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# The hidden work of caring: teachers and the maturing AIDS epidemic in diverse secondary schools in Durban

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## Abstract

In this article we argue that, almost unnoticed, teachers are dealing with the consequences of HIV/AIDS in their schools and classrooms. By focusing on the pastoral care of teachers work with learners, we explore the ways that teachers understand the care component of their school work, and describe what they actually do for learners who are either infected or affected by AIDS. Many teachers are in some or other way involved in care work, but the conditions of schools determine the nature and extent of the care work that teachers are called to deliver. In most schools there are no staff employed specifically to provide counselling though well resourced schools often are able to employ counsellors to assist learners. Teachers in the schools with the least resources are frequently those required to provide the most demanding forms of support and care to learners. This article is based on interviews with secondary school teachers in the greater Durban area who are responsible for the delivery of the life orientation curriculum in their schools. It is these teachers who are in the frontline of pastoral work although other teachers perform pastoral work too. Teachers in under resourced schools, located in areas characterised by poverty, do a huge amount of work with learners. This work does not fall within the curriculum and cannot easily be measured. It does not count towards promotion nor is it noticed in any public way by the teacher hierarchy. But, we argue, it is this work that is cushioning learners from the trauma of loss that many are confronting. It is thus vital for the well-being of schools, even as it is hidden from public recognition.

## Introduction

The AIDS pandemic makes varied demands on teachers. A huge proportion, particularly in the poorer areas, is directly affected in some or other way by the pandemic. Some will have lost family members, while others will themselves be infected, and most will have been to a funeral of someone who has died of AIDS or have known somebody who has died of an AIDS related illness. These experiences all exact an emotional toll on teachers. In addition to the

personal challenges that AIDS presents, there are also the many unacknowledged demands that the pandemic makes upon teachers to care for learners. In a situation of continuing growth of the pandemic, driven by complex factors related to socio-economic contexts and deep-rooted behaviours, the disease affects all learners, whether from AIDS affected families or not (Gow and Desmond, 2002). However, some will be more affected than others, and schools are differently situated with different gradations of needs, care and dependence. In resource-constrained situations, learners are likely to be more adversely affected as their family circumstances are likely to be more dire, and the schools they attend are likely to have fewer resources for their care and development. As Robertson (1996, p.45) observes:

... differences between schools are becoming more marked; school is significantly failing to meet the educational needs of some groups of children, and for some teachers the work environment is proving personally and professionally damaging.

There is little hard evidence of the impact of the epidemic in terms of numbers of school learners affected, but the Health Economics and AIDS Research Division (HEARD) at the University of KwaZulu-Natal is currently conducting a quantitative study of a random sample of 600 pupils in 60 schools in the Amajuba district of northern KwaZulu-Natal. They report that in the four months from April–July 2004, at least one learner had lost a parent in 44 of these schools, and at least five learners had experienced the death of a parent in a third of them (HEARD, 2005). While parents and family members may be sick or already have died as a result of AIDS, learners are themselves at risk of infection. In 2000, it was estimated that amongst 15–19-years-olds, 15.64 per cent of African girls were likely to be HIV positive compared to 2.58 per cent of African boys. The equivalent figures for other racialised groups were infection rates of 1.25 per cent for teenage white school girls, and 0.26 per cent for white school boys of the same age, and 1.29 per cent for Indian teenage schoolgirls and 0.26 per cent of Indian teenage school boys (Morrell, Unterhalter, Moletsane and Epstein, 2001, p.51). These are calamitous figures and give some indication of the burden on teachers in such situations. Those who directly experience AIDS deaths obviously need care and support but many other learners in such schools need help too. They too will experience emotions of anxiety and loss, and it is often teachers who are called upon (or are in a position where they are able) to provide help. The geographical and socio-economic locations of schools and the composition of their learner populations mean that some will confront bereavement on an almost daily basis. Others, in contrast, will have only a distant connection with

the illness and related deaths. Furthermore, HIV positive learners in elite schools generally have the family resources available to ensure access to psychological support, drugs, necessary nutrition and so on, while in poor areas, the necessary material resources are unavailable and it is often teachers who provide a rare source of hope. As such, care is an important constituent of many learner-teacher relationships but it is precisely this component that has been overlooked and has fallen beneath the threshold of official public attention.

In this article, we examine the ways in which teachers in four contextually different secondary schools in the greater Durban area understand and confront the challenges of teaching in the context of HIV/AIDS. We examine, particularly, the ways in which the teachers respond to the demands for care, in the context of HIV and AIDS, and the ways in which, for many, ‘teacher care work’ constitutes a huge, unrecognised and invisible aspect of their work. We show that these vary greatly between schools, and it is often teachers in schools with the fewest resources who must provide the most demanding forms of support to learners, while schools that are well resourced often employ school counsellors and may tend to have a rather narrow view of the pandemic, believing that it does not affect them.

The data for this article comes from individual and group interviews with teachers of ‘Life Orientation’ (LO) in four very different secondary schools in greater Durban. The article is divided into three sections. We begin by exploring some of the challenges of teachers’ work, particularly in the context of AIDS. Through an analysis of teacher interviews in the different school contexts in our study, we then examine the nature of care the teachers are providing in their different school contexts, and conclude the article with an analysis of our findings from the four schools.

## Challenges of teachers’ work

There are three quite distinct challenges that HIV and AIDS present to LO teachers: raising awareness and preventing infection, assisting the infected and affected (and possibly, in the process, helping learners to check their HIV status) and dealing with the trauma of illness and death of significant others. The multiple demands placed on teachers and schools in this context present particular challenges, and have significant implications for pastoral care as an important aspect of teachers’ work in schools.

While much of the research and intervention work so far has concentrated on the first challenge, the other two are often ignored or, at best, inadequately addressed. To illustrate, work to prevent the spread of HIV has been undertaken for well over a decade in South African schools. The challenge has been immense given the estimated infection rates among the school-going population. This article is premised on the recognition that, for various reasons, curricular interventions such as the Life Orientation curriculum which schools are expected to implement in order to combat and address issues related to HIV and AIDS, as well as interventions in wider society, have not been successful (McPhail and Campbell, 2003). Many of the teachers who are given responsibility for delivering LO have little or no training (Moroney, 2002) and no consideration is given to the fact that, while some are extraordinary, not all teachers have the personal insight and strength to undertake this highly taxing form of care work. The point is that teachers are faced with the challenge of HIV and few are trained for it. Moreover, teachers respond differently and selectively on these matters. Hoadley (2002) suggests that teachers' work must be viewed against their agency in contesting, negotiating and co-opting broader policy directives. Teachers' personal aspirations and their expectations are in constant negotiation with policy. Thus, the ways in which teachers act in schools and in classrooms are uneven. The gendered dimension of care work is one area of unevenness. This is explored in the next section.

## Teachers, gender and care work in the context of HIV/AIDS

HIV/AIDS has increased demands for pastoral/caring work in schools. However, given the context described above, the need for teachers to care for their learners is not simple. Poverty, violence, and orphanhood, for example, mean that schools are sometimes the *only* places where children might expect and find any level of care. Yet lack of resources, an overloaded curriculum and multiple complex demands on teachers mean that such responsibilities are very difficult and may go unperformed. Furthermore, teachers sometimes lack the skills necessary for addressing their learners' problems. Indeed, current challenges require different skills from today's teachers (Hall, 2004), which, according to Neild and Angus (2005), include looking for and reading signs (such as anxiety, anger, sudden changes in behaviour and so on) that the learner needs assistance and that the assistance is for a particular problem. Obviously, not all teachers are instinctive 'sign readers', able to interpret the signs over a long period and decide upon appropriate strategies for care.

Skills such as these have historically been understood as women's work (Miller, 1996) and Gilligan (1982) argued that women are more likely than men to grow up caring for others in ways that may be experienced as a struggle between meeting one's own needs and abandoning others. Gilligan thus argues that, because they are brought up to expect and accept the responsibility of caring for others, girls and women tend to assume that if they fail to do so adequately, then they have failed in their moral obligations. However, who undertakes and who takes responsibility for caring reflects gendered changes in society. In this regard, it is important to note the emergence of new forms of masculinity that include, centrally, the ability to emote and care, in contrast to forms in which emotion and affect are eschewed (Brod, 1987; Connell, 1995). Thus, men in work (Lamont and Thevenot, 2000), the family (Brandth and Kvande, 2001) and schools (Ward, 1995) are encouraged to extend their emotional repertoires to include caring for the self and others, and Kupers (1993) suggests that many men are indeed becoming more caring. Such changes are less clear in developing contexts such as South Africa. There are changes in the form of masculinity (Morrell, 2001) and in particular school contexts new masculinities are emerging (Thorpe, 2002), but for many men, it is still anathema to express concern and care for the self and others.

Nevertheless, we found that a few men in our study provided significant levels of care by listening, advising and actively assisting. The volume and intensity of care work appear to be increasing and, in the absence of professionally trained and dedicated staff to respond to increased needs, most teachers at one or other stage find themselves in a situation where they are asked to render assistance. Such requests are, however, not uniform across school sites and the responses by teachers continue to differ along gender and other lines. Within the framework of teacher care work, our analysis in this article will focus on the views of teachers in the four schools regarding the demands for care in their work in their particular school contexts, the ways in which they respond, as well as the skills and resources they use to address the challenges they and their learners face.

## Methodology and description of the school sites

Four schools in the greater Durban area were selected for the study. Selection was determined largely by considerations of accessibility though the sample was also purposive, reflecting the range of public schools to be found in Durban. The secondary schools in which the research was conducted were: an elite, single-sex, multi-racial suburban boys school, a former House of Delegates (Indian) co-educational school which has over the last fifteen years become a major provider of schooling to African learners from local townships; and two, township co-educational schools catering exclusively for African children. The elite school, a former Model C school, is well resourced. It has a racially mixed learner population of more than 1 000 boys. Most are from secure middle class environments though there are also boarders (mostly middle class white boys from rural areas) and some working class African boys from the townships. The historically Indian school has 1 200 learners, most of whom are now African. However, an important factor in how the school approaches the pastoral needs of learners is the fact that most of the teachers are Indian men and women. It is quite well resourced and managed and exudes efficiency. The two township schools are among the better-run schools in their respective working class areas. They have recently had good matriculation results, and thus attract more learners than they can accommodate. Classes are large and resources (furniture, class rooms) are stretched. One of the schools has attracted external funding and has a computer room and a big security fence and gate. The other offers technical subjects and also received private funding in the past to extend the material structures of the school. Both have well over one thousand learners.

Access was obtained to these schools easily. We had been conducting research in the two township schools for a number of years and were familiar with the teachers and the principals. The same applied to the elite, middle class school while the predominantly Indian school was the research site of a doctoral student and access had been negotiated for her work prior to our research trip. It was thus easy to arrange and obtain access to the schools and their LO teachers. Our intention was to interview all teachers involved in LO teaching as well as those discharging guidance or counselling functions. It is the context of LO that teachers and learners are most likely to deal with concerns, fears, anxieties around HIV/AIDS. It is thus within the LO lesson that teachers are most likely to raise issues around HIV/AIDS. While the Department of Education has mandated that HIV/AIDS education must run across the curriculum, it is in the LO lesson that teachers are in the frontline as they deal

with HIV/AIDS and its effects on learners. It is for this reason that we selected LO teachers in particular to form the sample in this research.

At the predominantly Indian school we interviewed four LO teachers, while at the township school, we interviewed five. In the case of the elite school, four teachers are dedicated to the teaching of LO. All have degrees with psychology as a major with the exception of one teacher who has psychology one. In the former Indian school, three of the four teachers have a bachelors degree with a psychology major. In the two township schools, the situation is less clear. While there are some staff members who appear to be dedicated to the teaching of LO, most have no university training for this work and all teach other subjects as well.

The interviews were conducted in vacant classrooms or staff rooms and lasted about two hours. The interviews were conducted by the authors and included reading out a prepared scenario (of a boy who has difficulties at home and who needs assistance) and asking the teachers to respond. We hoped that the scenario would be recognised by the teachers and that it would prompt them to raise and discuss similar experiences from their own schools. In each school, this proved to be the case. The interviews were taped and transcribed.

In the elite school, it was not possible to interview all the LO teachers. We were able to interview a counsellor employed by the school. Such posts are funded by the School Governing Body and it is only wealthy schools that can afford them. In this school, another teacher paid with SGB funds had counselling responsibilities as well as formal teaching duties. In the next section of the article, we explore how care work is undertaken by teachers.

## Undertaking teacher care work in four secondary schools in the era of HIV and AIDS

We begin this section by demonstrating that counselling and life orientation were provided in different ways in each of the four schools. Secondly, from our interviews, we identify the kinds of care work that were demanded in the schools and, finally, we focus on the kind of pastoral care undertaken by teachers. Throughout, we highlight contextual diversity and show how pastoral work in schools helps learners to deal with the effects of HIV and AIDS.

## Provision for pastoral work in the schools

Currently, there is no provision made in the curriculum for counselling or ministering to the emotional needs of students. In the past, most white and Indian schools had school guidance teachers or counsellors (whereas under resourced black schools tended not to have such teachers). Under the new funding formula, no provision is made for the employment of school counsellors. Serious problems are referred to provincial departments where staff employed in ‘Psychological Services’ are on call. Since there are not many psychologists employed at the provincial level, this effectively leaves school teachers to handle counselling issues the best way that they can.

In the four schools examined in this study, only the best resourced school, a single-sex, former white, suburban school still employs school counsellors (two). These teachers are employed with funds raised via school fees. These fees are about R12 000 a year. Fees charged at the other schools range from R200 (with 40 per cent of parents defaulting) to R600.

The teachers in township schools recognise that they are often out of their depth. “Well it’s a bit difficult because we as you put it we have not been trained to confront this (a case of domestic violence) but we do our ultimate best . . .” But the lack of adequate training is not confined to township schools. In the former HoD school, the teacher given responsibility for LO in the school noted:

With the limited resources we uh we’ve have been trying to assist them the learners as far as possible. And uh in fact what we did last year was we tried to because we don’t have counsellors in the school any more, and also in our discussions we’ve realised it was one of the worst things the department of education could’ve done because there’s such a dying need for learners to talk to counsellors and um teachers about their problems.

In the elite school, resources are available for providing counselling. There are rooms set aside for lessons and consultations. On the other hand, in the township schools, conditions are not conducive.

SS: Because of no space again. We don’t have a counselling room or something like that. You have got to out of the staff room because you don’t want the other teachers to hear.

DE: It’s confidential.

SS: So you have to go out and stand.

M: Out and stand.



SS: Near the trees there at the centre, because at least no one can hear your conversation.

The problems confronting teachers vary dramatically from school to school. In the elite school, theft, alcohol, drug addiction and bullying are considered the major problems. Occasionally relational problems which involve girlfriends (and pregnancy) surface. Broken families and domestic violence are rare or are rarely acknowledged and dealt with, and AIDS is not considered a problem. In the township schools and in the rapidly changing HoD school (which now has a majority of African learners, many coming from nearby townships), poverty and AIDS feature prominently. In these contexts, teachers are called upon to engage in grief counselling, to provide logistical support for homeless and hungry learners, to intervene in cases of serious domestic assault, to deal with rape cases and to provide support to HIV infected and affected learners. It is hardly surprising, then, that staff at the elite school believe that they provide adequate pastoral care while teachers at the other three schools feel overwhelmed. As a township teacher said, in response to a question about the overwhelming scale of the problems confronted by learners:

Painful. Very painful. (Mumble). Referring them to social workers. Referring them to hospitals.

She acknowledged that often there was not much that could be done in the school and that this required reaching out beyond the school. Not all teachers are able to provide pastoral care, and the LO teachers we interviewed in this study acknowledged this. To illustrate, in the ex HoD school, the LO teachers believe that it is part of their jobs: “We extend ourselves to them as LO teachers.” In the elite and township schools, it is also recognised that some teachers have the confidence of learners and can provide support. In the township school, for example, two male teachers recognised the importance of presenting oneself to learners:

SS: But not all of us (are approachable).

M: Not all of us, yes.

SS: It depends even on the way you represent yourself to them, then they are able to approach you on those grounds.

M: Yes. And I think even the nature of the problem – you know the right person to talk to.

Equally, it is the case that learners do not always feel comfortable to seek the assistance of counsellors. At the elite school, for example, boys have turned rather to counsellors outside the school when confronting serious personal problems.

### The demands for/of care in teaching

As stated earlier, our research in the four schools highlighted the influence contextual realities have on the demands for, and provision of care in the context of the AIDS epidemic. On one hand, in the poorly resourced schools, the demands for care are urgent and severe. On the other, in well resourced schools, there is less demand for care, and the need is mostly for less serious issues than poverty and HIV and AIDS. It could be argued that more elite schools see less HIV because there is actually less HIV and, therefore, less pastoral work is necessary than the township schools:

As one female teacher in one of the township schools declared:

[Our work] goes way beyond the classroom and teaching the children History, Geography, or even Life Orientation. It's well more than that.

Others work in affluent conditions, and focus on preparing learners for a global market.

Teachers in the four schools highlighted the notion that teachers' care work is rapidly and significantly changing. This, of course differed from context to context. To describe the ways in which this change was occurring, a female teacher in the ex-HoD school explained:

. . .we trying to uh get together and see if we can create a medium for children to come to us and speak to us and for us to be able to reach out to the children and see to their problems . . . we've found that the problems of children today are different from the problems of the past (Group Interview, August 2005).

Her colleague elaborated:

You attending to more emotional problems in children because of the vicious cycles they are in at the moment with you know the break down of family values. You find that it is more apparent now than in the past. And issues, other issues, sexual issues and you know, emotional issues, it seems to be most severe now (Group Interview, August 2005).

Highlighting the contextual differences in the need for teacher care work in different schools, and the fact that it is the poorly resourced school contexts that face the worst challenges, another teacher in the school declared:

Well, I came from a school where all the children were affluent kids who came from well-adjusted homes. In all my teaching I must have had like uh. . . I was there for 10 years, maybe about five incidents of children coming up to you with emotional problems or whatever. . . It was, you know, the ideal situation you could teach in, but when I came here I found things were different (Group Interview, August 2005).

The teachers who were not working in the elite school commented that their pastoral care work tended to extend into, and infringe on formal curriculum, and that, of necessity, rather than a clear distinction between the two, there tends to be a blurring of boundaries between care work and curriculum requirements. One female township school teacher explained:

. . . In terms of counselling, normally, I used to spend 20 minutes because the period is an hour. So, normally, I used to spend almost 20 minutes dealing with those kinds of things [pastoral care issues] (Group Interview, August 2005).

A male teacher elaborated:

And sometimes. . . there's a problem that you can't ignore. So you attend to the problem and sometimes it takes you the whole day from your classes. So for the whole day you have not taught the other classes, because you are attending [to this]. . . some kids have attempted suicide. . . So your teaching is very disturbed (Group Interview, August 2005).

Pastoral care needs tend to infringe on the teachers' time in the classroom and takes them away from teaching time. While this may seem like time wasted, the teachers in this study view it as valuable and necessary. For example, when there is no emergency, and the teachers do manage to attend to their classes, they reported using what Kaplan Daniels (1987) calls "sign-reading" to identify or "excavate" the problems learners might be facing, but do not feel confident or safe enough to approach the teachers. In such cases, the teachers reported using their formal lessons (e.g. LO) as prompts for "excavating the silences" (Brink, 1998, cited in Stein, 1999, p.6) among the learners around embarrassing or traumatic issues that confront them. According to one of the teachers in one of the township schools:

But it does happen that when you are presenting your lesson it is really about abuse, then they tend to have that confidence in you and they come and they confide in you their problems, the problems that they are experiencing at home (Group Interview, August 2005).

To illustrate, one of the township teachers exclaimed, “Well, it’s a bit difficult because as you put it we have not been trained to confront this, but we do our best. . .”. Elaborating on this, the teachers, particularly those in the two township schools, described the sacrifices they have had to make to care for their learners in the context of their poorly resourced schools. For example, they reported starting and supporting feeding schemes out of their own pockets and with help from sympathetic colleagues, collecting clothing for needy children, and supporting some, again from their own pockets, to feed themselves and their siblings. As one of them asserted:

. . .when the child has been hurt. . . abused physically by whoever. When the child has found out that they are HIV [positive]. . . you’ve got to, he’s crying, he’s desperate, thinks the whole world is falling, and you’ve got to be there. . . you have got to sit there for two hours trying to calm the child in a way that is going to convince the child, and you must be honest with what you are saying. . . go out of your way to give the child the finance. . . you’ve got to provide them with transport [to go to the social welfare office].

And yet, in spite of lack of training, support and rewards for the multiple demands they are confronted with, the teachers *do* perform their care work. One township school teacher explained her sustained interest in care work in the midst of little or no support:

. . . it is my personal interest. It has been my personal interest since I started teaching to attend to learners who have a long history [of problems] because these have got an impact on their performance.

Others indicated that the problems are so severe that they can’t just walk away from them, as the learners in their care do not have anywhere else to go with their problems.

### The gendered nature of care work

As stated earlier, the notion of care in teacher’s work is highly gendered and has been historically considered ‘women’s work’. This presumption has begun to break down as a result of the crisis precipitated by HIV and AIDS, poverty and violence. The demands for care have increased and many teachers now believe this to be integral to their jobs. In this context, men’s involvement in care work is increasing.

Significantly, in these schools, the work of caring does not seem to be confined to women teachers. Male teachers, in our study, do emotional work,

are supportive and approachable, as graphically expressed by a male teacher at one of the township schools. The teacher informed us of the psychological impact that poverty was having on learners and referred to an example of a grade 12 learner who he found crying because “she doesn’t have uniform and school books because her aunties chased her away and then she’s living with a friend”. The teacher intervened and contacted social workers to assist the child but the teacher was still concerned that many of the learner’s problems had not been solved because of the lack of systematic support in the school and the community. Highlighting the need for the ability of teachers to ‘sign-read’ and identify children with problems, particularly in the context of poverty and HIV and AIDS and the stigma attached to these, he lamented:

But in my mind I have to do something about this child. I’ll have to get a shirt for her. . . some problems, you are you just identify children, because they don’t come up themselves and tell you even if they do have problems. So in most cases we are the people who see that there is a problem here. But it does happen that when you are presenting your lesson it is really about abuse, then they tend to have that confidence in you and they come and they confide in you their problems, the problems that they are experiencing in their homes. Like those things, a case where the uncle was somehow abusing her, and eh she just told me what everything that happened. And I could talk to her and tell her what to do. . .

This goes against the general stereotypical construction of male teachers in township schools (as violent and authoritarian) (Human Rights Watch, 2001). The extent to which this is widespread across all schools is yet to be investigated. However, its significance for gender equity in teacher work, particularly care work, cannot be ignored.

Sometimes LO teachers find themselves engaging learners with HIV positive status (often those who feel safe to break the silence) and the associated emotional and psychological depression of learners. At one of the township schools, a grade 11 learner confessed to a male teacher in our study that he was HIV positive. His depression tended to incapacitate him and impaired his ability to work as “he was just thinking that he was going to die.” The teacher had to work hard emotionally with the boy and she had to bring him to an “understanding that he doesn’t need to prepare for his coffin”. There are severe psychological health impacts for learners who are HIV positive, ill with disease, suffering from the impact of AIDS related family deaths. In the context of poverty, learners have access to few support structures. LO teachers care in these schools sometimes extends to assisting with funeral costs. One of the township school teachers illustrated the helplessness that learners face when they are confronted with HIV/AIDS – “he’s crying, he’s desperate, thinks the whole world is falling, and you’ve got to be there”. According to

her, AIDS strikes the poor. It really matters who you are and where you are located both as a learner and a teacher:

Sometimes you have got to go out your way giving the child the finance now to be able to go to those social workers they are not here. They are about maybe 8 kilometers away from the school. You've got to provide them with transport. When they have reported they have no food to eat, the mother is maybe an alcoholic, is a single mother, is an alcoholic, swears whatever, you've got to see to it that that child comes to school with at least bread (Group Interview, August, 2005).

HIV has run along the fault lines of socio-economic structures. Unsurprisingly, the challenge facing teachers at the elite school is different. Counselling services were available to learners and took on a 'client-centred approach'. At least one hour per day was set for individual counselling. In addition, the school was able to use its resources to get Lifeline to train ten teachers in counselling. Whereas other school contexts demanded considered forms of action and care, the form of care taken at the elite school took a different path. This did not mean that care was absent. Everyone in different ways, and to different degrees, needs care at some point in their lives (Sevenhuijsen, 1998) and at the elite school the problems revolved around issues with authority (parents and teachers), teenage sex and the occasional teenage pregnancy, drugs, alcohol abuse and career choices. However, the impact of HIV infections and AIDS deaths as experienced in the other schools is effectively hidden from the elite school and its teachers.

To illustrate, the counsellor at the school informed us that she was in charge of first aid. The major call for medical assistance ironically comes during weekly inter-school sport competitions (particularly rugby). This means that the counsellor is at school "every Saturday. . . from 7.30 until 5.00. And I sit out there on the stands and I watch them play and they see me". She was available to learners and sought them out by making friendly gestures during Saturday sport sessions:

"So, how are you Peter" or whatever? "I'm okay." "You seem a little worried about something?" "Ja, there is something I'm worried about." So if you make that initial contact there, and we don't get very far. But when he's in trouble he'll remember that that day you showed an interest and you made conversation. And that encourages them. Or sometimes even if it's a crisis, they will say "Ma'am can I talk to you" and right there they will pull you aside.

Care certainly structures relations between teachers and learners at the school but the form it takes differs. Care had a time and place. It was more structured,

set times were established and there was little evidence that pastoral and counselling work infringed on workload capacity and on learning.

What was most striking about the pastoral work at this elite, ex-Model C school was the silence around HIV/AIDS. This allows the school community to imagine that it might remain untouched by the disease. But this is a problematic position to take. The complexity of HIV/AIDS demands that pastoral work focus on the care of the self. This work can help young people to understand their own vulnerabilities and shape their gender identities. In turn this may allow them to better comprehend the sources of pleasure and danger in their lives

Another important aspect of care work involved material care. So often in the literature in South Africa, teachers in township schools have been constructed as producing toxic environments, enforcing authoritarian schooling regimes and persistently using corporal punishment (Deacon, Morrell and Prinsloo, 1999). In contrast, the AIDS pandemic has created environments that are quite generative (even in contradictory ways) where teachers foreground an ethic of care. To illustrate, at the two township schools teachers confront issues of hunger daily. They give learners, 'bread, peanut butter and food'. HIV is worsening and deepening the poverty experienced by the poorest learners. LO teachers, recognise poverty and its harmful effects and try to help learners with 'uniform', 'old clothings' and try to raise funds for learners' most basic needs. Care for the well-being of learners at the schools which minister primarily to African, working class learners (the two township schools and the HoD school) was based on the knowledge of and effects of food insecurity, fragile family structures related to HIV deaths, unemployment and poverty. This meant that teacher care extended to making provision for basic necessities like food, 'the growing, cabbages, spinach and tomatoes', as indicated by a teacher at one of the township schools.

## Conclusion

In this article, we have demonstrated how teachers in four different secondary schools respond to the crisis of care precipitated by HIV and AIDS. To illustrate, schools that serve most disadvantaged communities (schools with a majority of African, working class learners) are confronting massive social issues, and this in turn impacts on the nature of care provided. In these schools, LO teachers have to put much of their energy into providing care for

learners. The care takes many forms, but often it is very basic – the provision of clothes, food and services. In this sense, teachers are taking responsibility for support generally provided by the family and the state’s social welfare institutions. Unfortunately, teachers’ labours of care by and large go unnoticed and unrecognised as the work of care carries no weight in processes of promotion and reward. In addition, the state provides neither adequate staff to deal with the challenge of care, nor the training necessary to support teachers who find themselves in the frontlines. One of our key points is that much more recognition must be given to teachers for providing care to young people ravaged by the impact of HIV and AIDS. In addition, our research highlights the need for professional counsellors to be employed in each school. While this in itself might not alleviate the problem, it might be useful for teachers more generally to undergo training and counselling workshops so that learners receive adequate and professional care.

In contrast, in the elite school the availability of resources both in the school and to parents presents a very different (and less demanding) set of challenges to teachers. In this school, care is provided in an individualised way and learners have the opportunity to seek personal attention from trained learners. But there is a false sense of safety and distance from the pandemic which contributes to stigma (Silin, 1995), particularly considering the fact that a significant number of learners (admittedly a small percentage of the total school population) comes from working class backgrounds (surrounding townships and informal settlements) where HIV infections are known to be high.

One of the significant findings in our study indicates that the overwhelming demands for care in the under resourced schools are having the effect of breaking down the gendered division in pastoral work. In all four schools, male teachers are responding to the needs of learners and in this way are reshaping their own masculinity and, more broadly, contributing to more equitable gender relations in the school. Planning for professional development and support programmes in schools and the education system needs to take this into consideration. As such, strategies that support and encourage all teachers, but particularly male teachers, in their everyday care work in schools need to be developed and implemented.



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