-based support. Using mixed-methods techniques (such as surveys and interviews) could yield both qualitative insights into experiences and quantitative statistics on prevalence of appropriate support for affected learners.

- *Learner and Parental Perspectives*: Future research can examine the lived experiences of Foundation Phase HIV+ learners, employing child-friendly approaches such as A day-in-the-life (ADITL) documentary, and thoroughly exploring the perspectives and difficulties encountered by their parents/caregivers. This can be the primary priorities of future studies, as this would offer a more comprehensive view of the support ecosystem, from several angles.

- *Effectiveness of training and support models*: Researchers should critically assess how well various teacher-training models educate and support learners living with HIV and AIDS. Pilot programmes testing certain curricula or intervention techniques and evaluating their effects on teacher readiness, self-efficacy, and eventually learner outcomes, may be part of this.

- *Role of community engagement and school leadership*: Future studies can examine the unique roles and impact of SMTs and school leaders in creating inclusive learning environments and supporting teachers who work with HIV+ learners. Successful community engagement and inter-sectoral collaboration models, in various contexts, could also be the subject of future research.

- *Comparative studies by region*: To fully understand how diverse local conditions influence either the challenges or support systems for teachers and learners living with HIV, further researchers can conduct comparative and context-specific research, either by province or socio-economic context, in South Africa.

For school management teams and district administrators managing inclusive education on the ground, the empirical results of this study imply the following:

- *Standardised health disclosure protocols*: To provide safe medical monitoring without violating privacy, schools must establish organised, private communication loops between parents, school nurses, and designated class educators rather than letting teachers discover a learner's HIV status accidentally or through casual rumours.

- *Psychosocial toolkits*: District offices must provide Foundation Phase teachers with basic, practical toolkits for handling trauma, anxiety related to chronic illness, and peer isolation in early childhood classrooms because teachers are acting as "second parents" without formal psychological training.

- *Peer support and anti-stigma interventions*: To normalise chronic illnesses and eliminate the peer discrimination and classroom isolation discussed in Chapter 4, schools should actively incorporate age-appropriate, kid-friendly health and diversity awareness programs into the Life Skills curriculum.

- *Flexible academic catch-up frameworks*: School administration should create formalised independent catch-up packs or remedial modules specifically designed for early-grade learners who miss consecutive school days due to clinical appointments, in order to lessen the disruption to instruction caused by high learner absenteeism.

## 6.5 CONCLUDING REMARKS

In conclusion, the objectives of the study were met and all research questions answered through qualitative data obtained by means of semi-structured interviews with teachers who interact with HIV+ learners. Participants provided their narratives on what they had experienced by detailing the realities that Gauteng East school teachers encounter when interacting with HIV+ learners at the Foundation Phase. The findings of this study demonstrate that there is still a significant gap between the intended objectives of legislation and what is really experienced at the school level, despite the existence of

progressive national policies. Teachers, despite their personal empathy, are often ill-prepared and unsupported in their efforts to manage the emotional, social, and medical difficulties of HIV in the classroom. Persistent stigma, inadequate specialised training, and disjointed support networks put a significant strain on teachers and compromise the holistic development of learners who are at risk.

These findings emphasise how urgently a multifaceted, collaborative approach encompassing communities, health providers, governments, and educational institutions is needed. In addition to thorough and useful teacher preparation, robust inter-sectoral collaborations and a persistent dedication to reducing HIV-related stigma, at all social levels, are necessary to close the gap between policy and practice. In the end, providing an inclusive and encouraging learning environment for learners living with HIV, is essential for social justice and the welfare of South African children, and this goes beyond simply following the law.

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# APPENDIX A: ETHICS APPROVAL

UNISA university of south africa

College of Human Sciences_CREC

NHREC Registration # : (Rec-24-0816-052)
Ref #: 3975
Name: Miss Duduzile Priscilla Shabangu
Student #: 50937421

Date: 06/09/2024

Dear: Miss Duduzile Priscilla Shabangu

**Decision: Ethics Approval from 06 September 2024 to 05 September 2025**

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**Researcher:** Miss Duduzile Priscilla Shabangu

61 Mimosa Avenue, Springs, Ekurhuleni, South Africa

Ekurhuleni

50937421@mylife.unisa.ac.za 0614677343

**Supervisor:** Mr Tshepo Maake emaaketb@unisa.ac.za

**Exploring Teachers' Experiences in Interacting with HIV+ Learners in the Foundation Phase Gauteng East schools**

**Qualification:** MA Social Behaviour Studies

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Thank you for the application for research ethics clearance by the College of Human Sciences_CREC for the above-mentioned research study Ethics approval is granted for one year.

The **medium-risk application** was **reviewed** by the College of Human Sciences_CREC on **06 September 2024** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College of Human Sciences_CREC.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

## APPENDIX B: INFORMED CONSENT FORM

**Research title:**

**Exploring teachers' experiences in interacting with HIV + Learners in the Foundation Phase Gauteng East schools**

**Researcher: (DP Shabangu)**

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunities to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified. I agree to the recording of the interview.
I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (please print)

Participant Signature……. Date……

Researcher's Name & Surname: Dududzile Priscilla Shabangu (please print)

Researcher's signature:  Date: 30 – 01 - 2024

## APPENDIX C : INTERVIEW GUIDE

**Exploring teachers' experiences in interacting with HIV+ learners in the Foundation hase Gauteng East schools.**

### Instructions

Interviews will only commence after reading the informed consent form and information sheet and after the participant has understood and consented to be interviewed.

### Section A: Biographical questions

1. What is your name?
2. How old are you?
3. Where did you grow up?
4. Where are you currently residing?
5. What is your gender?
6. What is your educational level?
7. What is your teaching experience?
8. How long have you been teaching in the Foundation phase?

### Section B:

1. How do you approach the education and social integration of learners living with HIV?
2. What challenges have you encountered when interacting with Foundation Phase learners living with HIV?
3. Can you share specific examples of situations or incidents that have had a significant impact on your teaching practices in relation to learners living with HIV?
4. How do you perceive the emotional and psychological well-being of these learners in the school environment?

5. Are there any specific policies or guidelines in place to support teachers when working with learners living with HIV in school? If so, how have these policies influenced your interactions with these learners?
6. What kind of training or professional development have you received to enhance your preparedness for working with learners living with HIV learners in the Foundation Phase?
7. Can you describe the support you have received from the School Management Team (SMT), School Governing Body (SGB) and colleagues in addressing the unique needs of the learners living with HIV?
8. How do you adapt your teaching strategies to accommodate the individual needs of learners living with HIV in the Foundation Phase?
9. Have you noticed any positive changes or outcomes related to the education and social integration of learners living with HIV in your school, and if so, what contributed to these changes?
10. In your own opinion, what more could be done to improve the support and preparedness of teachers for working with learners living with HIV Foundation phase learners?
11. How do you ensure the privacy and confidentiality of learners living with HIV while addressing their specific needs within the school community?

**Section G: Is there any question you would like to ask?**

**THANK YOU**

## APPENDIX D: PARTICIPANT INFORMATION SHEET

Dear Participant

My name is Ms Dududzile Priscilla Shabangu, a Master's student at the University of South Africa (UNISA), student number 50937421, in the Department of Sociology. As part of my Master's degree requirements, I am currently doing a study exploring teachers' experiences in interacting with HIV+ learners in the Foundation Phase in Gauteng East schools. The study seeks to better understand the teachers behaviour and attitudes towards HIV+ learners, the challenges they come across, and the strategies they employ during their interaction with HIV+ learners.

You will need to make yourself available for the study at least once or twice, depending on your schedule. The interview will be audio recorded, and I will be taking notes as we speak. The interview will last between 30 and 60 minutes. Two primary schools will host the interviews. The collected data will be maintained in a password-protected Google Drive folder, only my supervisor, Mr Maake, and I will have access to it.

Your name and personal information will be protected during the confidential interviews through the use of codes. You will not receive any rewards from me because the study is optional. You will not suffer any consequences if you leave the study at any point. The data gathered will be utilised for the Master's dissertation and for upcoming publications.

Please feel free to contact me on my cellphone number, 0614677343, or via email at duduzileancyl@gmail.com if you have any further questions or concerns about the study, either during or after it has been completed.

Thank you for your participation. Kind regards
Ms Duduzile Priscilla Shabangu

## APPENDIX E: INFORMED CONSENT FOR RECORDING OF INTERVIEW

**“Exploring teachers' experiences in interacting with HIV+ learners in the Foundation Phase, in Gauteng East schools.”**

I, _____ (full names of the participant), voluntarily consent to take part in the study. I am aware that the interview will be recorded on audio tape, and I have no issues with this.

Signature of participant _____ Date _____

## APPENDIX F: LANGUAGE EDITOR'S CERTIFICATE

# PROOF OF EDITING

**27 January, 2026**

This is to certify that **I**, Dr P Kaburise, have proofread/edited the dissertation titled - **EXPLORING TEACHERS' EXPERIENCES IN INTERACTING WITH HIV+ LEARNERS IN THE FOUNDATION PHASE, IN GAUTENG EAST SCHOOLS -** by Duduzile Priscilla Shabangu (student number: 50937421). **I** have indicated some amendments which the student has undertaken to effect before the final dissertation is submitted.

**Dr P Kaburise (0794927451/ 0637348805; email:** phyllis.kaburise@gmail.com**)**

**Dr P Kaburise: BA (Hons) University of Ghana (Legon, Ghana); MEd University of East Anglia (Cambridge/East Anglia, United Kingdom); Cert. Teaching English as a Foreign Language (Cambridge University, United Kingdom); Cert. English Second Language Teaching, (Wellington, New Zealand); PhD University of Pretoria (South Africa).**