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Supporting Lesotho teachers to develop resilience in the face of the HIV and AIDS pandemic

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ABSTRACT

HIV and AIDS threaten to erode the wellbeing of teachers who are faced with an increasing number of children rendered vulnerable by the pandemic. This article explores the usefulness of a supportive group intervention, Resilient Educators (REds), in supporting Lesotho teachers to respond to the HIV and AIDS-related challenges. A time-series pre- and post-intervention design was used to evaluate the programme. The findings indicate that the intervention led to an increase in the sense of agency of participating teachers both on a personal and community level. The findings have international significance for teachers working in similar contexts characterised by extreme adversity.

1. Introduction

Like many other countries in Sub-Saharan Africa, Lesotho has been seriously affected by the HIV and AIDS pandemic (UNAIDS, 2007). It is one of the six countries in Southern Africa affected by this humanitarian crisis that is fuelled by poverty, unemployment and social injustices (UNAIDS, 2007). As a result of the substantial number of AIDS-related adult deaths (UNAIDS, 2007), there has been a corresponding rise in the number of orphaned and vulnerable children (OVC)[2] (UNAIDS, 2005). In 2005 it was estimated that 34% of the children attending school in Lesotho had lost one or both parents to AIDS (Ministry of Health and Social Welfare, 2005). Although the incidence of AIDS-related mortality has decreased in Lesotho in recent years – from a constant 29,000 per annum between 2004 and 2008 to an estimated 14,000 in 2011 (Indexmundi, 2011) – due to the introduction of anti-retro viral medication, the number of OVC has not, since living with a parent who has a chronic illness (as HIV and AIDS is now regarded) is included as a high risk factor for vulnerability. The accuracy of these figures can also be called into question, since a fear of testing still predominates among the majority of the population (Alsoform & Glass, 2010).

The socio-economic impact of HIV and AIDS is threatening the wellbeing of these children who are at increased risk of malnutrition, illness, abuse, sexual exploitation, homelessness and reduced access to education and health care (Byrne, 2002; Culver, 2007). Psychological problems, stemming from their life circumstances, manifest themselves in the classroom, in the form of limited concentration spans, increased anxiety, trauma, and depression (Ebersöhn & Eloff, 2002), all of which make teaching and learning a much more difficult task (Hepburn, 2002). The HIV and AIDS pandemic has thus posed challenges to teachers, with which the majority of them are struggling to cope (Bhana, Morrell, Epstein, &

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[2] The acronym OVC, denoting orphaned and vulnerable children, is commonly used by most international agencies such as UNAIDS, UNICEF etc. There are some criticisms of using this acronym to denote this group of children, since it may be perceived as stigmatising and dehumanising. However, because it is such a common term, it is used in this study to denote any child whose vulnerability has increased due to the pandemic. Examples of such vulnerability include the following categories (Smart, 2003, p. viii): has experienced the death of one or both parents or family members; is neglected, abandoned, abused; has a chronically ill parent/guardian; has suffered increased poverty levels; has had their rights violated; and is HIV positive themselves.

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Moletsane, 2006). Although sub-Saharan Africa is regarded as the epicentre of the pandemic (UNAIDS, 2007), HIV and AIDS is a global pandemic, affecting teachers, children and education on many continents (Avert, 2011). Moreover, the challenges integral to teaching in the face of this pandemic (i.e., teaching children who are distressed, and often grieving) are not unique to teachers in sub-Saharan Africa, or even to teachers in other HIV-affected countries. Increasingly, teachers across the world are challenged by social contexts (like streetism, war, migrancy and xenophobia, broken homes, and poverty) that place their students at risk, and that require caring responses from teachers (Brooks, 2006; Gasic Pavisic, 2005; Gu & Day, 2007; Mather & Ofiesh, 2006; Theron & Engelbrecht, 2012). These challenges test teacher endurance and teacher resilience.

The Government of Lesotho has responded to the OVC crisis by issuing a National Policy on Orphans and Vulnerable Children (UNICEF, 2006). This policy regards teachers as key persons in addressing issues related to OVC. The policy implies that teachers should be able to offer psychosocial support to OVC; possess basic counselling skills; be knowledgeable about the rights of children; be able to facilitate dialogue between parents and children about death, illness and future planning; facilitate the progression of children through the stages of bereavement; involve communities in addressing the material needs of these children; and be able to manage their own feelings and increased stress levels. Yet neither pre- nor in-service teacher training programmes in Lesotho have provided for training in how to render emotional and practical support to children living in such adverse circumstances (Ntaote, 2011). There has also been a lack of attention paid to developing teacher competence in the recognition of, and response to the behavioural problems associated with unresolved grief.

Currently, teacher education programmes in Lesotho, as in most countries, focus on equipping teachers with basic knowledge about the prevention of HIV and AIDS (Ntaote, 2011). However, research has shown that prevention education alone is not enough to ensure that OVC firstly remain in school, and secondly, are in an emotional and physical state that is conducive to learning (Coombe, 2003; Schulze & Steyn, 2007). Teachers also require guidance on issues such as creating welcoming learning environments, keeping confidentiality, identifying and making better use of medical, psychological and social resources in the community and adapting the curriculum to meet the needs of vulnerable learners (Bennell, 2006; Wood & Goba, 2011).

Moreover, since a teacher's attitude towards HIV and AIDS and related stigma can do much to promote or prevent the acceptance of OVC (Mallmann, 2003), a high degree of self-awareness is required from them. However, self-reflection on a deep emotional and philosophical level is also not a common feature of teacher education programmes (Wood, 2011). Teachers in Lesotho have not escaped the deep personal impact of HIV and AIDS (Ntaote, 2011), a factor that renders them vulnerable to the same psychological and emotional risks as the children they are expected to teach. The whole question of helping educators to deal with issues of HIV and AIDS on a personal level, before asking them to respond to the needs of their learners, is increasingly seen to be critical in ensuring the provision of adequate care and support (Wood & Goba, 2011).

From the foregoing, it may be concluded that teachers in Lesotho, like teachers in other parts of Southern Africa and in other global contexts where psychosocial contexts place children at risk, are severely challenged by the need to provide care and support to orphans and vulnerable children, because these children have urgent additional needs, over and above the need to be educated in specific learning material (Bhana et al., 2006; Coombe, 2003; Gu & Day, 2007; Hall, Altman, Nkomo, Peltzer, & Zuma, 2005). Moreover, because of the HIV and AIDS pandemic, many educators feel that they are professionally required to respond to the HIV related needs of the children, yet they have not been professionally trained to address the plight of these children and of their affected and infected colleagues (Bhana et al., 2006; Coombe, 2003; Hall et al., 2005). Teachers in Lesotho reported that they were not coping with the rising numbers of HIV and AIDS affected and infected children and that they urgently required a supportive intervention (Ntaote, 2011). Our previous research with Lesotho teachers (Ntaote, 2011) had convinced us that teachers need to feel strong themselves, before they can be expected to help others. We therefore argue that teachers need to be supported and empowered so that they are able to cope more *resiliently* in the face of HIV and AIDS realities, an argument that is supported by existing literature conducted elsewhere on the continent (Bhana et al., 2006; Coombe, 2003; Govender, 2008; Kinghorn & Kelly, 2005; Theron, 2007).

This article describes the intervention we employed with teachers in Lesotho, with the aim of developing their resilience to enable improved coping with the challenges of teaching OVC. We begin by explaining the concept of resilience as used in this study to justify our choice of supportive intervention, the Resilient Educators Programme (REds) (Theron, Geyer, Strydom, & Delport, 2008). An outline of the research design and the ethical considerations follow. The findings are then discussed in relation to existing relevant literature, using participant quotations and drawings to support our themes. The findings are used as a basis for suggestions that may help to improve the future development of teachers, both in Africa and in other similar international contexts where teachers are challenged because children have been placed at risk, to help them to cope with the adversities they face in this age of AIDS.

2. Enhancing teacher resilience

Resilience, in simple terms, is the ability to spring back from, and/or successfully adapt to, adversity (Henderson, 1997; Masten & Reed, 2005). The adversity facing teachers in this study comprises the emotional, cognitive and material challenges they face as a result of having many orphaned and vulnerable children in their classrooms. Their ability to cope with this adversity is further hampered by the negative impact of the pandemic on their personal lives. Resilient teachers would be able to display positive functioning under these negative circumstances (Haeffel & Grigorenko, 2007). They would be able to mobilise intra- and interpersonal assets and external resources in order to cope effectively and change what they can, or make the best choices regarding things they cannot change (Theron, in press).

Initially resilience was thought to be a capacity that was inherent in an individual (Anthony & Cohler, 1987) that enabled the individual to employ positive coping mechanisms in the face of adverse circumstances and risk. Research then advanced to focus on how individuals could be helped to develop resilience by promoting the use of protective factors, which may be intrapersonal (e.g. optimism, positive self-concept, internal locus of control) or interpersonal (e.g. found in families, communities, culture) in nature (Masten & Reed, 2005). In the next phase in research around resilience, the emphasis shifted to how developmental assets could be cultivated in individuals and their communities to render them more resilient (Ungar, Brown, Liebenberg, Cheung, & Levine, 2008). This fed the latest research on resilience which explains resilience as a product of both the individual's capacity to navigate towards health promoting and protective resources, and the capacity of the community to provide these resources in a *culturally meaningful* way (Ungar, 2008). By defining resilience as a reciprocal, culturally congruent transaction between individuals and their social ecologies, the individual is no longer considered solely responsible for being resilient when life is challenging (Ungar, 2011). This Social Ecological Resilience