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**HIV AND AIDS VULNERABILITIES AND SUPPORT MECHANISMS TO
STUDENTS. A QUALITATIVE STUDY OF TECHNICAL VOCATIONAL
EDUCATION AND TRAINING COLLEGES AT NELSON MANDELA BAY
METROPOLITAN DISTRICT: A CASE OF TWO TVET COLLEGES**



**A THESIS IN FULFILMENT OF THE REQUIREMENTS OF THE
DEGREE OF DOCTOR OF PHILOSOPHY IN EDUCATION**

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UNIVERSITY OF FORT HARE

BY

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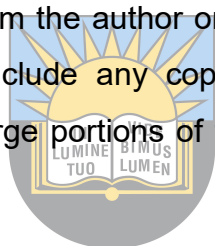
STATEMENT OF ORIGINAL WORK

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Sindiswa RUBY TAME-GWAXULA
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29 AUGUST 2024

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I sincerely appreciate the health facility and two TVET colleges in the Nelson Mandela Bay Metropolitan District for trusting me enough to let me collect data from their sites. I also acknowledge all the participants for willingly sharing rich data, which ensured that my study was successful. Thank you ever so much. I would also like to thank the Govan Mbeki Research and Development Centre for the financial assistance.

Lastly, I render honour and grace to God Almighty for the good health, strength, and wisdom He gave me throughout this period.

DEDICATION

To my late mother, Nikiwe Tame, Tshawekazi, Mdange, ka Tshiwo, your presence in my life and your prayers for my success can never be forgotten. Thank you. To my three girls, Hlombe, Hlomla and Zintle, this one is for you: the sky is the limit. If I pulled this through, you could also do it. Watch and learn.

The logo of the University of Fort Hare, featuring a shield with a sunburst at the top, a book in the center, and the motto 'IN LUMINE VERITAS' on either side.

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ABSTRACT

Given the high prevalence of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) among students in tertiary Institutions, the study sought to investigate the availability and nature of HIV and AIDS support mechanisms in TEVT Colleges. The scope of the study was focused mainly on two TVET Colleges located in the Municipality Nelson Mandela Bay Metropolitan District (NMBMD). Thus, the study's objectives included exploring how the unavailability of HIV and AIDS support mechanisms in Technical Vocational Education and Training (TVET) colleges leaves students vulnerable. In this phenomenological study, the researcher employed a qualitative approach, using focus group discussions and Face-to-face individual interviews to collect data. This study used Fineman's theoretical framework as its theoretical foundation. The focus group discussion comprised eight students and the researcher conducted eight semistructured individual interviews with two Campus Managers, four TVET lecturers, two from the National Certificate Vocational (NCV) program and two from the National Accredited Technical Education Diploma (NATED), separately, one DHET representative and one from ECDoH. The data collection process started in March 2022 and will continue until May 2022. Data analysis was conducted from May 2022 until August 2022. The study's findings revealed that students in the two TVET colleges are either affected or infected by HIV and AIDS. This exacerbates the vulnerabilities that the students are already exposed to, such as financial, poverty, mental health issues, and risky sexual behaviours, amongst others. However, there were no HIV and AIDS support mechanisms available to them. The study recommended that TVET colleges strengthen their Student Support Services (SSS) to ensure HIV and AIDS support to all students. TVET Colleges' HIV and AIDS programs must go beyond campus boundaries and into the surrounding communities. TVET Colleges have a massive role to play in developing communities by creating rapport with community leaders, local health institutions and other relevant stakeholders.

Keywords: *HIV and AIDS, Support mechanisms, TVET colleges, students, adolescents, vulnerability*

LIST OF ABBREVIATIONS AND ACRONYMS

TVET	Technical Vocational Education and Training
AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
DHET	Department of Higher Education and Training
DoE	Department of Education
DoH	Department of Health
ECDoH	Eastern Cape Department of Health
TB	Tuberculosis
SRH	Sexual and Reproductive Health
ALHIV	Adolescents living with HIV
FCG	Foster Care Grant
NCV	National Certificate Vocational
NATED	National Accredited Technical Education Diploma



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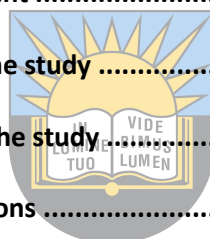
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CHAPTER ONE

INTRODUCTION AND RATIONALE OF THE STUDY

1.1 Introduction

The Human Immunodeficiency Syndrome (HIV) and Acquired Immune Deficiency Syndrome (AIDS) affect everyone in and around the globe, (Duplo, Dupas, Ginn, Barasa, Baraza, Pouliquen and Sharma, 2019). In 2022, 39 million people were living with HIV globally, with 1.3 million new HIV infections, 29,8 million People Living with HIV (PLHIV) had access to Antiretroviral Therapy (ART) and AIDS-related deaths of 630 000, and from the 39 million PLHIV worldwide, Eastern and Southern Africa account for 20.8, with 250 000 AIDS-related deaths, (UNAIDS, 2023).

The 95-95-95 Joint United Nations Programme on HIV/AIDS targeted to diagnose 95% of all people who live with HIV (PLWH), put on ART 95% of all PLWH and suppress viral load of 95% of all PLWH (Heath, Levi and Hill, 2021). The 95-95-95 targets were also aimed at preventing Mother to Child Transmissions, HIV-related deaths, and new HIV infections, however, in 2018, 1.7 million people acquired HIV (WHO 2019) and between 1 million to 2 million new HIV infections in 2020 (UNAIDS, 2021). Although there is an evident decrease in the AIDS-related mortality rate and new HIV infections, there is still an increase in the number of people who are aware of their HIV status and in the number of people who have access to ART in 2018 and 2022, the 95-95-95 targets of HIV and AIDS have not been met.

In Sub-Saharan Africa among people living with HIV, were adolescents, with the highest number of new HIV infections, with 2100 000 in 2016 (Armstrong, Nagata, Vicary, Irvive, Cluver, Sohn, Ferguson, Caswell, Njenga, Oliveras, Ross, Puthanakit, Baggaley and Pennazato, 2018). In 2022, globally, 20.8 PLHIV were affected by HIV and AIDS and the youths between the ages of 0 to 14 years accounting for 58 000 and 15 years and older accounting for 440 000

and 35 200 of the latter group, and 37 120 have access to ART, (WHO, 2023). The youth referred to above fall within the 4 stages of adolescence, with early adolescence ranging from 0 to 14 years; adolescence within the age range of 15 to 19 years; early adulthood, ranging from 20 to 24 years and emerging adult with an age range of 25 to 29 years transitioning to adulthood and from 25 to 29 (U.S Agency for International Development (USAID), 2022). UNAIDS (2021) also, refers to this age group of 15 to 24 years as youth but adolescents are also included in this range as they are defined as those falling between ages 10 to 19. On the other hand, Robards and Bennett (2013), highlight three stages of adolescents, namely: early adolescents (10-14 years) middle adolescents (15-17 years), and late adolescents, (18-24 years).

Therefore, for this study, adolescents refer to any TVET college student from the age of 15 to the age of 24 (Mbelle Mabaso, Setswe and Sifunda, 2018). The epidemic has taken its toll globally and no part of the world is immune to HIV/AIDS (Eisinger and Fauci, 2018). It is therefore imperative that the students in the TVET colleges be supported to address vulnerabilities associated with HIV and AIDS.



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In the African region, in 2018, an estimated 770 000 people died of AIDS-related illnesses and adolescents accounted for 33 000 deaths (van Wyk, Kriel and Mukumbang, 2020) and 2.3 million in 2013 lost their parents to the HIV epidemic (Taukeni and Ferreira, 2016). Considering the social impact of HIV and AIDS on adolescents, Otto (2016) highlights nutrition, socioeconomic, taking care of siblings and ill parents, psychosocial, abandonment, stigma, and discrimination as some of the vulnerabilities experienced by adolescents due to HIV and AIDS. The vulnerabilities influence the smooth running of TVET colleges and, henceforth, the student's academic performance. In this view, HIV and AIDS do not only rob adolescents of their parents who are providers but affect financial stability at home, forcing them to fend for themselves and their siblings, with no source of income, distraught, and with feelings of insecurity and homelessness (Kimera Vindevogel, Reynaert, Justice, Rubaihayo, De Maeyer, Engelen, Musanje and Bilsen, 2020). Consequent to the socioeconomic and structural

factors in the community, the adolescents are sexually active, which makes them more prone to HIV and AIDS, and susceptibility to HIV is high since they do not want to use the protections (Otto, 2016). High HIV transmissions negatively affect both the HIV-affected and infected adolescents' access to education. Adolescents who lack education are unemployable, and they live in poverty. Poverty results in them getting involved in risky sexual behaviours, (Makiwane, Gumede and Malobela, 2018).

In Sub-Saharan Africa (SSA), 85% of the 2.1 million people living with HIV accounted for adolescents, (Dahourou, Raynaud and Leroy, 2018) and (Zgambo, Kalembo and Mbakaya, 2018), making the SSA the most affected region by HIV and AIDS compared to other parts of the world and the epicentre of the pandemic. Furthermore, 800,000 new HIV infections yearly are accounted for by the youth, and 79% of those are from SSA. Adolescents account for 41% of all these new HIV infections (Donna, Hoopes and Venkatraman. 2015) and this can be attributed to the absent parental guidance, newly-assumed parental role and risky sexual behaviours. Due to their poor financial status, adolescents are in no position to negotiate safe sex and this makes them more vulnerable to HIV and AIDS infections. Not only are adolescents infected by the virus, but they are also affected. Approximately 800,000 people in the region die of AIDS-related illnesses, increasing orphanhood among adolescents (Raymond and Zolnikov, 2018). The death of a parent or both parents leave the adolescents behind to care for themselves and their siblings. The burden of caring for siblings, bearing HIV and AIDS-related stigma and maintaining financial support initially offered by an ill or dead parent overwhelms the adolescent. As a result, they suffer emotionally and mentally.

After apartheid With the creation of the Department of Higher Education and Training (DHET) and the opening of Technical and Vocational Education and Training (TVET) institutes, South Africa's political environment and educational system underwent significant transformation after 1994. The Department of Higher Education and Training (2013) states in the White Paper for Post-School

Education and Training that DHET aims to create a large, vibrant sector that will address the issues surrounding youth employment by developing entrepreneurs, strengthening TVET institutions, and providing training.

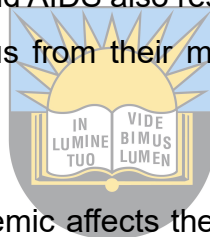
In South Africa, the number of students enrolled in Technical and Vocational Education and Training institutes is expected to rise from 650,000 in 2013 to 2.5 million by 2030 (HEAIDS, 2013 cited in HEAIDS, 2015). It is estimated that in South Africa, adolescents account for 41% of all new infections annually, and their ill health and death constitute a large proportion of the global burden (Chandra-Mouli, Svanemyr, Amin, Fogstad, Say, Girard and Temmerman, 2015).

According to Crewe (2012), college students live in an environment that may be both thrilling and challenging at times, particularly in residence halls where they may engage in risky behaviours including drug and alcohol abuse and sex. Such actions promote the spread of AIDS by increasing pupils' susceptibility to HIV infection. According to the survey results (UNAIDS; AfroAIDSinfo, 2018.) on young people and their sexual risk behaviours, 67% of the young people who were sexually active during the interview claimed having been forced to have sex; 2% of the males and 10% of the females reported this experience. This shows that young people are occasionally put in situations where they must engage in dangerous sexual behaviour against their will, making them susceptible to HIV infections. In this regard, HIV and AIDS affect students' academic performance adversely, with frequent absenteeism from class, high dropout rates, and high failure rates, affecting TVET colleges. Without any educational qualifications, adolescent students in TVET colleges become dependent both on society and the government.

Consequent to the death of a parent or a provider students in TVET colleges experience such as educational, financial, social, and psychosocial vulnerabilities (Zuo., Wang, Liu, Hu, Zhao, Huang, 2019). In addition, other HIV and AIDS variants with a negative impact on the education of the students in TVET colleges include fear, being devalued, injustice and feelings of loneliness,

(Kimera, et.al., 2020). As the most affected age group by HIV and AIDS, students in TVET colleges, require HIV and AIDS support that will assist them when a parent or guardian is ill or passes on due to HIV/AIDS-related illnesses, (MacCarthy, Saya, Samba, Birungi, Okoboi and Linnemayr, 2018).

As an attempt to fill in the role of an absent provider and to fill in the financial gap, students in TVET college affected by HIV and AIDS engage in transactional sex, unprotected sex, having multiple sex partners and dating older men and/women so that their financial needs can be provided for, consequently, this risky sexual behaviour causes an increase in the risks of contracting Sexually Transmitted Illnesses (STIs) and HIV infections, (MurudiManganye, Mashau and Ramathuba, 2020). The adverse outcomes of these risky sexual behaviours result in the spread of HIV and AIDS (Gleeson et al., 2018). The impact of HIV and AIDS also results in additional responsibilities for students, shifting their focus from their more attention to their ill parents and/or siblings. studies.



It is thus evident that the epidemic affects the supply, demand, and quality of education in institutions of higher learning, such as universities and TVET colleges (Burkholder, 2019). However, the HIV and AIDS response and support of Technical Vocational Education and Training (TVET) college students have been regarded by the HIV/AIDS Programme of Higher Education South Africa (HEAIDS) as inadequate and therefore requires intervention, (Setswe, Mbelle, Mthembu, Mabaso, Sifunda and Maduna, 2017). Offering HIV and AIDS support to TVET college students is crucial to ensuring education acquisition and curbing the impact the virus has on students in Tertiary Institutions. Consequently, adolescence is the most perilous stage, which requires critical HIV and AIDS intervention and support. On the contrary in reality the students in TVET colleges have lesser access to Antiretroviral treatment (ART), resulting in poor treatment adherence and a high need for sexual reproductive health services and psychosocial support (Armstrong, et al., 2018). Gleeson, Rodriguez, Hatane and Hart, (2018) mention that this age group, compared to

adults, are less likely to test for HIV, receive a diagnosis, and start with treatment.

A study conducted in two TVET colleges in Gauteng and Northern provinces in South Africa, addressing risky sexual behaviour amongst students, indicated that students are characterised by a high percentage of sexual activity and risky sexual behaviour such as having multiple concurrent sexual partners, inconsistency in using protection, not testing and not knowing their partner's status (Madiba & Mokgatle, 2016). This risky sexual behaviour among students puts them at risk of contracting sexually transmitted illnesses, including HIV and Aids. The risky sexual behaviour also adversely affects their future education endeavours (Haruna., Hu., Chu., Mellecker and Ndekao, 2018). In light of the above, Setswe, Mabaso, Sifunda, Mbelle, Maduna and Mthembu (2012) surveyed levels of knowledge, attitude and behaviour (KAB) and risk factors when it comes to HIV/AIDS in TVET colleges.



They discovered that 83% of students were single; however, more than 60% of those were in sexual relationships. Based on their survey, half the male students felt condom use was unnatural, and a third of females shared the same sentiment. The attitude toward protection used by students makes them prone to Sexually Transmitted Infections (STIs), including HIV and AIDS. This occurs when the health and wellness of TVET Colleges' students have been and are still being neglected (DHET, 2015). What can be concluded from the study is that knowledge of HIV and AIDS-related matters alone cannot ensure a change in the attitude and sexual behaviour of students.

In the same study conducted, the students knew about condom use; however, they did not use condoms at their disposal because they felt "unnatural". Additionally, with their knowledge of how HIV and AIDS spread, they continued to have multiple sex partners. HIV and AIDS interventions require more than just spreading knowledge and distributing condoms. Hence, more HIV and AIDS mechanisms should look into why students continue with risky sexual behaviours with all their knowledge.

Government response to HIV and AIDS in South Africa is said to have been slow. (Wood and Goba, 2011). Between 2000 and 2005, the National HIV and AIDS strategic plan was initiated in South Africa, Eastern Cape. This led to HIV and Aids intervention strategies such as 'Peer education' and 'No apologies', which promoted HIV and AIDS prevention. High school learners were trained and given information about HIV and AIDS and expected to share all they knew with other students. These two programmes allow students to have a better understanding and speak freely about HIV and AIDS with their peers.

In addition, a Health Advisory Committee (HAC) set up policies to safeguard welfare at the school level, treatment and care support and lay counselling and these managed to equip the trained teachers with the knowledge and changed attitude on how to listen to affected colleagues and learners and be approachable (Wood & Goba, 2011). The HAC was also a good move as it equipped teachers with knowledge on issues of HIV and AIDS and offered guidance on how to contribute to supporting the affected students. The affected students' welfare was provided at the school level, and support through counselling was offered. Although the HAC was a good initiative, it did not offer the sufficient support required by the students. HIV-affected students need more than just knowledge and lay counselling; they need support that will improve their livelihoods and ensure that all their vulnerabilities are addressed (Makibinyane & Khumalo, 2021).

Therefore, a study on HIV and AIDS support mechanisms in two selected TVET colleges at the Nelson Mandela Bay Municipal District (NMBMD) in the Eastern Cape Province of South Africa should be conducted. There are three TVET colleges in the NMBMD. Students in the two selected TVET Colleges are those who leave high schools due to their inferior performance and those with grade 9 certification. Others have passed matric with Higher Certificate and Diploma pass and are not accepted at the universities. Hence, the two programmes, National Certificate Vocational (NCV) for those who did not finish or pass matric

and National Accredited Technical Education Diploma (NATED) for those who have finished high school, are offered in TVET colleges.

The two programmes, NCV and NATED, place TVET colleges at the centre of ensuring that adolescents access education, acquire some skills, address the skills shortage, and thus increase the employability rate. The main purpose of TVET Colleges is to address and eradicate poverty and its causes, create employability, increase economic independence, and improve quality of life. Furthermore, the TVET College's responsibility is to ensure the quality of life among students affected by HIV and AIDS and their impact on families.


As shown above, HIV and AIDS threaten adolescents in several ways, making them vulnerable psychosocially, financially, emotionally, physically, and educationally (Laurenzi, Skeen, Gordon, Akin-Olugbade, Abrahams, Bradshaw, Brand, du Toit, Melendez-Torres, Tomlinson, Servili, Dua and Ross, 2020). Therefore, adolescents affected by HIV and AIDS need HIV and AIDS support mechanisms they can draw on to address the vulnerabilities they are experiencing so they can become better citizens, be treated with the dignity they deserve, reduce the spread of HIV and AIDS, pay attention to their education and be self-sufficient. Such support mechanisms include HIV testing, access to ART, financial support, psycho-social support, academic support and social protection support.

Referring to the HIV and AIDS support required by students in TVET colleges, Armstrong et al. (2018) highlight a need for improvement of strategies in accessing and uptake of HIV testing services; treatment adherence monitoring services; treatment linkage of newly HIV diagnosed adolescents to treatment services; and lastly, psychosocial support, mental support, sexual reproductive health services and retention in care in adolescents living with and affected by HIV and AIDS. Finally, to reduce risky sexual behaviour, and economic and social vulnerabilities among adolescents, social protection systems (Gleeson et al., 2018), alleviating hunger, promoting treatment adherence, ensure access to various services required by HIV-affected adolescents need to be

strengthened (Skeen, Sherr, Croome, Gandhi, Roberts, Macedo, and Tomlinson, 2017).

Gleeson et al. (2018) further assert a connection between the spread of HIV and AIDS and attaining education. The lower the education attainment levels, the higher be HIV prevalence among adolescents. It then becomes the role of the education system to address all hindrances preventing adolescents from acquiring education. Thus, the education system, schools and colleges are the only places where interventions can be implemented through policies to guide schools. Consequently, the interventions will be tailor-made for the needs of each adolescent (Chhim et al., 2018).

Based on the above discussions, adolescent students in the TVET colleges are vulnerable due to HIV and AIDS. The HIV and AIDS vulnerabilities adversely affect the students in TVET colleges. If not supported, they drop out of college, exposing them to financial, risky sexual behaviours, HIV infections and poverty vulnerabilities. The section below highlights the HIV and AIDS studies conducted internationally and in South Africa.



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In another study conducted in the Eastern Cape, at Nelson Mandela Bay, Adams and Crowley (2021) affirm how HIV and AIDS-related stigma and discrimination against affected adolescents prevent those affected from attending classes, talking about HIV and AIDS or seeking help from health care facilities. Adams and Crowley (2021) state that health facilities are not adolescent-friendly. Adolescents must stand in long queues and wait long before getting assistance. In addition, the health centres do not offer dedicated adolescent services (Adams & Crowley, 2021). Against this background, Adams and Crowley (2021) embarked on a study to help the affected adolescents self-manage their illnesses and their decisions concerning opening up about their HIV statuses and adhering to treatment. The two scholars concluded that talking openly about one's HIV status and adherence to therapy could improve if HIV-affected adolescents are taught skills such as handling stigma and discrimination, healthy decision-making skills, and self-monitoring their illness

(Adams & Crawley, 2021). Hence, it is essential to develop a collaborative intervention to fight against HIV and AIDS in South Africa.

Based on the discussion above, it is evident that HIV and AIDS have left many young people orphaned, with psychosocial vulnerabilities, poverty, financial vulnerabilities, dropping out of school, vulnerable to risky sexual behaviours, stigma and discrimination. The studies discussed above on government HIV and AIDS interventions are commendable, however, none of them were able to offer HIV and AIDS support mechanisms strictly designed for students infected and affected by Hiv/Aids in the TVET colleges, In the NMBMD there are no HIV and AIDS support mechanisms studies focusing on students in TVET colleges. Therefore, the intention of the researcher to conduct a study on HIV and AIDS support mechanisms available to students in TVET colleges is strengthened.



1.2 Positionality of the Researcher

The researcher is a level two English NCV lecturer in one of the three TVET colleges in the NMBMD. He/she also serves in the Student Support Service (SSS) committee as a Supplementary Instructor (SI) coordinator, an academic support for students. Some of the students he/she meets up with also require psychosocial and financial support. Others will share how they are stressed because of the situation at home, how they have lost a family to AIDS-related illnesses, and some do not have transport or lunch money. One female student who was frequently absent from college opened up and disclosed that she is HIV positive. She continued that sometimes she would not come to college or would come late and leave early because she had to go to the clinic for her treatment and/or the baby's treatment.

The researcher will take up the different situations the students share with him/her with the HEAIDS (currently known as Higher Health-HH) representative, who visits the college once every term. Even then, there were no clear communication lines between the staff and the students regarding

when HH would be on site and when they would leave. HEAIDS came to offer First Things First (FTF) services to students and staff members. One of the programmes offered by HEAIDS, under the banner of SSS, is FTF, which is aimed at mitigating the spread of HIV and AIDS, encouraging students to know their HIV and AIDS status through testing for HIV, pre-counselling, Tuberculosis screening and other communicable illnesses, only a few students went for those services. The reasons for that are students are not made aware of HH visits, and HH representatives are only on campus for two days, twice a year. Even those who go for testing and screening do not get their results immediately, and no one makes sure that those who test positive for HIV adhere to the ART and that both the infected and the affected have food, financial security, receive counselling and are protected from stigma and discrimination. It also came to the researcher's attention that interns on both campuses occupy the office of SSS.



Implications are that if the student manages to visit the SSS office for support, forms a rapport with the intern, and opens up about personal issues when the term of the intern comes to an end, that is the end of that student's story. The student must build courage, learn to trust someone new and open up the old wounds of what has already been shared with another person. Consequent to the above, the researcher's decision to conduct the study on HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD was strengthened.

1.3 Problem Statement

TVET institutions enrol many young people from low-income backgrounds—at most 75% of young people between the ages of 16 and 24. As TVET colleges are relatively new, they were established after 2010 compared to more established institutions of higher learning like universities. As such, little research has been done on them, even though they enrol a cohort of students who, like most South Africans, are economically and educationally disadvantaged (Mokgatle & Madiba, 2017).

According to the (HSRC 2014) population-based survey, there were roughly 469,000 new HIV infections in 2012, or 1,500 new infections every day on average. Of these, 192,000 or one-third belonged to young individuals in the 15–24 age range. 90% of newly diagnosed cases were in females. Most TVET college students are in the age range with the highest risk of new infections (15–24 years old).

According to the HEAIDS 2010b study on HIV prevalence and knowledge, attitudes, beliefs, and practices (KABP), students over the age of 25 had a prevalence rate that was around three times greater than that of younger students. With a prevalence of 4.7%, double that of their male colleagues, female students were disproportionately affected (HEAIDS, 2010b). The study found that there are significant regional differences in HIV prevalence among HEIs. Students in the Eastern Cape had the highest prevalence (6.4%), while those in the Western Cape had the lowest (1.1%).

The way that HEIs in South Africa incorporate HIV/AIDS into their curricula is not well documented. Most HIV programs in higher education are not curriculum, but rather extracurricular. Regarding how it is taught, not much is known. Previous surveys' information about HIV/AIDS education is based on opinions held by academics. Consequently, the goal of the current study is to offer a thorough examination of HIV/AIDS mechanisms in TVET Colleges. (Murwira, et al 2020).

TVET Colleges enrol who come from various students backgrounds, customs, and levels of understanding regarding HIV and AIDS come together. As a result, they experience the freedom to experiment with drugs, alcohol, and sex when they enter a new environment. Consequently, these factors increase the risk of students being infected.

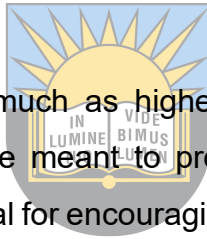
It is maintained that TVET Colleges have an intellectual and moral obligation to educate students who are capable of coping with HIV and AIDS both personally and professionally and who can come up with innovative ways to end this epidemic. Since there is no known cure for HIV/AIDS, adopting safe preventive

HIV and Aids mechanisms is one of the many avenues that students in TVET Colleges can adopt to avoid reducing the spread of the disease.

The students in the two TVET colleges do not have any HIV and AIDS support mechanisms they can draw on. Considering what has been discussed here, the researcher's intention to conduct a study on HIV/AIDS Support Mechanisms available to students in TVET colleges in the NMBMD is strengthened.

1.4 Significance of the study

The problem of HIV and AIDS is not limited to biological or physical aspects it results in socio-economic challenges that reverse the development gains of a country. If not addressed, it will lead to crippling socio-economic effects affecting one of the important drivers of research and development, which are tertiary institutions like TVET Colleges.



What is known is that in as much as higher tertiary institutions like TVET colleges are structures that are meant to produce future leaders, they also become institutions that are ideal for encouraging sexual networking and mixing amongst students. Against this background, Hiv and Aids support mechanisms have been rolled out at a snail's pace in these institutions. Currently, it has been noted that TVET colleges are lagging in the formation of holistic institutional approaches which are aimed at promoting HIV and aiding preventive support mechanisms.

The study will also provide guidelines to TVET college managers on HIV and AIDS support mechanisms that can be followed to offer support to the students infected and affected by HIV and AIDS. Therefore, the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD will provide essential information that may contribute to HIV and AIDS policy development and implementation for effective intervention.

1.5 The purpose of the study

The purpose of the study is to explore the HIV and AIDS support mechanisms available to students in TVET colleges in the Nelson Mandela Bay Metropolitan District.

1.6 Research Questions

1.6.1 Main Research Question

The study addressed the following main research question:
How can Technical Vocational Education and Training (TVET) college students in the Nelson Mandela Bay Metropolitan District benefit from HIV and AIDS support mechanisms?

1.6.2 Sub-Research Questions

- How do HIV and AIDS vulnerabilities affect students in TVET colleges?
- What HIV and AIDS support mechanisms do students in TVET colleges require?
- What HIV and AIDS support mechanisms are available to students in TVET colleges in the Nelson Mandela Bay Metropolitan District?
- What HIV and AIDS support mechanisms can be suggested to TVET college students?
- Why do TVET colleges have to offer HIV/AIDS support to their students?

1.7 Research Objectives

The study sought to fulfil the following objectives:

- explain how HIV and AIDS vulnerabilities affect the students in TVET colleges.
- identify the HIV and AIDS support mechanisms required by students vulnerable to HIV and AIDS in TVET colleges.
- explore HIV and AIDS support mechanisms available to students in TVET colleges in Nelson Mandela Bay Metropolitan District.

- find out what HIV and AIDS support mechanisms could be suggested to TVET college students.
- identify reasons why TVET colleges must offer HIV/AIDS support to their students.

1.8 Definition of terms

Below are the definitions of the terms as used in the study:

Adolescent: 4 stages of adolescence, with early adolescence ranging from 0 to 14 years; adolescence within the age range of 15 to 19 years; early adulthood ranging from 20 to 24 years; and emerging adult with an age range of 25 to 29 years transitioning to adulthood and from 25 to 29 (USAID, 2022 and Sawyer, 2018).

Mechanisms: process, systems and/or methods for this study. This refers to the systems in place and methods TVET colleges have and use to support TVET students made vulnerable to HIV and AIDS (Livingstone, 2008).

Prevalence refers to the proportion of individuals from a population or several people living with HIV at a certain period (UNAIDS, 2015).

Student: A person between the ages of 15 and 29 enrolled and studying at a TVET college (Livingstone, 2008).

Support: means to offer emotional or practical help (Cambridge University Press, 2021).

Vulnerable means unequal opportunities/social exclusion in employment, cultural, political, and economic factors that make a person more susceptible to HIV infection and developing AIDS, and even factors that minimise the ability of the affected to avoid risks related to HIV (UNAIDS, 2015).

Human immunodeficiency virus is a retrovirus that infects human immune system cells (UNAIDS, 2015).

Acquired Immuno Deficiency is a collection of all symptoms and infections associated with the acquired virus (UNAIDS, 2015).

1.9 Outline of the study

1.9.1 Chapter one: Introduction and Rationale of the study

In this chapter, the introduction and the rationale for the study were discussed, paying attention to the number of adolescents infected and affected by HIV and the HIV and AIDS vulnerabilities they experience. HIV and AIDS studies were looked at, and a gap was identified.

1.9.2 Chapter two: Literature review and theoretical framework

Chapter two explored the literature on the HIV and AIDS vulnerabilities experienced by adolescents in TVET colleges, the impact the HIV and AIDS vulnerabilities have on adolescents, and the HIV and AIDS support the affected adolescents require. The researcher also discussed the theoretical framework used to frame the study and why the theoretical framework was chosen.

1.9.3 Chapter Three: Research Methodology

In this chapter, the researcher discussed the research design and research methodology. The researcher further discussed the qualitative approach, the interpretive paradigm, and the research methodology used in the study. The chapter also paid attention to the methods of data production employed in the study: focus group discussions, semi-structured individual interviews, and document analysis. The sampling and the sampling techniques were also looked at, paying attention to non-probability and purposive sampling. Data analysis and ethical considerations were also discussed here.

1.9.4 Chapter Four: Data Presentation and Interpretation

Selected transcripts of students' experiences of HIV and AIDS vulnerabilities, lecturers' and campus Managers', experience in dealing with the vulnerable students, the HIV and AIDS support the students require and that which is available to them were presented here. Also, the data collected from all participants and documents was interpreted, and themes were identified.

1.9.5 Chapter Five: Discussions, summary of findings, recommendations

This chapter examined an overview of the study, a discussion of the themes, conclusions from the findings, guidelines and recommendations for further research.

1.10 Conclusion

This study has presented an introduction and rationale which makes it clear that students who are adolescents in the TVET colleges are vulnerable due to HIV and AIDS and that there are no HIV and AIDS support mechanisms available. The students in the two NMBMD TVET colleges can draw on. The next chapter provides a review of the literature which underpins the study.



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CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

In this chapter, the researcher paid attention to literature relevant to the current study and the theoretical framework underpinning this study, Fineman's theory of vulnerability, focused on various scholarly literature, documents, journals, and books to get different perspectives on the topic under study. The different perspectives are drawn in literature from countries – globally, including SubSaharan Africa, South Africa, and the Eastern Cape. The literature consulted paid attention to concepts such as HIV and AIDS among adolescents, the impact of the epidemic on adolescents, HIV and AIDS vulnerabilities, HIV and AIDS support adolescents require, HIV and AIDS support available to adolescents and the reasons why TVET colleges have to offer HIV and AIDS support to their students.

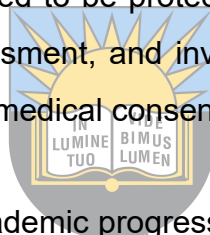
2.2 Literature Review

This section of the study focuses on literature related to the research questions the study seeks to answer. The literature examined the aspects of the study globally, continentally, nationally and provincially.

2.2.1 HIV and AIDS vulnerabilities and students in TVET colleges

According to UNICEF (2016), 13.4 million children and adolescents globally are orphaned due to HIV and AIDS, leaving these orphans with either one or no parent. In South Africa, there are approximately 3.7 million orphans, half of

whom have lost one or both parents (UNICEF, 2016). Mathipa, Ntsana, and Maile (2014) highlight how an illness or the death of a parent leaves adolescents with zero resources, with the responsibility of heading a family, resulting in stress, chronic absenteeism and/or withdrawal from school. Tozan, Cappasso, Shu-Huah Wang, Neilands, Bahar, Damulira and Ssewamala (2019) concur that socioeconomic issues arise because losing a source of income, a parent, and a provider affects the family's finances. With no formal education and skill to survive the struggle to fulfil the roles and responsibilities they are left with, such as putting food on the table, the adolescents experience nutritional challenges and stress. Li, Sherr, Cluver and Bonita (2015) mention how children orphaned by HIV and AIDS are characterised by food and financial insecurities, lack of protection, chronic poverty, and homelessness. Referring to the need for protection, McGovern, Fine, Crisp and Battistini (2017) argue that adolescents orphaned by HIV and AIDS need to be protected from discrimination, stigma, exclusion, verbal abuse, harassment, and involuntary separation from a sick parent, and confidentiality and medical consent should be ensured.



Food insecurity hinders the academic progress of adolescents affected by HIV and AIDS (Asikhia & Mohangi, 2015; Swann, 2018), as they are forced by the situation to engage in risky sexual behaviours to generate income and fend for their siblings. The HIV-affected adolescents start dating older men and/or women who will give them financial security in exchange for sex. Poverty puts them in a powerless position to discuss the use of condoms as protection against Sexually Transmitted Illnesses (STIs) and HIV. In South Africa, HIV and AIDS account for 63% of orphans (Ssewamala et al., 2015). Globally, 60% of adolescents are living with HIV, (Morris & Rushwan, 2015).

The adolescents orphaned by HIV and AIDS continue to face social vulnerabilities such as being teased, bullied, excluded, disrespected, discriminated against and stigmatized (Asikhia & Mohangi, 2015; Mathipa et al., 2014 and Morris and Rushwan, 2015). Despite the programmes by the government of South Africa and the funding for HIV and TB programmes, HIV and AIDS is still taboo because of cultural beliefs and perceptions held by rural

communities. In rural communities, disclosing one's HIV status is still perceived as disgrace and shame. Commenting on the perceptions and beliefs held in rural communities, Nhamo, Campbell and Gregson (2010) mention how community members fail to disclose their HIV status and do not seek support and treatment, instead consulting with traditional healers and Sangomas who tell them a jealous neighbour is bewitching them. This mentality prevents them from seeking medical treatment and support, creating a rise in the spread of HIV and AIDS, death rates, number of orphans, dropouts and poverty levels. In addition to the government's efforts in the fight against HIV and AIDS, millions of rands are invested in programmes supporting children affected by HIV and AIDS.

Financial insecurity and poverty serve as a barrier to accessing care, Antiretroviral Therapy (ART) adherence, HIV testing services (HTS) because the affected adolescents cannot afford transport and medical costs (Swann, 2018 and; Li. et al., 2015). In addition to the vulnerabilities experienced by adolescents, Vreeman, McCoy and Lee (2017) mention that the social vulnerabilities experienced by adolescents affect their mental health. They suffer from anxiety, depression and psychiatric conditions. Consequent to psychiatric disorders experienced by adolescents, Mathipa et al. (2014) concur with Li. et al. (2015) on that psychological trauma experienced by the affected adolescents results in a reduced ability to perform academically at school, being frequently absent and changes in the behaviour of adolescents, resulting in low completion rates of qualifications for TVET students.

The negative impact of vulnerabilities due to HIV and AIDS when not addressed affects the academic progress of adolescents, and the delayed completion rate of qualification registered hinders their economic development and access to health facilities. All of these strengthen the researcher's intent to conduct the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD.

2.2.2 HIV and AIDS support mechanisms in TVET colleges

Concerning the impact of HIV and AIDS vulnerabilities on adolescents, it is necessary to offer HIV and AIDS support to alleviate and address vulnerabilities such as psychosocial, socioeconomic, nutritional, educational, social health and care support.

Consequent to the socio-economic challenges experienced by adolescents vulnerable to HIV and AIDS, there are calls for support programmes such as cash transfers and financing education for all vulnerable students as a safety net (Munyaradzi, 2017; Swann, 2018). Cash transfers in the form of social grants should continue until the adolescent gets a qualification and becomes self-sufficient. To finance vulnerable students' education, programmes such as the National Student Financial Aid Scheme (NSFAS) should be made available to all students, not only the “qualifying” students. This is because some students do not qualify for NSFAS because they do not do well academically; they do not meet the attendance criterion, which is 80%. Their financial needs are the very cause of their failure to meet the requirements.

If NSFAS can consider financing everyone, the attendance of students and academic performance will improve, and the financial vulnerabilities will be addressed. TVET College students should have sufficient money for their fees, accommodation, and transport. NSFAS criterion should not only focus on accommodation, food, and medication but also financial affordability and should be aimed at supporting the needs of those made vulnerable by HIV and AIDS. Addressing the financial needs of the vulnerable will minimise further HIV and AIDS vulnerabilities among adolescents; consequently, healthy sexual behaviours will replace risky sexual behaviours.

Frood, van Royen, and Rick (2018) add that some of the challenges faced by orphaned adolescents and children are accessing Child Social Grants (CSG) and Foster Care Grants (FCG), which take too long to be received by guardians or Foster Care parents in the absence of a biological parent. This challenge

calls for another governmental department's involvement. A partnership with the Department of Home Affairs is necessary to speed up issuing the necessary documents, such as the child's birth certificates and parents' Identity Documents, so the qualifying children can get the financial assistance they need. Therefore, availing such socioeconomic support to adolescents will ease the financial burden they are experiencing, prevent them from engaging in risky sexual behaviours and give them more time to focus on their studies and complete them on time.

The death of a parent and the loss of income leave adolescents defeated and with psychosocial needs, which only a social worker and a psychologist can help the fragile, hurting, lacking trust, disappointed and abandoned adolescent (Frood et al., 2018). Lastly, addressing the health needs or physical needs experienced by adolescents because of HIV and AIDS require healthcare professionals' support. This requires health care professionals' intervention to help ensure that physical needs are taken care of, antiretroviral treatment is adhered to, malnutrition and its causes are alleviated, and illnesses related to HIV and AIDS.



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There is a need for holistic support strategies and a team of social workers, psychologists, and health workers under one roof, without adolescents having to travel from one centre to the other for support (Frood et al., 2018).


2.2.3 HIV and AIDS support mechanisms available in TVET colleges

Several studies on HIV and AIDS have been conducted in the Nelson Mandela Bay Municipality District. None of the studies focus on support mechanisms available to students in TVET colleges.

The first study that was conducted at Nelson Mandela Metropolitan University (NMMU) aimed at strengthening the safety nets for food insecurity among students affected by HIV and AIDS in Higher Education Institutions. A total of 63 HIV-affected students were older than 18 and were part of the Campus Health Service antiretroviral therapy (ART) programme. Of the 63 Students,

60% displayed food insecurity in the household, while 51% were overweight due to insufficient intake of vitamins and minerals responsible for boosting the immune system (Steenkamp et al., 2016). To strengthen nutrition and address food insecurity among its students, the NMMU Wellness programme ensures that all HIV-infected registered students receive ART or vitamins and mineral supplements to boost their immune system (Steenkamp et al., 2016).

The NMMU Wellness Center also offers HIV and AIDS support through monthly visits and consultations with a professional nurse who monitors weight and ensures that any weight loss experienced by the infected students is prevented. In addition, the same students receive food parcels in the form of nonperishable items and enriched porridge for the underweight to avoid losing weight further (Steenkamp et al., 2016). Nutrition counselling is also offered for those who inadequately consume vitamins and minerals, and more emphasis is placed on consuming lentils, seeds, meat, and whole wheat. Adherence to ART treatment is improved because of the food programme, which offered assistance to students between 900 and 2000 in 2016 (Steenkamp et al., 2016). Students who qualify to be on ART are transferred from the Wellness programme to the ART facility outside the university but continue receiving care until graduation (Steenkamp et al., 2016).



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The second study conducted in Nelson Mandela Bay aimed at developing strategies to provide care and support to AIDS orphans was conducted using four primary health-care clinics and twelve satellite clinics. Primary health care nurses, social workers and psychologists visit the centres weekly/monthly to offer support to children and adolescents who are AIDS orphans in the Nelson Mandela Bay townships (Frood et al., 2018). The professionals discovered it was difficult for them as individuals to offer the full support required by AIDS orphans due to the following:

- Healthcare workers reported that orphans who came for ART and TB treatment also needed psychosocial support, which was not their

speciality. For the orphans to get psychosocial support, a social worker must visit them at their homes.

- On the other hand, social workers share a dreadful and hopeless way they found AIDS orphans in their homes. They found limited resources and poor working conditions, and the support they could offer to the orphans was insufficient.
- Psychologists also had circumstantial hindrances when required to support hurt, distraught and abandoned orphans.

All the professionals saw a need to develop holistic care and support strategies where all the professionals' services can be accessed under one centre to save money and time and improve the referral system (Frood et al., 2018).

The third study was in the form of a project conducted by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) Gesellschaft mit beschränkter (GmbH) and the Automotive Industry Development Center, Eastern Cape, in the Nelson Mandela Bay Municipality. The project provided lottery incentives for those who went for HIV and AIDS counselling and Testing (HCT) (Weihs, Meyer-Weitz and Baasner-Weihs, 2017). The project aimed to increase HIV Counseling and Testing (HCT) in the automotive workplace. Employees from four automotive companies were engaged in five months of HIV and AIDS intervention activities such as prevention, treatment, care, education and development of HIV and AIDS policies. During that period, peer education, posters and leaflets were distributed to bring HCT awareness to all employees.

Health tests such as Body Mass Index (BMI), Blood pressure (BP), and blood sugar were offered free to all employees. The outcome was good in that 1,324 employees, 90% of the total staff members, underwent HCT. A similar project, where TVET college students can get incentives for HIV testing, can help increase the number of students who come for testing and that will help the ones who test positive for HIV start with the treatment immediately and motivate the ones who tested negative to HIV to protect themselves from being infected with the virus.

The studies and projects discussed in this section are good in that they address the needs of HIV and AIDS-affected adolescents. However, none was conducted to benefit students in the TVET colleges. Hence, the need to fill the existing gap is strengthened, the researcher needs to conduct a study on HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD.

2.2.4 HIV and AIDS support mechanisms suggested to TVET colleges

Asikhia and Mohangi (2015) cite UNICEF (2009) on the role of educational institutions towards adolescents vulnerable to HIV and AIDS, that they should create a safe environment in which their health, psychological well-being, psycho-social, security, and nutritional needs are taken care of. This brings the researcher to this section of the study, which focuses on HIV and AIDS support that can be suggested to students in TVET colleges. This would be done by looking at HIV and AIDS support offered to adolescents and students internationally, in Sub-Saharan Africa and South Africa.

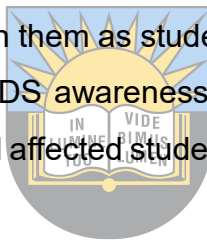


2.2.4.1 Sub-Saharan Africa

In an attempt to mitigate the impact of HIV and AIDS internationally, different prevention mechanisms were implemented. In this study section, the researcher focuses on two HIV and AIDS studies conducted in Senegal and Zambia. In Senegal, during the initial stages of the HIV and AIDS epidemic, a strong education a' la Vie Familale intervention was initiated. This government initiative included teacher training and supervision and sensitising the community on HIV/AIDS issues. These issues included health and illnesses promotion of sex education in basic education (Chau et al., 2016). Training and sensitising communities on issues of HIV and AIDS is a good initiative to avoid stigma and discrimination against those affected by the epidemic. Communities' knowledge and understanding of general health issues are not enough, they also need knowledge of HIV and AIDS support people affected by the virus need and how that support can be offered.

In Zambia, young people are considered the window of hope, according to the World Health Organisation (WHO, 2014), because they are perceived as educated and enlightened about many things, including HIV and AIDS. As the source of light, adolescents in institutions of higher learning give hope to their communities. Institutions of learning are accessible to many adolescents and are an ideal place for extensive and systematic responses to the epidemic.

In the study conducted in Zambia, teachers saw a need for emotional support for students affected by HIV and AIDS and started anti-AIDS clubs wherein students could come and seek help (Henning et al., 2011). The anti-AIDS clubs were incorporated into the curriculum to accommodate the students who could not attend the anti-AIDS clubs. They addressed topics such as the loss of a family member due to HIV-related illness, nutrition for HIV-positive people, and the impact HIV and AIDS has on them as students (Henning et al., 2011). Such topics helped bring HIV and AIDS awareness and create a safe environment where both the HIV-infected and affected students can freely speak up and seek help.



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Students who attended club sessions and classes became aware of the vulnerabilities experienced by those affected and infected by HIV and AIDS. The knowledge acquired in the anti-AIDS clubs helped create a stigma and discrimination-free environment. However, the affected students need more than emotional support and a safe environment, they require easy access to health assistance for ill parents or themselves, to address poverty issues, assistance in changing family roles, balancing the newly assumed roles with their education, and helping adolescents care for their siblings is needed.

Based on this, the researcher's need to conduct the study exploring HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD is strengthened.

Adolescents in Sub-Saharan Africa are not different from the rest of the world regarding HIV and AIDS vulnerabilities. Goldberg and Short (2016) ascertain that in Sub-Saharan Africa, millions of children live with adults or parents who are either ill due to AIDS or are HIV positive. According to Goldberg and Short (2016), these children face emotional, physical, and educational vulnerabilities. Therefore, these children must receive support to address their vulnerabilities. In this section of the study, a focus will be given to three countries: Rwanda, Kenya, and Zambia.

In Rwanda, various HIV and AIDS interventions were conducted, and these included ensuring that Anti-retroviral treatment (ART) is universally accessible to all and is free of charge (Nsanziimana et al., 2020). Although this is a good initiative, it failed to address psychosocial support and other vulnerabilities experienced by HIV/AIDS-affected people in Rwanda. Then, there was an innovative mobile technology system used to monitor the adherence of those infected by HIV and AIDS by reminding them of their status and encouraging them to make healthy behavioural choices (Kruse et al., 2019).

Treatment adherence will mean a healthy society and minimise health vulnerabilities experienced by the infected people. Improved health status will result in the life span of the HIV infected being extended. Although innovative mobile technology is a good initiative by the Rwandans, monitoring adherence to treatment does not ensure that before taking it, the person has eaten, cannot ensure that the person has fair access to education, and other vulnerabilities are attended to.

In Kenya, non-governmental programmes responded by promoting Voluntary Counselling and Testing (VCT) and making male condoms available and attainable to everyone in rural areas (Duflo et al., 2019). The effect of these two programmes showed no reduction in HIV prevalence and no statistical difference in behavioural change of respondents (Duflo et al., 2019). The VCT and availing condom programs, like others discussed in this section, aim to prevent the spread of HIV and AIDS, making it a good initiative. However, a

need to conduct a study that will not only focus on the prevention and spread of HIV and AIDS but on supporting those affected by the epidemic as well is required.

Lastly, in Zambia, the government saw how teachers lack skills in supporting Orphaned and Vulnerable Children (OVC) and how much they try to support their learners in the best way they know how. These teachers, like many others in and around the globe, do not have any training to support OVC. Zambian government introduced a Regional Psychosocial Support Initiative (REPSSI) programme to support teachers.

The REPSSI rolled out a Teachers' Diploma Programme on Psychosocial Care, Support and Protection (Kaljee et al., 2017). The initiative's results showed the importance of social support and community-based projects in increasing resilience among HIV and AIDS-affected individuals (Kaljee et al., 2017). There was also a decrease in risks faced by OVC, such as attitudes supporting early sex, general psychosocial well-being, and the cultural and physical environment within schools and inside classrooms (Kaljee et al., 2017).

Educational interventions such as REPSSI are beneficial to the psychosocial well-being of students and educators. Educators can better take care of themselves and the students emotionally. It is such programmes that students in TVET colleges require.

2.2.4.2 South Africa

Among the 7.7 million people infected with HIV and AIDS in South Africa, 41% of all new infections are accounted for by adolescents (SANAC, 2018). Adolescents carry the most HIV vulnerabilities as they are in the most critical stage of their development and growth. According to Laurenzi, Skeen, Gordon, Akin-Olugbade, Abrahams, Bradshaw, Brand, du Toit, Melendez-Torres, Tomlinson, Servili, Dua and Ross (2020), HIV and AIDS-affected adolescents are exposed to the stigma associated with HIV and are discriminated against. If not addressed, the HIV vulnerabilities will harm education access, economic

impact, poverty, and risky social and sexual behaviours of adolescents. Therefore, this calls for an urgent need for intervention by all government and non-governmental institutions to curb the impact of HIV and AIDS among adolescents.

The South African government is doing all in its power to mitigate the impact HIV and AIDS have on education. In a fight against the epidemic, the South African government initiated a service delivery led by communities to help address the needs of people affected by HIV and AIDS. These communitybased organisations are aimed at HIV/AIDS prevention, treatment administering and advocacy to reach the most affected population in the country and an annual increase of 28.8 billion in investments towards HIV and AIDS as well as TB programmes (SANAC, 2018).

In addition to the South African government and community-based interventions for HIV and AIDS, there is a mandate of Higher Education in South Africa (HESA) for academic institutions to lead in mitigating the impact of HIV and AIDS (HESA, 2008). It is then, by default, that in the absence of HIV and AIDS cure, institutions of higher learning have become a form of a lifeline by offering social support and building resilience for vulnerable students and staff (Kunguma et al., 2018).

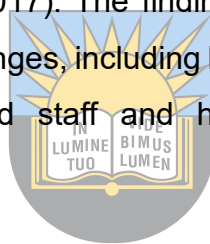
Below are HIV and AIDS impact and intervention studies conducted in five provinces in South Africa: Northern Cape, Gauteng, Free State, KwaZulu Natal, and Eastern Cape.

2.2.4.3 Northern Cape, Gauteng province, KwaZulu-Natal and Free State

At this stage of their development, adolescents want to look smart, have money, be famous among peers, especially females, and start dating older men with money and fancy cars. However, adolescents, because of their financial status and fear of losing their boyfriends, cannot negotiate safe sex (Mbelle et al., 2018). Ntombela (2016) conducted a study in KwaZulu-Natal focusing on HIV/AIDS risky behaviours of first-year National Vocational Certificate (NCV) students at TVET colleges. The findings from the study were meant to equip

students' SSS and TVET colleges' management to plan for intervention strategies. However, the study focused on NCV first-year students, whereas the NCV program in TVET colleges runs for three years. The study did not include students doing levels 3 and 4, which are 2nd and 3rd year. In addition, TVET colleges run two programmes, National Accredited Educational Diploma (NATED) and NCV; nevertheless, the study only focused on NCV students. For these reasons, the purpose of conducting a similar study aimed at mitigating shortfalls of the previous study on HIV and AIDS risky sexual behaviour of students in TVET Colleges is needed.

Another study conducted in Mabuja TVET College in KwaZulu-Natal Province assessed the effectiveness of psychological support offered by the SSS on campus SSS offered pre-counselling, short-term counselling, ongoing counselling, and external referrals for those challenges outside the expertise of the SSS team (Munyaradzi, 2017). The findings were that the Mabuja TVET college SSS faced some challenges, including being understaffed, working after college time, lacking qualified staff and having a poor referral system (Munyaradzi, 2017).



In the Northern Cape and Gauteng province on risky sexual behaviour amongst adolescents, the acceptability of HIV Self Testing (HIVST) and upscaling among TVET colleges was conducted (Madiba & Mokgatle, 2016). The findings of the study were that adolescents were more prone to contracting HIV because of risky sexual behaviours they were involved in. HIVST saves time and is convenient for everyone, especially students who have classes to attend. Selftesting people are safe from being judged and labelled because of their status. Therefore, HIVST and scaling are good initiatives. However, after testing positive for HIV, there is a need to offer support to the adolescent.

In the Gauteng Province, at Atteridgeville Secondary School in Pretoria, a study exploring the psychosocial and emotional behaviour of the HIV and AIDS orphaned and vulnerable adolescents was conducted focusing on the support from the principal, from the teachers and the school environment (Asikhia & Mohangi, 2015). The findings of the study revealed that HIV and AIDS orphaned

adolescents did not get any support from teachers at the school; they had no love, no care, no confidence, and there was no trust relationship between them. In addition, the adolescents studied confirmed that the school environment is unsafe. There is an absence of healthy food and a lack of health facilities.

Although the HIV and AIDS-orphaned adolescents confirmed support from the school principal, they experienced stigma, discrimination and bullying compared to other adolescents not affected by HIV and AIDS. HIV and AIDS orphaned adolescents displayed behavioural problems, anger issues, emotional instability, anxiety, and depression (Asikhia & Mohangi, 2015). The findings confirmed a need for emotional, educational, and physical support that the affected require to feel they are also part of the school.

Confirming the psychosocial needs of HIV and AIDS orphaned adolescents, Meyer (2013) mentions how an adolescent shared how he lost his mother and then his two brothers to HIV and AIDS-related illnesses, one after the other. The adolescent states, "I miss everything about them, and I miss things like their love, tender care. I also miss their support emotionally and financially." The loss of a family member leaves them heartbroken and emotionally hurting, filled with fear of being judged, discriminated against and stigmatised.

Coming closer home is the study conducted at the University of Free State (UFS), focusing on how student vulnerabilities such as stigma, discrimination, poverty, and lack of social support can be addressed at the reach of students and on-site. UFS has its own HIV and AIDS Health and Wellness unit on the main campus (Kunguma et al., 2018). The on-site HIV and AIDS Health and Wellness unit offers a variety of campaigns and workshops for students and staff. These include STI and condom week, VCT and HIV Testing (VCHTC), Food breakfast, the Word-A-Thorn Crossword competition, Transformers, Reunion, and candlelight memorial at World AIDS Day. Even though both students and staff need these services and are easily accessible and free, very few make use of them for fear of being stigmatised and discriminated against (Kunguma et al., 2018).


Higher Education Institutions' responses to HIV and AIDS are mostly programmes and policy implementation. In KwaZulu Natal Province, the University of KwaZulu Natal integrated HIV and AIDS information and education into its orientation programmes for first-year students. Considering the gaps that are evident in the studies above, a study on HIV and AIDS support mechanisms for students in TVET colleges is required. Although the second last study focused on adolescents in Secondary school, these findings can be recommended for adolescents in TVET colleges. An on-site HIV and AIDS Health and Wellness centre where students can be able to access all the support they need is required. However, a safe environment, where students can disclose and share their statuses to someone they trust, educate other students on the importance of fair treatment to all, and counsellors on the importance of privacy is of greater importance.

2.2.4.4 Eastern Cape Province

Although there are many studies conducted on HIV and AIDS in the Eastern Cape, there is no literature on HIV and AIDS support mechanisms for students in TVET colleges in the NMBMD. Most studies focus on interventions by the Department of Basic Education for learners in schools and programmes imparting knowledge on preventative measures.

Rural areas dominate the Eastern Cape Province in South Africa, with poor infrastructure, high unemployment, and high poverty rates (le Roux, le Roux, Mbewu and Davis, 2015). This makes it difficult for dwellers to access primary health care. In response to such challenges and to ensure support for the HIV and AIDS affected, the Department of Health and Philani initiated the Community Health Workers (CHWs) programme (le Roux et al., 2015). A network used to access primary health care services included Zithulele Hospital, clinics in the community and CHWs. Eight community clinics and fifty CHWs offered child health and home visits to help TB and HIV patients with treatment adherence, referrals, and access to social grants. With the support of

CHWs, 2000 families who are HIV infected or affected, ill with TB, some families with children with special needs, and some abused were admitted to Zithulele Hospital. CHWs assisted families with a road-to-health clinic card, child registration and access to grants and food parcels. CHWs made approximately 15,000 home visits in one month. About 95% of pregnant women living with HIV received Antiretroviral Treatment with the assistance of CHWs. CHWs ensure access to health facilities under the nose of HIV-affected and infected communities, provision of food parcels and access to services required for the social well-being of the families. This guarantees that children from these communities receive the support they need, and access to education and sustainable development will not be a challenge. These CHW services are what students in TVET colleges in the NMBMD require. These would assist students in TVET colleges to do better in attendance and academic performance.



In another study (Wood & Goba, 2011), the Eastern Cape Province's integrated responses included the Office of the Premier (OTP), the Department of Health (ECDOH), the Eastern Cape Department of Social Development (DSD) and the local government. The ECDOH launched several programmes such as voluntary counselling and testing (VCT), access to Antiretroviral treatment (ART), home-based care (HBC), step-down facility, High Transmission Area (HTA), condom distribution, post-exposure prophylaxis (PEP) prevention of mother to child treatment (PMTCT) and awareness programmes (Provincial et al. Plan (PGDP, 2012).

The OTP monitors, facilitates, and coordinates governments' transversal workplace programme on integrated employee wellness and DSD on its side, responded by introducing home community-based-care programmes (PGDP, 2012). These are integrated poverty-alleviation programmes, integrated social security systems, national integrated programmes (NIP) and HIV and AIDS into the core curriculum (Wood & Goba, 2011).

In addition, the Eastern Cape Department of Education introduced several programmes, which included peer education, care and support, orphan support,

health advisory committees, learner and teacher-based materials, peer education and lay counselling skills by training teachers to be able to identify and support learners and colleagues in need of counselling (Wood and Goba, 2011). However, these programmes equipped teachers only with the knowledge and skills to listen to those who need help but not to implement what they were trained to do. Consequently, these teachers with insufficient training and the stigma attached to HIV and AIDS made it difficult for those who needed help to approach them.

Lastly, there were studies conducted in public universities and TVET colleges by HEADS in the Eastern Cape, whereby the First Things First (FTF) programme was done to explore students' perceptions regarding male and female condom use (Mbelle et al., 2018). This programme, with the assistance of HEAIDS, made condoms available to all the students on campuses. This programme made the students aware of condoms availability, how to use them and their importance to help them to prevent Sexually Transmitted Illnesses (STIs) and unwanted pregnancies. Nevertheless, HIV incidences and pregnancy among adolescents kept on increasing (Mbelle et al., 2018). HEAIDS, then introduced flavoured condoms for male students and the uptake of male condoms increased. This could mean that whenever intervention is undertaken to curb the spread of STIs and HIV and AIDS, the age and perceptions of the intended group of people should be considered.

The increase in the pregnancy rate could be because of the perceptions that female students have about condoms since they believe that condoms are not user-friendly and are less appealing compared to male condoms, and they take away the sensation that comes with skin-to-skin sex, consequent to the fact that female students are in no financial position to negotiate safe sex.

All the studies from the five provinces, except one from the Free State Province, UFS, emphasize the importance of HIV and AIDS knowledge, HIV self-testing, dangers of perceptions held by communities about HIV and AIDS and sensitivity towards issues of the epidemic. They are just a step in the right direction to

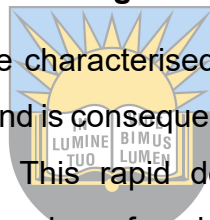
addressing issues of HIV and AIDS. It is of great importance for HIV-affected adolescents to know about the virus. However, none of the studies discussed in this section looked at HIV and AIDS support mechanisms of students in TVET colleges, addressing vulnerabilities experienced by these adolescents.

These are good studies. However, there are gaps, such as the inclusion of human rights protection, areas such as non-discrimination and access to HIV and AIDS information, ensuring that the interventions are college-based for easy access to TVET students, and none of these were conducted in TVET colleges in the NMBMD.

In this regard, another study on HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD is conducted.

2.2.5 Reasons why TVET colleges have to offer HIV and AIDS support.

Adolescence is a stage in a life characterised by rapid physical development and psychosocial progression and is consequently highly affected by HIV-related stigma (Kimera et al., 2020). This rapid development and its impact on adolescents leave them depressed, confused and anxious. In addition to that, adolescents do not believe in delayed gratification (Pettifor et al., 2018).



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Adolescents are mostly students in TVET colleges, and therefore, by default, TVET colleges need to address the needs of those communities they are situated in (DHET, 2013), including HIV and AIDS support. This responsibility of TVET colleges is framed in South African law, which outlaws all forms of discrimination and ensures that all students have equal access to education (DHET, 2013). Other responsibilities include access to education. Lack of access to education infringes on the adolescents' right to quality of life, decent shelter, and access to health support and better health (Nhunzvi et al., 2020). Therefore, TVET colleges, as government institutions, should address the vulnerabilities experienced by students to ensure a heightened quality of life.

Commenting on health vulnerability, MacCarthy, Saya, Samba, Birungi, Okoboi and Linnemayr (2018) highlight three barriers preventing adolescents from

adhering to Anti-retroviral Treatment (ART). The first barrier to treatment adherence is poverty. Poverty prevents adolescents from being economically independent and attending school, which limits privacy and worsens nonadherence to treatment. The second barrier to treatment adherence is the lack of family support, which is meant to motivate adolescents to adhere to treatment.

The third barrier is that adolescents feel that being on treatment is burdensome. In agreement with MacCarthy et al. (2018), Nhunzvi et al. (2020) add a fourth barrier and state that it is imperative to note that stigma associated with HIV and AIDS is a causal factor of mental challenges, social inequalities, and increased HIV transmission rate (Nhunzvi et al., 2020). In fear of being judged as immoral and being discriminated against, adolescents do not seek health support, stress about what others will think of them and drop out of school. This decision to leave school could cost the HIV-affected adolescents dearly. They could lack education, might not get employment, and could continue living in poverty and engage in risky sexual behaviours.

It is, therefore, mandatory that all government institutions, including TVET colleges, should offer psychosocial support through SSS, which includes both academic and non-academic support to its students (Department of Education, 2001). Addressing the psychosocial needs of HIV and AIDS-affected adolescents will improve treatment adherence, help adolescents control their emotional issues, develop their interpersonal skills, manage stress, and reduce alcohol use, drug abuse, risky sexual behaviours and education demand will also increase (Laurenzi, et.al., 2020). In this way, the adolescents can break the poverty cycle, break free from risky sexual behaviours and mitigate the spread of HIV and AIDS and the economic impact thereof; educational intervention is vital.

In addition to the psychosocial support by TVET colleges' SSS, they must provide students with financial assistance (Pettifor et al. (2018). Commenting on the role of the SSS, The National Education Policy Act of 1996 demands that

students be developed morally, socially, politically, and economically, advancing democracy and human rights. Quality education can be ensured by offering financial support to students and ensuring no student is prevented from accessing it because of poverty.

On this note, it is gazetted that DHET, through universities, public colleges and TVET colleges, should ensure that all students receive financial support NSFAS, provide them with accommodation and that no student is to be hungry on campus (Government Gazette South Africa, 2014). Pettifor et al. (2018) agree with the notion of offering financial support to vulnerable students and assert that to reduce poverty, education institutions should offer both conditional and unconditional cash transfers and school fee waivers for vulnerable students.

There is a clear association between poverty and social behaviour. Poverty drives vulnerable adolescents to engage in risky sexual behaviours, such as transactional and intergenerational sex (Pettifor et al., 2018). This behaviour further exposes adolescents to forced and unprotected sex. However, with financial support, adolescents can pay their fees, buy food, and pay for other needs. In that case, the academic results will be improved, well thought and safe sexual activities, and further HIV infections can be prevented.

Government Gazette South Africa (2014) concurs with these assertions that the Department of Higher Education and Training (DHET) should ensure that all universities, public colleges and Technical Vocational Education and Training colleges adhere to the social inclusion policy framework. According to the social inclusion policy framework, DHET must ensure that all institutions of higher learning, including TVET colleges, have onsite health and wellness centres (Government Gazette South Africa, 2014). Health and Wellness centres should partner with the Department of Health and Civil societies to support persons living with HIV and AIDS. These institutions should ensure that HIV and AIDS awareness programmes reach everyone to ensure quality primary health care at the reach of the students (Government Gazette South Africa, 2014). The Social Inclusion Policy should enforce the promotion of human rights for all, and

encourage recuperation for a person living with a stigmatized condition (Nhunzvi et al., 2020).

In addition, all universities, public colleges and TVET colleges should have SSS which are adequately funded, run by a qualified person and ensure that the institution ensures quality education and training, and offers economic and social development to all its students (Government Gazette South Africa, 2014). It is on these demands by the Government Gazette South Africa (2014) that some institutions of higher learning, like universities, have well-co-ordinated HIV and AIDS Units and campus health clinics and wellness centres run by HEAIDS in partnership with other government institutions.

Students in such institutions can easily access help and support on their own time without missing out on classes or even being late to class. The only TVET College with an on-site health facility is the Limpopo TVET College, with 16 onsite clinics on its various campuses (DHET, 2018). DoE (2001) provides a blueprint for inclusive education in South Africa to redress the injustices and inequalities of the past apartheid regime. Although these injustices and inequalities are outdated, disparities such as health status, HIV and AIDS status, and access and attainment of education are still deeply rooted (DHET, 2013). Inclusive Education White Paper 6. Special needs education, (DoE, 2001) is meant for Basic education; however, Institutions of higher learning can adopt the principle. No student should be prevented from accessing and attaining education because of their HIV and AIDS status.

Educational learning institutions are the only centres that can reach approximately 12 million children, including young adults (Hoadley, 2015). This positions the institution of education in a central position to get as many adolescents as possible. In addition, educational institutions are stable and well-resourced, which makes them “amenable” to the communities they are placed in. Based on the discussion above, learning and teaching institutions should serve as safety nests and social vaccines for the vulnerable.

Educational institutions are central points in dealing with HIV and AIDS as they are the only institutions that can reach many young people and the wider community. Therefore, a theoretical framework that could be suggested to TVET College should be a framework that, according to Fineman, addresses the vulnerabilities of all students, including those vulnerable due to HIV and AIDS, ensuring access to health care, employment, security, reducing stigma, and offering caregiving.

A framework that can be suggested is that which will make sure that students have access to HIV and AIDS support mechanisms addressing all the vulnerabilities experienced by the students due to HIV and AIDS. It is a theoretical framework that will make sure that all the Institutions of Higher Learning, as government institutions, offer the required support by the students in the TVET colleges (Bruce, 2019) because:

- they are best placed to ensure the implementation of HIV policies;
- adolescents are the most vulnerable age group to exposure and HIV transmission;
- it is the adolescents in these institutions that engage in risky sexual behaviours.
- they are to ensure that all students have access to health care services such as physical treatment, psychological and social services and
- they are drivers of economic development.

2.3 Fineman's Theory of Vulnerability

Fineman's theory of vulnerability was used in this study as it is more relevant to the study and anchored the researcher to the study's purpose, questions, and problem statement. This theory states that all human beings are vulnerable and prone to dependency (both chronic and episodic), and the state, therefore, has a corresponding obligation to reduce, ameliorate and compensate for that vulnerability by providing access to societal institutions that distribute social goods by, such as health care, employment, and security, reduce the stigma

associated with the vulnerability, creating a system for funding, caregiving that provide for those in need of care and prioritise safety and security (Kohn, 2014).

In the theoretical framework of vulnerability, Fineman highlights the following issues, which are important and relevant to the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD:

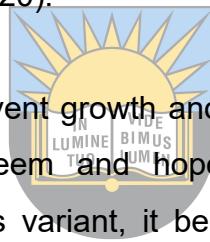
- All humans are vulnerable to some situation at some stage in their lives;
- Vulnerability can create both chronic and episodic dependency;
- Government institutions have a responsibility to 'reduce', 'ameliorate' and 'compensate' for that vulnerability
- Government institutions are to provide access to health care, employment, funding, and security for the vulnerable.

Fineman's theory of vulnerability became the glue that Ngulube (2018) refers to in keeping together the research design and helped by giving direction to the researcher on how to conduct the study on HIV and AIDS support mechanisms available to students in TVET colleges in NMBMD. The theory gives guidance on the vulnerabilities various people experience, how these vulnerabilities can be addressed and who is responsible for addressing the vulnerabilities. Cognisant of the above, the researcher focused on finding out how Fineman's theory of vulnerability can best help in framing the study at hand by focusing on the following aspects:

2.3.1 How Fineman's theory of vulnerability informed the study

Fineman's theory of vulnerability helped the researcher address issues of HIV and AIDS, such as the rights, vulnerabilities, development, and security of both the affected and the infected, which need to be considered. Whether one is infected or affected by HIV and AIDS, they still have rights to health, education, development, and security. Both HIV and AIDS-affected and infected persons need to be protected from HIV-related stigma and discrimination (Wogen & Restrepo, 2020).

The vulnerability and human rights are entwined and can not be separated, (Heikkila & Mustaniemi-Laakso, 2020). Failure to address human vulnerabilities means infringement of human rights. Therefore, HIV and aids vulnerabilities, such as stigma and discrimination, when not addressed, compromise the human rights of HIV-affected and infected individuals. The HIV and AIDS students experiencing stigma are left blemished and polluted because they are perceived as different by others (Wogen & Restrepo, 2020). Due to their HIV status, and their family members' HIV status, they are called derogatory names, using stigma metaphors such as 'sluts', 'immoral' disease of the lovers', and 'four letter word.' Stigma gives birth to discrimination. Communities and societies tend to avoid associating with the 'blemished' people. Stigma and discrimination compromise all human beings' right to be free and treated with dignity, (Wogen & Restrepo, 2020).



Stigma and discrimination prevent growth and development in that they instil fear and cause low self-esteem and hopelessness among HIV-affected individuals. As a human rights variant, it becomes the responsibility of the government to act against stigma and discrimination and protect HIV and AIDSaffected individuals (Wogen & Restrepo, 2020). Therefore, it becomes the duty of the government to protect all humans, regardless of their HIV status, and to promote the human rights of people affected by HIV. Social protection offered by the government will ensure equal access to social, health, and educational services. Thus, the freedom and dignity of the HIV-affected individuals will be restored.

Education is a human right that should be accorded to all human beings solely because they are human (Itaman et al., 2018). Fineman's theoretical framework created a foundation for HIV and AIDS-affected adolescents' rights, protection, and security needs to ensure school attendance, treatment adherence, optimal academic performance, and economic security. Education ensures financial security, growth, and development. Thus, the use of Fineman's theory of vulnerability framework will promote and strengthen the rights of all students

regardless of their HIV status. When the rights of adolescents affected by HIV and AIDS are strengthened, they will be encouraged to go out for testing and seek support without fear of being judged and discriminated against. Consequently, the spread of HIV and AIDS can be mitigated while the vulnerable adolescents safely seek the support they need without fear of being discriminated against and prejudiced.

The HIV and AIDS epidemic is a social crisis that is fast-growing and becoming a threat that needs to be addressed by ensuring the security of those affected (Wogen & Restrepo, 2020). Hence, creating a safe and secure environment for all to communicate openly about HIV and AIDS without fear of being prejudiced and discriminated against and experiencing HIV-related stigma is imperative. Creating safe and secure environments in communities and at institutions of learning for all the HIV and AIDS-affected people, can help them reach out and find all the help and support they need.



2.3.2 Pre-Fineman's theoretical framework Era

This section examines the success of studies conducted by different scholars who used Fineman's theory of vulnerability to address the rights, development, and security of HIV and AIDS vulnerable people. In addition, some of these scholars used Models of care to address HIV and AIDS vulnerabilities among adolescents in their studies.

In India, a study on how feelings of insecurity regarding HIV and AIDS disclosure can destroy one's social and economic development was conducted, emphasising respecting the rights of People Living with HIV (PLHIV) (Mukherjee, 2015). According to this scholar, a truck driver, Satnam, who started working as an adolescent aged 15 or 16, started losing weight, had trouble breathing, and was coughing longer than normal. Satman tested positive for TB but was too scared to do an AIDS test, thinking of how people made him paranoid about the possibility of testing positive for HIV.

In the end, Satman went for HIV testing and the results returned negative. “He expressed his fear and said every time he got tested, he felt that it would be the end of his life if he tested positive”, (Mukherjee, 2015, p. 54). This feeling represents a group of truck drivers who feared testing for fear of being stigmatised. None of them wanted to be tested lest they test positive for HIV. This changed when they learned through Satman how humble, understanding, and approachable Doctor Apollonian Rubber, who conducted the tests, was. A hundred truck drivers came in to conduct the HIV test and received their results within 15 minutes.

Doctor Apollonian Rubber’s example shows the kind of social support and counsellors required to help people handle the stigma caused by HIV and AIDS. Addressing fears and making people feel secure whether they test positive for HIV and AIDS is what is needed if we are to curb HIV and AIDS vulnerabilities. Additionally, getting to know their HIV results immediately implied they could immediately start taking treatment. Respecting the rights of people in the study conducted by Mukherjee (2015) proved to be successful in ensuring that people get tested for HIV and AIDS, know their HIV statuses and, if needs be take the first step in preventing the spread of HIV and AIDS, take treatment and addressing more of their vulnerabilities.

Abara, Jason, Coleman, Fairchild, Gaddist, and White (2015) used the Fostering-AIDS-Initiative-That-Heal (F-A-I-T-H) project as their care model to address vulnerabilities related to HIV and AIDS. The F-A-I-T-H project is in line with Fineman’s theory of vulnerability, calling for all institutions to offer health care, distribute social goods and create funding and food to address HIV and AIDS vulnerabilities experienced by adolescents. F-A-I-T-H project collaborated with churches and Faith-Based Community Organizations (FBO) to highlight the impact of HIV and AIDS within the community.

The churches and the FBOs received grants from the Chronic Disease Control (CDC) and had to meet a certain criterion set by the Grant review committee.

To achieve its purpose, Community AIDS Resource and Education Coalition (CARE) teams composed of public health care workers, health educators, allied health workers, and volunteers were formulated, and the Interfaith Community AIDS Resource and Education Coalition (ICARE) training was conducted. The CARE teams and the ICARE training were aimed at empowering CARE team members on how to speak accurately about HIV and AIDS and its epidemiology, facilitate HIV and AIDS intervention, interact effectively with the community, and maintain confidentiality and a non-judgmental environment during sessions.

The CARE team conducted events marking National HIV/AIDS Testing, World AIDS Day, and the National Week of Prayer for the Healing of AIDS. F-A-I-T-H showed positive outcomes since myths about the transmission of HIV and AIDS were dispelled, overall knowledge about the epidemic was increased, safe sexual behaviour was instilled, and more people tested for HIV. HIV and AIDS-affected people were no longer judged or discriminated against. Projects such as these, which educate people about issues of HIV and AIDS, hold HIV and AIDS awareness campaigns, offering testing and counselling services to HIV and AIDS-affected individuals are what Fineman's theory is about.



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Responding to the call to ensure support and care for the HIV and AIDS vulnerable people, Prust, Banda, Nyindera, Chimbwandira, Kalua, Jahn, Eliya, Callahan, Ehrenkranz, Prewscot, McCarthy, Targa and Gunda (2017), used three models of differentiated care for HIV stable patients and other communicable illnesses. The three models of differentiated care, Multi-Month Scripting (MMS), Fast-Track drug refills (FTRs), and Community Antiretroviral therapy Groups (CAGs) were looked at to save time, money and look at an easier, cheaper, and easily accessible Model of care to people living with HIV and AIDS.

The MMS stable patients went to clinics every quarter, consultations, and drug refills only twice a year, while the same applied for FTR, but stable patients visited clinics twice a year Prust et.al., (2017). Services in both Models of care are facility-based. Nurses or Clinicians conduct consultations, a pharmacist

deals with dispensing, and a Health Surveillance Assistant (HSA) dispenses medication for FTR, (Prust et al., 2017). All three models successfully addressed the HIV and AIDS vulnerabilities experienced by PLHIV in ensuring easy access to a health facility and health care.

The CAGs ascertained that at least one group member visits the clinic approximately every six months, and dispensing medication and records takes place at community meetings (Prust et al., 2017). The FTF and MMS models of care also proved to be cost-effective and saved time as they took place at the community level. These two also ensured that PLHIV saved their limited resources, time, and money.

In a South African study, a multi-site community-based intervention, ISIBINDI (strong heart), was initiated by the National Association of Child Care Workers, the President's Emergency Plan for AIDS Relief (PEPFAR), and the Department of Social Development (DSD).

The intervention purposed to palliate HIV and AIDS vulnerabilities experienced by orphaned and vulnerable children. ISIBINDI focuses on alleviating poverty, eradicating school dropouts, and easing psychological distress, depression, trauma, and stigma experienced by orphaned and vulnerable children (Visser et al., 2015). Members from the community were recruited to become care workers that will be used to carry out the support intended by ISIBINDI. The Community Youth Care Workers (CYCWs) were given training, supervision, and mentoring on offering care and support to families in their communities (Visser et al., 2015). The responsibilities of the CYCWs included visiting vulnerable homes, addressing their physical, psychological, and educational needs, and strengthening family bonds (Visser et al., 2015). About 70% of ISIBINDI participants were adolescents aged 18 to 25 years; some lost a parent or both to HIV and AIDS, some headed families while others lived with grandparents and/or other family members.

At the end of the program, a comparison between ISIBINDI ex-participants and a controlled group of non-participants from the same background was made.

The results displayed a huge positive difference in terms of family support, education and employment and other HIV and AIDS vulnerabilities experienced by the adolescents. One participant commented on how ISIBINDI helped improve family support, “we can sit together and discuss how to deal with the situation”, (Visser et al., 2015, p. 1017). Another ex-participant commented on how ISIBINDI helped with psychosocial well-being and self-esteem. “It helped me because it gave me guidelines on how to carry myself as a lady and an orphan.

I learned that I should never sell myself cheap, value myself, make sure that I get education as it will open doors”, (Visser et al., 2015, p. 1017). The above excerpts confirm, ISIBINDI partly succeeded in offering support to HIV and AIDS-orphaned and vulnerable children. The intervention built strong family relations and psychosocial support, helped with survival skills and positive self-esteem, and encouraged access to education. The scarcity of jobs became a challenge faced by ex-participants.

Mathipa, Ntsana and Maile (2014) argue that the future of people who lack security has no purpose and is unpredictable and that all humans need an environment that is secure and protective to perform optimally. The implications are that unless adolescents feel safe, secure, and protected from stigma and discrimination and have financial and emotional security (Sarker et al., 2019), they will not be able to perform up to their utmost best at school and in their communities. All humans' existence, survival, and development are determined by the security the person has.

In addition, the infringement of rights and the lack of confidentiality is that PLHIV become scared of undergoing HIV counseling, testing, and seeking the treatment and support they need because they are discriminated against (Eba, 2016). Failure to ensure access to basic health deprives PLHIV of an opportunity for economic growth, which results in poverty. This has a ripple effect in that people will do anything, including engaging in commercial sex, to survive and ensure they do not live under the poverty line. Mathipa et al. (2014),

McGovern, Fine, Crisp, and Battistino (2017) concur with Eba (2016) that lack of economic security causes adolescents to engage in risky sexual behaviors such as intergenerational sex with sugar daddies and/or "blessers" to get money for survival and drop out of school. This risky sexual behaviour further puts adolescents at risk of being infected with HIV and becoming more susceptible to HIV and AIDS vulnerabilities since they cannot negotiate safe sex.

Paying attention to social policy, Terziev (2018) calls for a self-defense environment for the vulnerable, the poor, and the least protected and that their well-being is maintained and improved. Similarly, social policy grants the most vulnerable social safety, social self-protection, social support, and quality of life (Terziev, 2018). Given this, with the social policy in place, the adolescents made vulnerable by HIV and AIDS in TVET colleges can feel safe, secure, and protected. Development is ascertained if the policy could be implemented appropriately. Based on the argument above, Rushton (2010), Wogen and Restrepo (2020) as well as Mathipha, Ntsana, and Maile (2014) emphasize the importance of ensuring right-ization (rights), development-ization (development), and security-ization (security) of all PLHIV to ensure sustainable development among adolescents vulnerable to HIV and AIDS. On the other hand, the infringement of the rights of PLHIV creates uncertainty about their future and hinders their development. In addition, Fineman's theory states that it is the state's responsibility to uphold the rights of and ensure the development and security of all humans. In this light, it becomes the institutions of higher learning's responsibility to ensure an environment that protects their rights to life, free from discrimination, the privacy of shared information and disclosed statuses of the adolescents and their families (McGovern et al., 2017). Therefore, Fineman's theory of vulnerability calls for creating a system of care, support and funding that will ensure that the needs of all vulnerable to HIV and AIDS are addressed (Kohn, 2014). The implications of this call are for a system that would ensure that vulnerable adolescents have money for food, education, and transport to fetch medication and go to school.

The HIV-infected and the HIV-affected students need security and protection against the stigma and discrimination associated with the virus. Institutions of higher learning need to ensure a safe environment and promote early disclosure and strength to seek support. This calls for all government institutions to have HIV and AIDS policies and adhere to guidelines stipulated in those policies. Among other means of care for PLHIV and those made vulnerable by the epidemic are the Models of care, which call for the strengthening of the rights to medical care, offering psychological care, psychosocial support, physical support, ensuring access to education and economic development of all, adolescents included (Bruce, 2019).

For the HIV-infected adolescent, the thought of having to take treatment, the shame they are faced with, and the stigma associated with HIV and AIDS are all depressing (Kuo et al., 2019) to the adolescent. Consequent to the feelings and/or social insecurities, the vulnerable adolescent is at risk of dropping out of school, having poor academic performance, diminished food security, impaired psychological well-being, and difficulty in accessing health and other services (Yi et al., 2015). Therefore, models of care must be strengthened to ascertain the academic, economic, and social development of adolescents vulnerable to HIV and AIDS. In some communities, the support for the HIV and AIDS-affected is reduced, leaving communities with no support when it comes to HIV-AIDS-related deaths because the pandemic is still taboo (Doku et al., 2015). With no support from neighbors, siblings, or family members, institutions of Higher Learning, by default, become the lifeline for HIV and AIDS vulnerable adolescents. Therefore, higher perceived social support is received from learning institutions because that is where friends and large social networks are met, and the social support and well-being of orphaned children are enhanced (Doku et al., 2015). Thus, the support offered at institutions of learning helps strengthen the vulnerable with skills to cope with the stress and trauma that come with the loss of a parent, ill parent, death of a sibling or community member, stigma, and change of family roles due to HIV and AIDS (Doku et al., 2015).

Apart from the communities and learning institutions, Non-Governmental Organizations, and government agencies started working with the adolescents affected by HIV to offer HIV and AIDS support. These NGOs ensured sufficient, well-trained educators, resources, and a safe and supportive teaching environment to address vulnerabilities experienced by adolescents (Asikhia & Mohangi, 2015). The results were successful as the orphaned and the vulnerable adolescents showed improvement in health, school attendance and completion and reduced behavioural problems (Asikhia & Mohangi, 2015).

The advantages of using the Models of care to support adolescents made vulnerable by HIV first included a client-based approach by simplifying and adapting HIV services across the surge (Mukumbang et al., 2017). In addition, vulnerable students have time to focus on their studies instead of worrying about dealing with their vulnerabilities. Similarly, they reduce the burden on the health system by availing support at the reach of those affected by HIV. Using health workers and lay counsellors to counsel and for drug accountability assessment saves time, prevents standing in long queues and long-distance travels to clinics for those services (Mukumbang et al., 2017), and is costeffective. Making these health services available in institutions of learning will ensure that adolescents can easily access the services they need, saving them time in long queues. In addition, institutions of Higher Learning will be able to reach a large group of adolescents and HIV and AIDS support will be given in a controlled, structured environment. An adolescent-orientated programme, focusing on the needs of the adolescent is offered at the reach of the adolescents. It will save time and money they spend seeking care somewhere else.

The affected adolescents will not have to miss school since they will arrange a time to suit their availability. On the other hand, Models of care available in learning institutions have disadvantages which include funding the programmes, recruitment of health workers and their training, and the space where these services will be offered. The government must spend more money

ensuring the availability of health workers, lay counsellors and the training of volunteers. In this regard, recruiting, training, and stipend for human capital can be costly. Hence the institutions of learning need to make sure that there is space available from which Models of care will be operated.

2.4 Justification of theoretical framework

As a well-established structure that researchers use to shape their studies, the researcher used a theoretical framework to summarise concepts and theories that have been tried and published (Kivunja, 2018). The theoretical framework offered a grip and a pillar to the researcher's theory and helped keep everything together - data collection, interpretation, analysis, and reporting. On the other hand, as a good theoretical framework, Fineman's theory of vulnerability framework came up with ways to solve the problem brought by the research and enhanced the transferability, credibility, confirmability, and dependability of findings (Kivunja, 2018). Therefore, basing one's research on this theoretical framework ensured the study's success and the trustworthiness of the results. This theory states that all human beings are vulnerable and prone to dependency (both chronic and episodic). Consequently, the state has a corresponding obligation to reduce, ameliorate, and compensate for that vulnerability. In addition, the state should provide access to societal institutions that distribute social goods, such as health care, employment, and security, and reduce the stigma associated with vulnerability, creating a system for funding and caregiving that provides for those in need of care and prioritize safety and security (Kohn, 2014).

The theory is aligned with what the researcher is studying: the HIV and AIDS support required by adolescents and how TVET colleges as government institutions can offer the necessary support to eradicate vulnerabilities caused by HIV and AIDS. Fineman's theory of vulnerability assisted the researcher in organizing the phenomenon under study as it offered guidance to the researcher on what questions are to be answered by the research conducted, how the study should be conducted, concepts and premises such as the purpose of the study, and the problem statement, (De Vos, Strydom, Schulze

and Patel, 2011). The theoretical framework acted as an adhesive that kept all these constituents of the research together and helped the researcher achieve the purpose of the research by using research questions to gather data and address the research questions without falling apart (Ngulube, 2018).

Thus, Fineman’s theory of vulnerability formed a foundation of all the knowledge to be constructed by the researcher and gave structure to the study (Grant & Osanloo, 2014). Without the foundation, the whole research could have collapsed and it would have no logic at all. Also, the theoretical framework ensures that the researcher does not deviate from what is to be studied but is anchored to the topic and the rationale of the study. This particular theoretical framework augmented and intensified the role of the researcher in producing knowledge and giving direction on how to collect, interpret, and analyze data (Ngulube, 2018).



Like any other theoretical Framework, Fineman’s theory of vulnerability has both advantages and disadvantages. Below is a tabulation of both the advantages and disadvantages of Fineman’s theory of vulnerability:

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Table 1: Advantages and disadvantages of using Fineman’s theory of vulnerabilities.

Advantages	Disadvantages
1. Ensuring that all those vulnerable get government help.	1. To get help and care, people will have to talk about their vulnerabilities and may face discrimination and stigma.
2. It is the responsibility of the state and government institutions to ensure help and care to reduce the vulnerabilities.	2 Vulnerable people can develop dependency syndrome instead of creating and finding solutions to their challenges while waiting for the government to offer help.
3. All HIV and AIDS vulnerabilities, such as hunger, emotional, financial, physical, social, and educational vulnerabilities will be addressed.	3 State funding might be drained as more vulnerable people will come asking for their vulnerabilities to be addressed.

<p>4. Access to help is cost-effective, saves time and prevents standing in long queues. Class attendance is guaranteed, academic performance improved and qualification certification is on time.</p>	<p>4 The state institutions will require more resources: physical space, humans, health care workers (training), lay counsellors, time and finances.</p>
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The advantages of using Fineman’s theory of vulnerability are that affected students’ vulnerabilities will be addressed and they will also be protected from stigma and discrimination. Adolescents will access the support at their door steps which is the TVET college where they are enrolled. In this manner, the affected students can save money and time and will be in class more than they would if they went to health centers with long queues. Consequent to improved class attendance, students will remain at college until they obtain their qualifications and find a job.



The workload from the health centres will be reduced. On the other hand, Fineman’s theory’s disadvantages include the risk of being discriminated against should the affected open up about their HIV status or their families’; state funding can be drained out, as many vulnerable adolescents will come in need support; space for offering institutionalized support needed by the students and the financial constraints since Counsellors will have to be trained and paid a monthly salary. Despite the disadvantages of using Fineman’s theory of vulnerability, if used appropriately, it can ensure the protection of vulnerable adolescents. Furthermore, it can ensure that adolescents’ vulnerabilities, such as poverty, psychological and mental problems, risky sexual behaviours, and dropping out of college, are dealt with.

Below is a diagrammatic representation of Fineman’s theory of vulnerability and how it helped the researcher in the study.

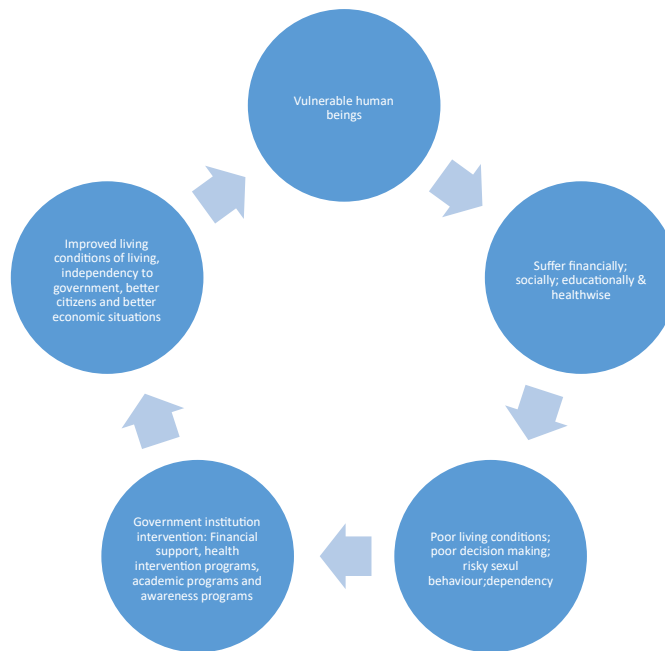


Figure 1: The diagrammatic representation of Fineman's theory of vulnerability

The above diagrammatic representation of Fineman's theory of vulnerability illustrates how the theory scaffolded, anchored and guided the researcher's intention of identifying the HIV and AIDS support mechanisms for students in TVET Colleges in the NMBMD. Additionally, Fineman's theory of vulnerability emphasizes the need to offer care and ensure access to health care for all vulnerable people. This helped bring the researcher's attention to the students in the two TVET colleges in the NMBMD who are in dire need of health care, emotional, psychological, and financial support, social justice, human rights issues, as well as alleviating poverty and addressing physical needs, (HEAIDS, 2008).

2.5 Conclusion

This chapter focused on the study's literature review, paying attention to the HIV and AIDS vulnerabilities experienced by students in TVET colleges, the HIV and AIDS support they require and which is available to them, and Fineman's vulnerability theory and its relevance to this study. However, the above-discussed literature failed to provide for the HIV and AIDS support mechanisms students in TVET colleges require. The literature available does not enquire on the needs and vulnerabilities of students affected and infected

by HIV/AIDS. Therefore, a qualitative study looking particularly at HIV and AIDS support for students in TVET colleges in the NMBMD is required. In the next chapter, the researcher paid attention to the methodology used throughout the study.



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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In the previous chapter, the researcher focused on the literature review and Fineman's theoretical framework which underpins the study. In this chapter, the focus will be on the research paradigm, research approach, research design, sampling, data collection methods, data analysis, quality issues, ethical considerations, and limitations of the study. The research methods the researcher employed in the study were influenced by the decisions the researcher took on who the participants in the study would be and what methods she/he planned to use to generate data in her/his study (Shurink, Fouche' and De Vos, 2011). The research methods included a calculated plan of action to help and guide the researcher in his/her scientific exploration of the background and inference of the study at hand (Groenland & Dana, 2019).



3.1.1 Research Paradigm

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An interpretive paradigm was applied in the study to understand how the participants socially construct their world of experiences and the meanings they share and attach to these social constructs. Using the interpretive paradigm helped the researcher understand the participants' meaning of their daily lives, feelings, and behavior. (Pulla and Carter, 2018). Therefore, the researcher paid attention to the participants' specific language and choice of words by linking the terms used by the participants with the behavior they displayed (Creswell & Poth, 2018).

As mentioned earlier, the experiences shared by the participants were either primary or secondary to them. The primary experiences are all the experiences shared by the one who has an immediate and personal experience of them. While the secondary experiences are the experiences of people other than the participants (Creswell & Poth, 2018). Among the participants were eight

students who took part in the focus group discussions, four lecturers who also took part in their focus group discussions, and the two Campus Managers from the two TVET colleges who took part in the individual semi-structured interviews. The two Campus Managers' roles in the study included sharing their experiences on overseeing the day-to-day running of their campuses, monitoring the academic progress of the students in their campuses, ensuring that their campuses are conducive to teaching and learning, analysing results and are responsible for making sure that students complete their studies on time. The latter role meant implementing the policies guiding the college with regards to offering all the support the students need to achieve academically and deal with all situations such as poverty, discrimination, and psychological and emotional challenges that might impact negatively on the student's academic performance.

The last two participants were representatives from DHET and ECDoH, who also took part in the face-to-face individual interviews. The DHET representative's role in the study was to shed light on the policies in place about the topic under study, the intake and exit numbers of students, attrition percentages and reasons for early school leaving. While the role of the ECDoH representative's role was to share their own experiences of working with adolescents made vulnerable to HIV/AIDS.

Lastly, the researcher is a lecturer in one of the three TVET colleges in the NMBMD, and he/she came with his/her own experiences on the subject under study. Due to his/her experiences as a researcher, he/she positioned him/herself as one of the interpretivists to acquire the knowledge arising from and understanding the symbols as used and meaning as interpreted by the participants, which means that the study is epistemological.

3.1.2 Research Approach

An interpretive approach sought to get an in-depth and insightful understanding of the participants' world as they lived, experienced, and socially constructed them (Thanh & Thanh, 2015). Therefore, the researcher selected the sites and

participants in the study based on the researcher's belief and judgment that they possess in-depth, vital information on the research questions asked (Fouche & Delport, 2011). To ensure these scholars' notion of the qualitative approach, the researcher began the research with a question instead of a hypothesis, as will be done in quantitative studies.

Employing the qualitative approach in this study enabled the researcher to choose data collection techniques, such as focus group discussions, observations, and individual face-to-face interviews, which enabled close contact between him/her, their participants, and the social context in which they live (Thanh & Thanh, 2015). Respectively, this qualitative study was guided by asking one broad question meant to explore, interpret, and understand participants' social context (Pulla & Carter, 2018). The researcher utilised the questions outlined at the beginning of her study to conduct and frame this research. Working in the qualitative paradigm has its advantages. One advantage of working in the qualitative paradigm is its flexible nature (Thanh & Thanh, 2015). The flexible nature of the qualitative paradigm allowed the researcher to continue increasing the sample size and more clarity and probing questions to acquire maximum information on the studied phenomenon until data saturation was obtained.

The data saturation was reached through triangulating data collected by using focus group discussions, individual interviews, and data collected from documents and these data collection strategies yielded the same results and no new data or new experiences shared; participants have fully opened up and shared what their lived experiences were without repeating the same data, (Moser & Korstjens, 2018). This flexible nature of the qualitative paradigm allowed the researcher to probe and ask clarity-seeking questions to reach data saturation. At the end of this qualitative study, participants gave tentative answers to the research questions asked by the researcher at the beginning of the study. Therefore, the data shared also gave guidelines for future topics, theories, and a need for further studies.

3.1.3 Research Design

According to Moser and Korstjens (2018), a researcher working in the qualitative paradigm can choose to use either phenomenology or ethnography. Phenomenology is a qualitative research design and is a reflective analysis of participants' life-world experiences. Since this is a study of lived experiences with the belief that the participants have vast knowledge and understanding of the phenomenon under study, phenomenology seemed to be the better option, (Moser & Korstjens, 2018). Employing this research design helped the researcher understand the lifeworld of the participants, as developed and shared by them based on their terms (Alharahsheh & Pius, 2019). In addition, the researcher gained and understood the phenomenal meaning of the experiences as participants astutely described them (van Manen, 2017).

The Phenomenology, as the research design used in the study, ensured that the researcher did not remove the participants from their natural setting but allowed him/her to conduct the study in an environment where their daily experiences are lived, where participants continuously made sense of their lived experiences by defining, justifying, and giving meaning to them (Alharahsheh & Pius, 2019). Consequently, the researcher understood that participants could only be free when the study was conducted in their familiar environment. Hence, she conducted the study on-site in one of the two TVET colleges. This decision was influenced by the belief that since it is the natural setting for the participants, it is a safe environment where they can share their lived experiences. The study's setting also has memories and triggers experiences lived by the participants.

As the researcher continued with the study, it became essential for her not to be biased. In that way, the researcher avoided manipulating the data collected or influencing participants to see things his/her way. It is on these precautions that although the researcher is a lecturer in one of the three TVET colleges in the NMBD, he/she was aware and cognisant of the environment in which the study was conducted and had own experiences of the phenomenon under

study, avoided influencing participants in any way. The researcher focused and paid full attention to experiences as lived by the participants and not by her. During this process, the researcher put aside all her opinions and feelings about the phenomenon.

3.2 Sampling and Sampling Techniques

3.2.1 Sampling

The researcher chose the participants, sites, context, and situation based on who can provide rich information on the study of HIV and AIDS support mechanisms available to TVET college students in the NMBM. In addition, the researcher used a smaller number of people and only two campuses to get the idea of the entire 50 TVET colleges in South Africa about the topic researched. Sampling also is cheaper, more convenient, and saves time than working with a larger group or total TVET college population, (Sharma, 2017). Sampling also ensured that the data collection was faster, and the results reflected more accuracy than when using the entire TVET college population (Rahi, 2017).

It, therefore, became imperative for the researcher to understand that collecting data from all the people in the world is costly and time-consuming. Likewise, it was feasible for the researcher to select a certain number of people with similar characteristics to the group he/she wished to study, representing the entire population. Guided by that, the researcher had to look at and decide which of the two sampling techniques he/she could employ to select the participants.

3.2.2 Sampling techniques

The researcher had a choice of using either probability or nonprobability sampling techniques (Rahi, 2017). However, due to the expensive and time-consuming nature of probability sampling, the researcher opted for nonprobability sampling (Sharma, 2017), which is referred to as the judgment or non-random technique (Mohsin, 2016). In addition, nonprobability sampling techniques allowed the researcher to make use of purposive sampling and, therefore, choose individuals based on the judgment that they can offer rich

information to answer the research question (Taherdoost, 2016 & Etikan, Musa, and Alkassim, 2016). Therefore, the researcher intentionally and purposefully selected participants who could provide an explanation and reasoning for the phenomenon under study.

3.2.3 Selection of sites and participants

Below is the biographical information of the participants and how the participants and the sites he/she conducted the study were selected.

3.2.3.1 Selecting the participants

In this qualitative study, participants were selected because the researcher believed they had in-depth knowledge, exclusive data-wide information and an understanding of student vulnerabilities caused by HIV and AIDS the studied phenomenon (Robinson, 2014). The selection of the two TVET colleges and the inclusion of participants were determined by the researcher's belief that both the setting and the participants would provide rich data on the researched topic. Additionally, using the purposive sampling technique was to the advantage of the researcher as the TVET Colleges and the participants were easily accessible. In addition, resources in the form of time, space and money were saved.

3.2.3.2 Biographical information of people who took part in the study

The tables below display the profile information of all the participants who took part in the focus group interviews and semi-structured individual interviews. All data presented in the tables indicate a fair distribution regarding gender, age and expertise in choosing participants. The two TVET colleges are identified as TVET A and TVET B, while Campus managers are referred to as CM TVET A and CM TVET B, lecturers as Lecturer TVET A1, Lecturer TVET A2, Lecturer TVET B1 and Lecturer TVET B2 and students identified as students 1 to 8, where 1- 4 referred to students from college A and 5-8 were students from college B. For ethical reasons, some information such as rank and qualification was omitted from the table presenting the profile information of participants. In

addition to confidentiality, the researcher ensured anonymity by not using the participants' real names and not writing names anywhere in the study. All data shared by the participants are kept anonymous.

Below are tables 5 to 8 indicating the biographical information of the eight TVET college students who participated in the focus group discussions, one representative from the DHET and one from the ECDoH, two campus managers from the two colleges under study and four lecturers from the same TVET colleges under study. The representatives from the DHET and the ECDoH, The Campus Managers, the Lecturers, and representatives from both ECDoH and DHET took part in the Individual Semi-structured Interviews. In selecting the participants, gender was considered and for both student and lecturer participants, the balance was made on both NCV and NATED.

The entry requirement of students at a TVET college NCV program is grade 9 for Level 2. NCV programme is offered from L2 to L4 and that equates to academic grades 10-12 (Sebola, 2022). From the NCV programme, 2 students are doing level 2 while the other 2 are doing level 3 and level 4, respectively. Of the other 4 students from the NATED programme, 2 are doing N3, and the other 2 are doing N4. All 8 students took part in focus group interviews. The entry requirement to the NATED programme, students need to have a matric certificate, and the programme is offered from N1 to N6 in either semesters or trimesters. with N5 and N6 considered to be the post-matric qualification, (Sebola, 2022).

Table 2 Biographical information of student participants in the focus group discussions

Student	TVET College	Gender	AGE	Program	Level/N
Student 1	PETVET A	Female	25	NATED	N4
Student 2	PETVETA	Male	20	NCV	Level 2
Student 3	PETVET A	Male	23	NATED	N3
Student 4	PETVET A	Female	19	NCV	Level 2

Student 5	PETVET B	Female	22	NATED	N3
Student 6	PETVET B	Male	24	NCV	Level 4
Student 7	PETVET B	Male	22	NCV	Level 3
Student 8	PETVET B	Female	20	NATED	N4

PETVET: Port Elizabeth Technical Vocational Education and Training

NCV: National Certificate Vocational

NATED: National Accredited T Education

Table 3 Biographical information of DHET and ECDoH Representatives participants in Individual semi-structured Interviews

Participant	Gender	Rank	Qualifications	Experience in years	Age in years
DHET Representative	Male	n/a	n/a	5 years	n/a
ECDoH Representative	Female	n/a	n/a	15 years	n/a

DHET: Department of Higher Education and Training

ECDoH: Eastern Cape Department of Health

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Table 4 Biographical information of two Campus Managers who participated in semi-structured individual interviews

Participant	Gender	Rank	Experience in years	Qualification	Age (optional)
CM TVET A	Female	n/a	35 years	Bachelor of Education	n/a
CM TVET B	Male	n/a	20 years	Master's in Education	n/a

CM TVET: Campus Manager Technical Vocational Education and Training

Table 5 Biographical information of TVET Lecturers who participated in semi-structured individual interviews.

Designation	Gender	Rank	Experience in years	Qualification	Age optional
Lecturer TVET A1	Female	Lecturer	23 years	Honours in Education	n/a
Lecturer TVET A2	Male	Lecturer	20 years	BTech	n/a
Lecturer TVET B1	Female	Lecturer	22 years	BA	n/a
Lecturer TVET B2	Male	Lecturer	18 years	BA in Education	n/a

TVET: Technical Vocational Education and Training

In addition, the researcher identified the two TVET colleges, particularly the ones in NMBMD, because he/she lives in the district and is a lecturer in one of the three TVET colleges in NMBMD. The two TVET colleges under study are situated in the NMBMD, currently known as Gqeberha, in the Eastern Cape. Both TVET College A and TVET College B are located in a suburb. They are easily accessible to both the researcher and the participants. Secondly, there are few studies conducted on HIV and AIDS in TVET colleges in the district, and none focuses on HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD.

After the selection of the two campuses, four lecturers (two males and two females), and eight students (four males and four females) from each of the two campuses, both NCV and NATED programmes were sampled. The selection of TVET lecturers was based on the belief that they are the ones who are in direct contact with TVET students on a day-to-day basis. These lecturers are the ones who know the daily challenges the students are faced with and what support the students require particularly in the face of the HIV and AIDS epidemic. In an endeavour to save time, costs, and minimal effort, the researcher decided on a total number of eight students, four lecturers, two Campus Managers, one DHET representative and one representative from the Department of Health. The DHET representative has rich information on how HIV and AIDS affect education and what vulnerabilities TVET students experience due to the

epidemic. Lastly, the DoH records how adolescents are affected by HIV and AIDS and may develop strategies to support TVET college students.

The eight students were recruited and included in the study because they are students at the two TVET colleges, both from NCV and programmes. The participating lecturers were able to recruit, on behalf of the researcher students who they thought would be able to answer the research questions and thus provide rich data by sharing the experiences they had with regards to the topic under study. These lecturers were selected because they believed to have rich data on certain student behaviours, such as absenteeism, late coming, the challenges they are facing, the support they require and dropping out of school rate. In addition, students were chosen with the belief that as adolescents, they have primary or secondary experiences of HIV and AIDS vulnerabilities, and they know the specific HIV and AIDS support they or other affected students need. A total number of 16 participants were sampled, and the study was conducted at two TVET campuses in the NMBMD. Considering the sample size, the use of sixteen participants made it easy for the researcher to manage the participants and the data gathered. It also saved time and afforded each participant enough time for information sharing.



After sampling the participants, the researcher introduced them to the research topic and its aims and informed them that their names would be anonymously kept, and issues discussed would be kept confidential. At this stage, participants were informed of their right to withdraw should they wish to. These issues are further discussed under quality issues in research.

3.3 Data Collection Methods and Instruments

Data collection methods and instruments used in this study assisted the researcher in gathering useful data and trustworthy qualitative findings to eliminate anything that might threaten reliability and transferability (Puvesvary et al., 2019). For this study, the researcher employed semistructured face-to-face individual interviews, focus group discussions, and

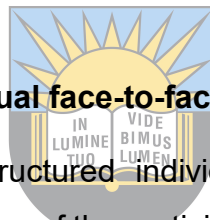
document analysis as data collection methods (Barrett and Twycross, 2018; Puvenesvary et al. (2019)). The first data collection instrument the researcher used was the semi-structured face-to-face individual interviews because of the undeviating and uncomplicated manner in which this tool is in gathering rich and comprehensive data about the phenomenon under study. In addition to that, the tool could be moulded to be in line with the attributes of the participants and the research question (Barrett & Twycross, 2018; Puvenesvary et al., 2019). In addition, since the researcher is working in a qualitative paradigm, they employed face-to-face, semi-structured interviews because of their flexible nature, which allowed the participants to share their perspectives of the subject under study and also allowed the researcher to probe for further clarification (Barrett & Twycross, 2018). Lastly, the semi-structured face-to-face individual interviews enabled the researcher to ask straightforward questions on the central elements of the phenomenon under study.



The second data collection instrument used by the researcher was focus group discussions because he/she worked with a group of eight participants in total. The students gathered to discuss the research questions which triggered lots of debate among them. This permitted the researcher to lay back while he/she watched and listened to the discussions and rich data generated (Barrett & Twycross, 2018). Thus, focus group discussions were beneficial to both the participants and the researcher as they both enjoyed a more relaxed environment, which allowed them some time to keep quiet and listen to others engaging on the topic, (Barrett & Twycross, 2018). This created an environment free for participants to throw ideas without reservations and to express themselves without holding back any experience they had on the issue discussed by others. Also as the researcher listened and watched the participants engage with the topic under study, he/she took field notes, observed, and audio-recorded everything said and done by them. These data collection methods, the audio-recorder, the pen, and the paper, were used to record and write down data from observations. These recordings and written down information helped the researcher for later when he/she had to transcribe and do data analysis.

The third data collection instrument the researcher used was the analysis of documents. The researcher interacted with written material, records, and minutes from the two TVET colleges to collect data, (Finnegan, 2006).

Based on the above discussions on data collection instruments, the researcher in the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD collected data using semi-structured interviews, focus group discussions and analysis of documents. The researcher employed more than one data collection instrument namely, semi-structured individual face-to-face interviews, focus group discussions and documents to collect data from the participants. Using more than one data collection instrument ensured that the data collected yielded rich, limitless information that could be trusted reliable and verifiable.



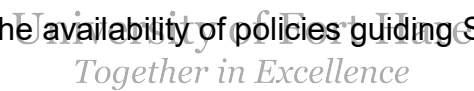
3.3.1 Semi-structured Individual face-to-face Interviews

The researcher used semi-structured individual face-to-face interviews to collect data about the perceptions of the participants on the subject under study because of their flexible nature that allowed the participants to share their perceptions. In other words, even though the researcher had prepared questions to be asked during the interviews, participants had the freedom to add their ideas and contribute without rigidly following the guide from the researcher. The flexible nature of the semi-structured individual face-to-face interviews leads to rich and vast data collection (Dadzie et al., 2018). In this view, the researcher asked more questions and probed when he/she needed more clarity on what the participants were sharing.

To encourage participant conversation in interviews, the researcher developed a rapport with the participants to ease the tension that could exist when engaging with the sensitive topic of HIV/AIDS and sharing lived experiences (Dempsey et al., 2016). Once they were relaxed and started trusting the researcher, the participants found it easy to talk about the phenomenon under study (Dempsey et al., 2016).

The researcher conducted a total number of eight semi-structured individual face-to-face interviews with each of the two Campus Managers, the four TVET lecturers, and the representative from DHET and ECDoH. Each interview session lasted for 45 to 60 minutes. It took a total of eight working days for the researcher to collect data from the Campus Managers, the representatives from DHET and ECDoH.

The role of the Campus Managers was to confirm whether or not there are policies in place with regards to the HIV and AIDS support available to students in their Campuses, whether or not the policies are implemented, to share data specifically to the HIV and AIDS support available to students in TVET colleges, HIV and AIDS vulnerabilities experienced by the students, and they are also the gate-keepers of their campuses. The four TVET lecturers's role was to share their experiences of working with vulnerable students daily. They were also expected to share the support they would usually offer students based on the vulnerabilities they share. The DHET representative was also responsible to also share data on input versus throughput of registered students per cycle, levels of drop-outs and reasons thereof. The DHET representatives had to answer questions on the availability of policies guiding SSS in TVET colleges.



In conducting the semi-structured face-to-face individual interviews, the researcher was guided by the research questions stipulated earlier in the study. The researcher asked one open-ended question followed by sub-questions digging deeper into the data required from the responses of the participants. Then, the interviewees responded by sharing their lived experiences, perceptions, and feelings regarding the topic under study. Where participants' answers were unclear, the researcher asked clarity-seeking questions such as 'Can you explain what you mean by that' or 'Please give an example of what you mean'. Sometimes, the researcher had to probe the participants by rephrasing what they said and confirming if that was what they meant. As the semi-structured individual face-to-face interviews continued, the researcher also focused on certain behaviours and non-verbal cues displayed by the participants, such as the tone participants used, the pauses, discomforts and

the facial expressions they displayed when reflecting on a particular subject of the study. In an attempt to understand participants' feelings as portrayed in the tone of voice, the pausing, the discomfort and facial expression of the participants, the researcher would dig deeper by asking how that made them feel.

As the semi-structured individual face-to-face interviews continued, they were recorded using a voice recorder. The voice recorder was used with the participants' permission and paused at the request of the participants when they wished to say anything off-record. The voice recording ensured a fuller record of the information and allowed the researcher an opportunity to focus on how the interviews were progressing without missing any shared experience (Greef, 2011). In addition, as the researcher continued with the semi-structured interviews, he/she wrote down field notes on the behaviours displayed by the participants. The field notes helped the researcher with the transcription and describing his/her observations of the participants, (Barrett & Twycross, 2018). These field notes also helped him/her not to forget anything that happened during interviews and focus group discussions.



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The researcher transcribed all data collected from the semi-structured individual face-to-face interviews, and focus group discussions, with added information from interview field notes and documents. All data were transcribed word for word, and there were no data added or left out by the researcher. The interview field notes also helped the researcher understand how the participants felt when answering questions on the phenomenon under study.

3.3.2 Focus group discussions

Focus group discussions helped the researcher save time and costs, as they used a small group of people, between 6-12 participants (Guest et al., 2017). Moser and Korstejens (2018) add that the participants get together to discuss a certain subject, and the researcher uses research questions to guide the discussions.

In the study, two focus group discussions allowed the researcher to elicit data from a group of students to get a general overview of HIV and AIDS support mechanisms available to TVET college students in the NMBD, in an environment where the participants are relaxed, comfortable and in one session (Taylor et al., 2015; Hennink et al., 2011).

The disadvantage of using focus group discussions is that they are less structured, and it became difficult to force structure since data emerged from the interaction between the researcher and the focus group participants (Maruster & Gijsenberg, 2013). However, the focus group discussions allowed the researcher to gain information and views and identify issues as they were discussed in the group. This further assisted the researcher in obtaining multiple points of view from the participants on the topic being studied, allowing the researcher to listen to and learn from them.



To ensure that all individual views are listened to and valued, the researcher kept in mind that people are unique individuals and see things differently; however, all opinions are of equal importance and contribute greatly to the subject under study. Furthermore, listening to the participants in the focus group discussions helped the researcher understand how participants think and feel about their lived experiences and that of others, (Queiros et al., 2017).

The researcher conducted one session of focus group discussions with student participants, the session lasted for 60 minutes. Eight TVET students, four from each of the two selected campuses in the NMBD, from NATED and NCV programmes, formed part of the focus group discussions as indicated above. The researcher guided the interaction and discussions in the focus group. The Participants were given informed consent forms beforehand, and the researcher gave a clear introduction to the study at hand without divulging too much information. Participants who felt threatened or uncomfortable were given the option of not participating in the study. In addition, the researcher ensured that the participants were homogenous by including only students from the two

TVET Colleges in the focus group discussions. The fact that the participants in the focus group have the same background and are of the same age group, adolescents, created a relaxed environment for everyone to feel free to comment upon the studied phenomenon.

3.4 Secondary data

In the study, the researcher perused documents as tools to access written or electronic information relevant to the issues and problems under investigation (Roulston, 2018). These written sources were then used as historical sources for the study of HIV and AIDS support mechanisms available to students in the TVET colleges in the NMBMD (Kutsyuruba, 2017). Thus, the researcher critically examined the documents to check for interest, reality, and legitimacy. Such documents included official documents belonging to state-owned institutions (Kutsyuruba, 2017), characterised by their formality and structure. Among others, the documents included internal memos, meeting minutes, policies, statistical, process and annual reports (Salinas & Friedel, 2016). The official documents perused by the researcher belong to both the Department of Higher Education and Training and the Department of Health. The researcher's interest was in formal documents containing data on students. The documents included progress reports, dropout rates among students, socioeconomic background, HIV and AIDS statistical current reports and intervention plans, and documents with rich data on the challenges students in TVET colleges face concerning HIV and AIDS, absenteeism, and the progress rate, which certificates were looked at and form part of data.

In this light, the researcher analysed the following documents:

Table 2: List of documents from DoH and DHET

Department of Health	Registers, enrolment forms, Biomedical forms, Core package, HIV and TB & SRH Risk Assessment Questionnaire and the referral form.
Department of Higher Education and Training	Registers, Enrollment statistics, Minutes of a meeting, Certification records, and Biographical data.

These documents provided the researcher with valuable and rich data on background information on TVET students' HIV and AIDS vulnerabilities. Furthermore, they contained support mechanisms students draw on in the NMBMD, support available in TVET colleges and HIV and AIDS support needed by students in TVET colleges. These documents were valuable in answering the question requiring information on what HIV and AIDS support mechanisms could be suggested to TVET college students. Below is the tabulation of data that the researcher interacted with from the documents from both DoH and DHET consecutively:

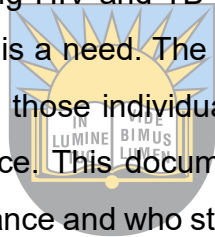
Table 3: Various documents and data from the DoH.

1. Registers	Contains data on who attended the health facility, has signatures, and data is kept for future reference.
2. Enrolment forms	Documents were used to enrol all attending the health facility and assist in managing the database.
3. Biomedical forms	It is used to collect data on any patient service, including health screenings.
4. Core package	It is a tool used to interact therapeutically with a patient whereby personal questions are being asked to identify patients that need to come forward for help/assistance.

The registers provided the researcher with the days times and names of people who visited the health facility. The data helped the researcher understand where some students go when they are supposed to be in class. The second document, as reflected in Table 3, is the enrolment forms. The enrolment form

helps the health facility manage the database of who attends the facility. The document assisted the researcher with knowledge of whether adolescents form part of those who attend the facility. The third document is the biomedical form. This document keeps data on the age, gender and race, and the services provided to the person attending the health facility. The biomedical form assisted the researcher with data on who attends the health facility, not the names but the age group of people who are provided with services and what services are being provided.

The fourth document is the core package which are therapeutic tool used to interact with patients who require further assistance. The fifth document the researcher analysed was the HIV/TB, SRH and risk assessment questionnaire. The data collected from the questionnaires informs the health facility on the individuals at high risk regarding HIV and TB so that they can be referred for further assistance where there is a need. The sixth document was the referral which kept a track record of all those individuals who have been successfully transferred for further assistance. This document helped the researcher with data on who was getting assistance and who still needed assistance among the group under study.



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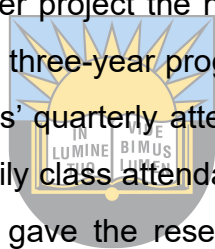
In summary, all these documents from the ECDoH were of significant help in providing the researcher with the data about the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD. The researcher then analysed documents kept by the DHET. The next table shows DHET documents that the researcher looked at and did an analysis of data.

Table 4: Documents from the Department of Higher Education and Training

Fact sheet on throughput	Statistics on the total number of students enrolled and the total number of students who pull through to certification.
A summary of student's attendance registers	Has data on quarterly class attendance of students

Minutes of a meeting	Contain discussions around issues around students' academic performance and other matters in the college.
Biographical information	Has data on students' background

The first document the researcher analysed, as indicated in Table 4, was the fact sheet on throughput. The document contains statistics on the total number of students enrolled in a year. This gave the researcher a sum of students enrolled in both programmes in a year (NVC and NATED). In addition, the fact sheet on student throughput displayed students' academic progress over three years. The researcher could compare the enrolment numbers with the output numbers and conclude whether there was any correlation between the two. This document helped the researcher project the number of students who get the qualification at the end of each three-year programme. The second document in Table 4 summarises students' quarterly attendance reports. The document contains names, levels, and daily class attendance. The summary of students' quarterly attendance registers gave the researcher insights into the overall student attendance in TVET colleges.



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The third document the researcher got information from was the meeting minutes with discussion points, such as the analysis of results for NATED students. This helped the researcher see the total enrolment of NATED students versus the throughput. The fourth document the researcher perused was the biographical information document. This document contains students' backgrounds, parental information, employment status and the number of siblings. This assisted the researcher with data on each student's family structure, economic situation, and needs.

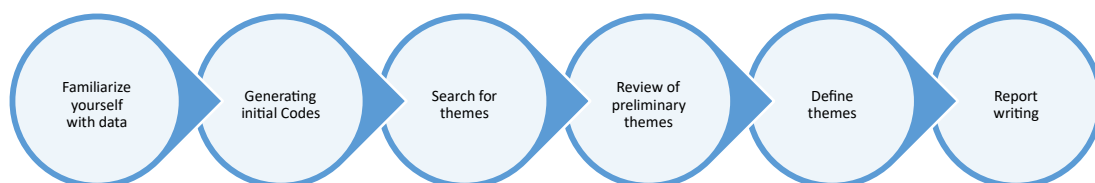
The documents from DHET equipped the researcher with data on student attendance, attrition and retention rate, biographical information, and academic progress. The data obtained from the records provided the researcher with some light and understanding of what support mechanisms students in TVET

colleges require for them to be able to attend class regularly, remain at school, academically achieve and be certificated at the end of each programme and on time.

3.5 Data analysis, interpretation, and reporting

The researcher analysed data by examining it, sifting off important data and discarding trivial data, thus reducing data to be manageable and helping the researcher to identify underlying themes in her/his study (Schurink et al., 2011). Because the researcher is studying phenomenology, she/he analysed, interpreted, and reported the data collected using thematic data analysis. At this stage, the researcher used the thematic data analysis method to analyse, describe, interpret and select codes to construct themes from the data that was collected. All data were transcribed word for word by the researcher. This was followed by coding the data into different themes. In transcribing data, the interview field notes also helped the researcher understand how the participants felt when answering questions on the phenomenon under study. Through the thematic data analysis, the researcher identified consistent, interesting, and relevant patterns, as shown in the data collected concerning the researched topic. The research focused on HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD.

The researcher adopted Braun and Clarke's (2006) six steps of thematic data analysis, interpretation, and reporting. The diagram below displays 6 steps in data analysis as suggested by Braun and Clarke (2006): reporting steps.



According to diagram 2, the first step in analysing data helped the researcher understand what was contained in the data collected. The researcher listened to the audio recordings three times before he/she transcribed them. As the

researcher repeatedly listened to the audio-recorded data, he/she continuously read the field note he/she had taken down while he/she was collecting the data. All the data collected from the interviews and focus group through the audio recordings, together with the field notes, were then transcribed and written down verbatim. The field notes helped the researcher understand the feelings and emotions displayed by and the reactions of participants during the focus group discussions and interviews. This helped the researcher fully understand what experiences the participants have concerning HIV and AIDS support available to students in TVET colleges in the NMBMD and how the experiences held by the participants and other people close to them made them feel.

The second step taken by the researcher was generating the initial codes by identifying, connecting, labelling and grouping the data according to similarities they shared. This means the researcher organised and grouped all the data relevant to the research questions, reduced data by deleting all that is not relevant and grouped into small chunks. The researcher did all that by first reading the transcripts twice and making notes, classifying common features from the data collected, accounting and analysing each transcribed data, (Mackey & Gass, 2016). Classification of features from data collected helped the researcher organise all data units according to similarities and relationships as picked up from the transcripts. The researcher used an inductive analysis process to code data in this study. Thus, the researchers should ensure that the analysis of data is data-driven and not informed by the pre-existing preconceptions held by the researcher (Nowell et al. (2017). Data coding included describing and giving characteristics of the data collected and the incidents they represent (Shurink et al., 2011).

The third step was for the researcher to search for themes and patterns as they appear under coding. Guest et al. (2014) supported this by indicating that this is a very important step where the researcher develops explicit and implicit themes from the codes developed earlier. In this regard, the researcher identified preliminary themes and patterns. It is important to note that some codes were relevant while others were irrelevant to generating themes.

Applicable codes could be fitted together in a theme, while irrelevant ones did not fit in any of the themes. Thus, the researcher made sure that the themes in the study showed a coherent pattern in the data that was relevant and significant to the phenomenon under study, (Vaismoradi et al., 2013)

The research questions also guided the generation of themes asked earlier in the study. The researcher generated patterns in the data and the repetition and consistency as displayed by the data and by the participants in their behaviour and actions, (Saldana, 2013). The researcher further carried out this step by focusing on the responses given by the participants on each question and the codes identified.

The fourth step included reviewing, modifying, and developing preliminary themes into themes. In this fourth step, the researcher checked whether the preliminary themes made sense or if they were relevant to the research questions. The researcher then cut out all transcripts relevant to the research questions using scissors (Bree & Gallagher, 2016). The researcher cut out transcripts, read each data, and checked if it supported the theme. Data creating overlapping themes that showed irrelevance to the study were deleted. Subthemes were created where there were themes within the theme. The themes generated were then summarised in a table.

The fifth step taken by the researcher included the researcher's definition of themes. Defining themes was carried through to identifying the underlying themes in the previous step. The researcher examined the preliminary themes for any subthemes and determined their link to the themes. After identifying the link between preliminary themes and subthemes, actual themes, as guided by the objectives of the study, were generated.

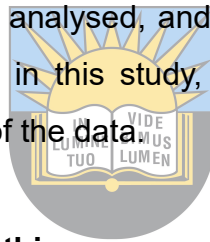
The sixth and last step in analysing data entailed producing the report. After the theme generation, the researcher conducted a final analysis, followed by a write-up, and finally writing of a report commenced. Report writing included

direct quotes from the participants, and short quotes were also used to show the popularity of specific themes. In contrast, the use of lengthy ones gave the essence of the original words by the participants (Nowell et al., 2017).

Data was transcribed and coded through the identification and grouping of data with the same characteristics. This was followed by a search for themes as picked up from the codes identified, themes reviewed, defining themes and a report written out.

3.6 Quality issues in research

In this qualitative study, quality issues refer to the route the researcher decided to take to connect the research methods to the philosophical perspective of the study (Palic et al., 2015). Therefore, it became imperative for the researcher to ensure that the data collected, analysed, and presented are quality, credible, and trusted. To ensure quality in this study, the researcher focused on the credibility and trustworthiness of the data.



3.6.1 Credibility and Trustworthiness

In the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD, the credibility and trustworthiness measured the stability, reliability, dependability and validity of the data collection tools the researcher decided to employ. The data collection tools the researcher employed were individual semi-structured interviews, document analysis and focus group discussions. The data collection tools ascertained the quality, stability, reliability, dependability, credibility and trustworthiness of the data collected by the researcher, (Connelly, 2016). Although the possibility of ensuring trustworthiness in qualitative studies is questionable, as a qualitative researcher the trustworthiness, reliability, and credibility of the data generated were ensured through credibility, dependability, confirmability and transferability of the researcher made sure that the data collected were believable, authentic, genuine, accurate, tenable and reliable, (Livingstone, 2008 and Connelly, 2016). In addition, the data collected using individual semistructured individual

interviews, focus group discussions and data from documents were triangulated, and the same results were yielded. The researcher also performed peer-debriefing with the participants, memberchecking with fellow qualitative researchers, prolonged engagement with participants, reflecting and stipulating on every step taken and all challenges encountered (Connelly, 2016).

In addition, the researcher employed several data analysis processes to ensure that the measurement outcome he/she got the first time he/she interacted with data yielded the same or did not yield a substantial difference even when taken the second and the third time or after a long time. The researcher used a thematic data analysis method in which he/she made him/herself familiar with the data by listening to the audio recordings taken during the data collection process three times, transcribing all data verbatim, and reading and rereading the transcribed work three times. The back-and-forth verification of all data collected from participants with his/her transcripts and the repetition of the same action prolonged engagement with the data ascertained a balance between the participants' construction of their views and experiences.

Also, the researcher's reconstruction of the same experiences and views, as well as the presentation and credibility of the study, were determined. It is important to note that in transcribing audio-recorded data and field notes taken during the interviews and focus group discussions, the researcher did not add or subtract any data shared by the participants. The researcher compared the reconstruction and the representation of his/her views with that of the participants, thus, confirming with the participants if what he/she transcribed was what they meant. The next step was to generate codes, search and identify themes by identifying and grouping all data which were common from participants and finally write a report on the findings.

The instruments used to collect data and data analysis processes followed render the data collected in the study as trusted, accurate, dependable, and transferable. The study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD can be regarded as trustworthy since

the findings and recommendations in the study can be transferred to students and TVET colleges under the same circumstances as in the study at hand, (Connelly, 2016). The data collected is also dependable as it remains steadfast over the entire time the study was conducted and is unlikely to change.

3.7 Ethical considerations

Concerning the ethical considerations, the researcher had to be mindful of what proper behaviours were accepted and what improper behaviours were prohibited when conducting the study. In this section, the researcher paid attention to the following ethical issues: obtaining permission to conduct the study, negotiating entrance, informed consent from the participants, avoidance of harm, voluntary participation, anonymity, and confidentiality.

3.7.1 Permission to conduct research

The researcher first applied and obtained an ethical clearance certificate **LIN011STAM01** from the University of Fort Hare's Inter-Faculty Ethics Committee. The researcher further obtained permission from the Department of Higher Education and Training (DHET) with the reference number **DHET 004**. Additionally, the researcher obtained permission to conduct the research from the Eastern Cape Department of Health (ECDoH), **EC_2022_010**. The researcher made the arrangements with the gatekeepers, who are the Campus Managers of the two TVET colleges where the study was to be conducted, for entrance. The Campus Managers of both TVET colleges agreed to participate in the study and referred her/his to the Heads of Departments (HODs) who would recommend whom the researcher can contact and ask for their consent to participate in the study and when they would be available to meet up with the researcher.

Once all permissions were obtained from various gatekeepers, DHET approached participants on the researcher's behalf. In contrast, with ECDoH, the researcher had to make a few calls to ask potential participants to meet up and be part of the study. After the agreement to meet up, the study's introduction and participants' consent forms were explained to all. Those who wanted to

participate in the study signed the participants' consent forms and agreed to participate.

3.7.2 Anonymity and Confidentiality

In this qualitative study, the researcher adhered to and maintained ethical issues such as confidentiality, anonymity, and privacy of information shared by the participants and their identities. The researcher adhered to the authenticity of the participants' statements by removing and obscuring participants' sites that may lead to the participant and their campuses being identified and managing all information entrusted to her/him, safeguarding it not to misuse or wrongfully disclose it. Based on these views by scholars, the researcher ensured anonymity in the study by following six key areas as identified by Saunders, Kitzinger and Kitzinger 2015:

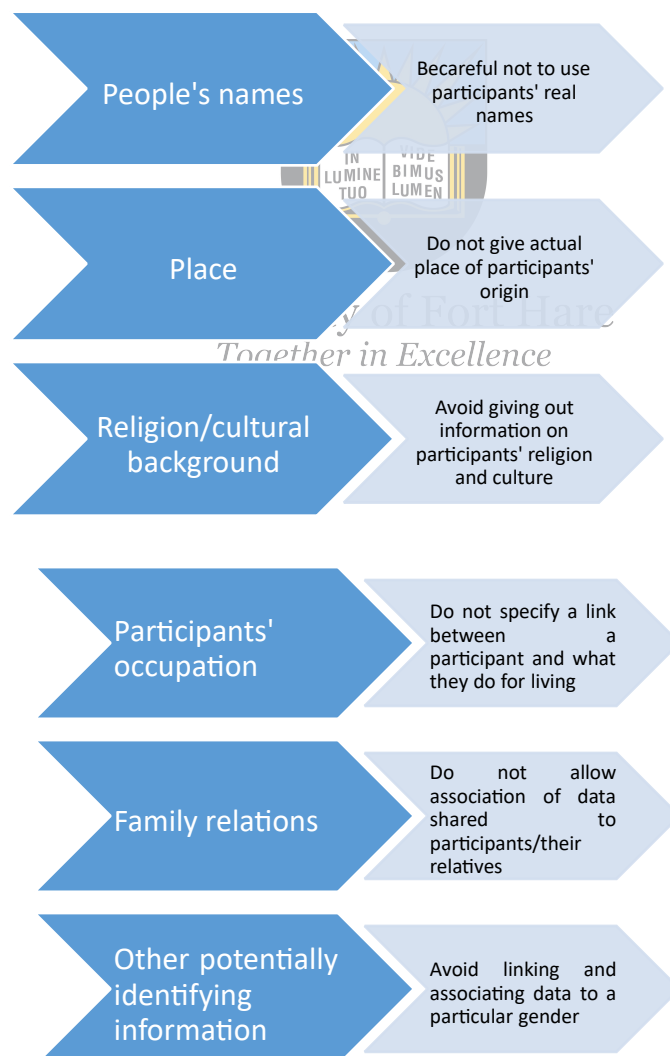


Figure 2: Saunders', Kitzinger & Kitzinger's six key areas of anonymity.

Since this was a study based on people's experiences and vulnerabilities, it was imperative for the researcher, even before conducting the interviews and focus group discussions with participants, to assure participants that their participation would not harm them. This aligns with the understanding that vulnerable individuals may not want to participate in the study for fear of being marginalised and discriminated against.

3.7.3 People's names and sites

The researcher obscured the names of all participants and their sites by referring to Sites as TVET A or B and students from TVET College A, identified as Students 1-4 and those who were from TVET College B Students 5-8. The Campus Managers were also referred to as Campus Managers CMTVET A or CMTVET B. Lecturers were also called by campuses they represented, Lecture 1 or 2 TVETA or B. The representative from the Eastern Cape Department of Health's name and the name of the clinic were also not mentioned in the study.

3.7.4 People' occupation, family information and religion

The researcher further ensured anonymity and confidentiality about the occupation and family relationships of participants. Thus, data shared by the participants could not be associated with one's family or a place of employment as this would reflect badly on the family or the employer. The researcher protected the participants by not specifically naming the campuses they worked on or what they lectured. Also, no mention of religion or culture of any of the participants was mentioned.

3.7.5 Informed consent of the participants

The researcher used consent forms as ethical consideration tools which served as an agreement between the researcher and the participant that the participant agreed to take part in the topic under study. Thus, the researcher made sure that his/her study was based on mutual trust, acceptance, and cooperation

between him/herself and the participants by openly and truthfully letting participants know what was being studied without divulging too much information. Since the researcher planned on using an audio recorder for data collection from interviews and focus group discussions, the researcher had to open up about that as well. The informed consent forms, both for partaking in the study and the use of an audio recorder, were only signed by the participants after the researcher gave a clear and honest description of what was expected from them and a brief introduction to the study. In this study, consent forms certified that participants understood their role and agreed to take part in the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD.

3.7.6 Avoidance of harm

HIV and AIDS are a phenomenon that is still taboo in some communities due to cultural dominance and religion. Sharing lived experiences is not an easy thing to do. People find it challenging to share their experiences of the epidemic for fear of discrimination, prejudice, and stigma from other participants. To avoid any harm that might be incurred by participants as a result, the researcher advised those participants to share all information as other people's experiences not personal experiences.

The researcher also avoided any physical harm, injury, pain and/ any suffering the participants may incur from the venue where data would be collected. The researcher ensured this by using a venue with no roof or ceiling collapsing and no cracks on the walls and stairs that were solid. Those participants who continued to participate in the study and were negatively impacted emotionally by the subject under study would be referred to a registered Psychologist the researcher had already spoken to as a precautionary measure, for debriefing.

3.7.7 Voluntary participation

The researcher ensured that participation in the study was voluntary and was not influenced or pressured not applied to anyone to take part. Therefore,

participants were not forced or compelled to partake in the study against their will. Compelling participants to be part of the study could lead to them not being honest with their experiences or hiding some of the important data required by the researcher. They could share what they want to share, but not everything. The researcher assured the participants that their participation was voluntary and that there were no financial implications for participating in the study. Participants were informed if they wanted to withdraw from participating in the study, they were free to do so, and there would be no questions asked. and there will be no repercussions. Even before the study continued, the researcher informed the participants that they were free to withdraw at any stage of the data collection process if they no longer wanted to be part of the study.

3.8 Conclusion

This chapter first focused on the research methodology, which included the paradigm, approach and designs the researcher worked in such as an interpretive paradigm, a qualitative approach and the study, which was designed in phenomenology. Secondly, attention was given to non-probability, purposive sampling and sampling techniques used in the study. Data collection methods and Instruments such as individual face-to-face, semi-structured interviews, focus group discussions and document analysis were discussed. This chapter paid attention fourthly, to the quality issues such as the trustworthiness and credibility of the study. The fifth and last thing discussed in the chapter was ethical issues such as obtaining permission, Informed consent, voluntary participation, and avoidance of harm. The next chapter focused on data presentation and reporting.

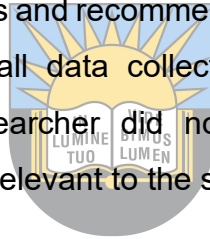
CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION, AND IDENTIFICATION OF THEMES AND SUBTHEMES

4.1 Introduction

This chapter presents and reports on data collected from the focus group discussions, semi-structured individual interviews, and the documents. This study explored HIV and AIDS support mechanisms available to students in TVET Colleges in the NMBMD.

This purpose of the study was achieved by the participants answering the research questions: How do HIV and AIDS vulnerabilities affect students in TVET colleges?; What HIV and AIDS support mechanisms do students in TVET colleges require?; What HIV and AIDS mechanisms are available to students in TVET colleges in NMBMD?; What HIV and AIDS support mechanisms could be suggested to students in TVET college; and why do TVET colleges have to offer HIV and AIDS support mechanisms to their students? Then, through these research questions, conclusions and recommendations were made in the study. It is imperative to note that all data collected from the participants were presented verbatim. The researcher did not add any information to the responses; however, all data irrelevant to the study have been omitted.



4.2 The study results

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This section presents the study's results, interpretation, the identification of themes and quotes from the participants. Below is the verbatim presentation of selected quotes from the participants across the semi-structured individual interviews and the focus group discussions, the researcher's interpretation of the data and the identification of the themes and sub-themes as evident from the data collected. The researcher used the research questions as a guide to collecting data.

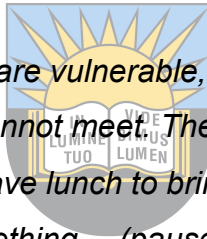
4.2.1 HIV and AIDS vulnerabilities affecting students in TVET colleges.

The researcher collected the data using focus group discussions with eight TVET students, semi-structured individual interviews with two Campus Managers, four TVET lecturers, one DHET and one DoH representative to address the first research question. It is imperative to note that all students,

lecturers, campus managers, and representatives from both the Department of Higher Education and Training and Eastern Cape Department of Health who participated in the study all agreed that the students in the TVET colleges were left vulnerable by HIV and AIDS and it affected them in many ways. Therefore, selected quotations from the participants, as well as the interpretation and identification of themes, are presented below.

4.2.1.1 Financial Insecurity

The sub-theme on financial insecurities has been contextualised, and the vulnerabilities that students face have been discussed. Financial security has always been a burden for students in TVET Colleges, which has led to some students failing to participate consistently in formal and informal college activities. The following responses highlight this:

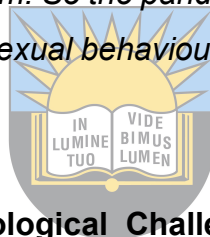


“To begin with, we as students are vulnerable, whether affected or infected by HIV. We have needs that we cannot meet. They (the needs) affect our studies. Sometimes, you do not even have lunch to bring to college. So if someone can provide me with money or something... (pause) to eat, old clothes to wear...(pause), anything, then you don't have anything to worry about. We can do better at school. Remember, Ma'am... other families do not have adults. They are either dead or ill.” Student 1 Focal group discussion (FGD).

*“It will make life easy if we can be transported to and from school...if the college can provide a shuttle... (Pause)...sometimes uyafuna uza eskolweni (...you want to come to school) ... maar (but) akho mali (there's no money). You then miss out (on school), and money is a problem as *** (student1) has mentioned that most families are headed by people our age or younger. Those adolescents, who still live with their parents, also suffer because their parents are unemployed... (Laughs a little).”* Student 2 (FDG).

“Although I cannot associate the following vulnerabilities to HIV and AIDS, it is crucial to note that HIV and AIDS make students more prone to poverty. The financial implications of a parent's death, whether or not the death is associated with HIV and AIDS, are too heavy on the student”. DHET Representative -Individual Interview (IDI).

“Students end up skipping school or classes because they have to go to the public clinic to get treatment, and that causes them to miss (out) on important lessons or practicals. That has financial implications. No employer wants higher dropouts. They are finding a ‘sugar daddy’ or ‘sugar mama’ (indicating the use of quotation marks by using an index and a middle finger) to generate income. This puts them in a risky situation of being infected with HIV. Also, Students affected by the virus tend to isolate themselves, have a low self-image, anger issues and frequent absenteeism. So the pandemic affects students’ social and financial life and displays bad sexual behavioural problems.” Lecturer TVET B1 (IDI).



4.2.1.2 Emotional and Psychological Challenges

The emotional and psychological status of students in TVET colleges was in the spotlight as the financial situation among students was brought to light. The results highlighted the most important factor is that a substantial number of students in TVET colleges could not deal with or address the stressful and depressing conditions that they were existing in. This was highlighted by the following responses:

“HIV and AIDS expose the students to more challenges compared to the unaffected ones. Although all students come from the same economic background, HIV and AIDS-affected students are more prone to poverty, financial challenges, anxiety, depression, behavioural problems, school attendance, and dropout or incomplete qualification.” CM TVET A (IDI).

“Roles change. The adolescent now has to assume the duties and roles of a parent or guardian who can’t fulfil their duties. Financial vulnerabilities affect how they take treatment...they will tell the health practitioner they can’t take treatment on an empty stomach as this makes them nauseous...or they cannot come to the clinic because they do not have transport money...sometimes they don’t come on the scheduled dates because they have to be at school”. ECDoH Representative (IDI).

From the data collected on the question above, the interpretation of the researcher is that all participants from focus group discussions and semistructured interviews share similar sentiments when it comes to how HIV and AIDS vulnerabilities affect the students in the TVET colleges. All responses indicated how HIV and AIDS leave the TVET students vulnerable to poverty, socio-economical, psychosocial, risky sexual behaviours, heading families, absenteeism and drop-outs from college.

4.2.2 HIV and AIDS support mechanisms required in TVET colleges

The data presented below was collected using focus group discussions and semi-structured individual interviews, responding to the question on the HIV and AIDS support mechanisms required by the students in the TVET colleges. All eight students, two campus managers, DHET and DoH representatives and the lecturers agreed that the following HIV and AIDS support mechanisms are required to address students' vulnerabilities.

4.2.2.1 Financial support

The results indicate that financial support is a necessity for students infected and affected by HIV and Aids to help them sustain and uplift their livelihoods. It emerged from the focus group discussion with students that there is very little financial support that they get from households, colleges and government as a whole. Furthermore, participants believed that because HIV medications are potent when taken on an empty stomach, students taking them should eat in the morning and afternoon. A major issue discussed in the FGD was how food

availability affects students on long-term drugs, such as ART, and how it affects their overall health. This is supported by the following echoes from the students;

“... that and some food to eat. Remember, Ma’am, from primary to high school, we are used to getting food during break time and food parcels for the weekends and holidays...the situation at our homes is still the same...nothing has changed. So let the feeding of students continue.” (He takes a glance at the rest of the group members, who nod their heads as the assurance of what he has just said). Student 3 (FGD)

“Many of us Ma’am lost parents and close family members to COVID-19. The pain we are still experiencing... (Shakes head, looks down). We do not get any support from the college. It’s like nothing is happening...it’s class time as usual.” Students 2 (FGD)



4.2.2.2 Psychosocial, emotional support and Academic help

Student Affairs Department plays a pivotal role in providing College health programs such as enhanced counselling and comprehensive sexuality education by allowing students to engage in discussions extending beyond the classroom, all under the guidance of trained staff. During the FDGs and Individual Interviews, it was noted that most student affairs departments are illequipped to provide psychosocial and emotional support to students who have been infected and affected by Hiv and Aids. This is supported by the following sentiments from participants ;

“Students from the college die, others lose parents...many people we know and are related to or close to those who died ...especially in 2020 because of COVID-19...this affects students’ emotions and state of mind. Students live in fear of who’s next. They are traumatised...can the college offer students and staff counselling services after every incident?” Student 6 (FGD)

“...a SSS service, a wellness centre which will look at physical health, mental health, psychosocial support, financial and support, provide food, that will improve class attendance and academic performance.” Student 4 (FGD)

“Students who are vulnerable to HIV and AIDS need financial support, counselling services, food security, and someone who will offer them protection from stigma and discrimination they sometimes have to deal with from other students. HIV and AIDS awareness programmes can also help educate them on STIs and HIV. The SSS must ensure that its program identifies and addresses student needs. The SSS is a student-friendly program. It focuses on students only and should be able to address their needs and ensure the vulnerabilities caused by HIV in their lives are uprooted. The mental health of adolescents should be taken care of at the campus level to decrease students’ absenteeism and dropout rates. Provide students with food parcels and cook for them. They will find reasons to come to the college daily.” CM TVET A (IDI)

4.2.2.3 Protection and security against Stigma and discrimination

Collaborative initiatives from various college departments are needed to address the burning issue of stigma and discrimination against HIV and Aids. Participants in the Individual Interviews articulated this, their ideas were expressed as follows;

“One way we can support vulnerable students is to teach all students about stigma and discrimination. If they know about those and their impact on others, they will stop stigmatising HIV and AIDS and discriminate against the affected ones. If they are not called negating names or judged, it will be easy for them to talk about the epidemic and ask for support from others.” Lecturer TVET A1 (IDI)

“Students made vulnerable by HIV and AIDS are in dire need of counselling or psychological support, financial support, academic support, physical health support... (Pause) show love... (Pause) give care... (Pause)...kindness. If

possible, provide food and clothing support. Counselling services for their emotional issues. If the institutions of higher learning want to ensure that adolescents remain at school and finish their qualifications in time, the spread of HIV and AIDS is minimized. If they wish to achieve and serve their purpose of producing skilled citizens, then offer students some support.

Create a safe and protective environment in which students can freely, without any fear, disclose their HIV statuses, seek help, and start with treatment and adhere to it. Conduct AIDS awareness campaigns; educate everyone on vulnerabilities caused by the pandemic. Teach students about acceptable sexual behaviours. Hold self-esteem classes. Completing a qualification will address all other vulnerabilities such as financial insecurity, poverty, and risky sexual behaviours; and decrease the number of new infections among this age group. Give them financial support, assist them in applying for NSFAS and make sure no student drops out because of financial issues.” **DHET Representative (IDI)**



The interpretation that the researcher gave based on the responses from the participants across the semi-structured individual interviews and the focus group discussions is that students in the two TVET colleges require all kinds of support they can get to address the HIV and AIDS vulnerabilities they are experiencing. All the participants agreed on psychosocial, financial, physical health and educational support, poverty, early school attrition, protection against discrimination and stigma associated with HIV and AIDS. Another form of support the students require is HIV and AIDS awareness campaigns and education on risky sexual behaviours.

4.2.3 HIV and AIDS Support Mechanisms in TVET Colleges

Based on the HIV and AIDS vulnerabilities of students in the TVET colleges as shared by the participants and the HIV and AIDS support mechanisms the students require, the researcher needed to find out what HIV and AIDS support mechanisms are available for the students to draw on. The following data were

collected from the semi-structured individual interviews and the focus group discussions. All students, lecturers, and campus managers agreed that the two campuses have Student Support Services (SSS) although they offer limited services. The DoH representative mentioned their partnership with the Department of Education and the programs available to fight against HIV and AIDS.

4.2.3.1 Unavailability of Psychosocial Support Services

Furthermore, there is a notable scarcity of psychosocial support mechanisms for students affected and infected by Hiv and Aids. This means that there are information dissemination campaigns that are initiated internally to help students comprehend the effects of sexually risky behavior and the importance of having adequate Hiv and Aids support mechanisms. This is evidenced by the following expressions encountered in the FGD;



“From the college, I can say the only support students get is the academic support through extra classes...SI (Supplementary classes).” Student 1 (FGD)

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“There are no interventions ...no programs to fight against stigma and discrimination...it was bad in 2021. When schools re-opened after the lockdown...one could not even cough...they look at you and literally move away...they call you...C19.” Student 3 (FGD)

“I have never heard anything about such interventions on this campus...I do not think many students are familiar with those...I mean stigma...discrimination...”
Student 4 (FGD)

“There are counselling services from what I hear around the campus...not sure where or how to get the services. The SSS is supposed to organise those

services for us, but they focus on academic support.” Student 2 (FGD)
“Yes...Testing and counselling services are offered through a First Things First program at the college once or twice a year and two or three days per visit... I don't know Ma'am...but we usually miss out on this because nobody tells us that these people (FTF) are here.” Student 4 (FGD)

4.2.3.2 Availability of Academic and Financial Support

During the interviews with key informants, the research noted that students receive academic and financial support. The latter does not encompass any Hiv and Aids support mechanisms that may or may not exist within the college. The interviews also revealed that TVET Colleges heavily rely on external Government support for HIV and Aids activation campaigns, counselling and Hiv testing initiatives. These external support services are only experienced by students a couple of times a year.

“We offer our students many different kinds of support. On this campus, we have residences for students from outside Port Elizabeth. We transport the students from our residences to different campuses and fetch them after the last class. The students in our residence also get two meals a day. We also get support from SSS, which sometimes sponsors our girls with sanitary pads. Our campus has an onsite NSFAS office for financial assistance and accommodation for qualifying students.” CM TVET A (IDI)

“The Health Department and DHET have joint efforts in a fight against HIV and AIDS. Initiatives such as Higher Education AIDS implemented in tertiary institutions aim to develop and support HIV/TB/STI mitigation, offering general health and wellness among South Africa's public Higher Education Institutions-including TVET colleges. I can list seven ongoing HEAIDS projects such as First Things First (FTF) which involve HIV counselling and testing campaigns,

Men's and Women's health programs, curriculum development and Integration, MSM and LGBTQI programs, drug and alcohol prevention programs and youth development and HIV prevention campus radio programme. FTF incorporates HIV testing in the same way as any other chronic disease within the wellness component service provision and this helps prevent the affected from the stigma associated with HIV." ECDoH Representative (IDI)

"Every government facility has a trained professional that provides health talks to these adolescents. They are taught more about HIV and AIDS and unplanned pregnancies, especially young ones. The South African Department of Health has a multi-sectoral approach, which includes the Department of Basic Education, Department of Higher Education and Training and Social Development in its fight against HIV and AIDS.

There is also a development of an Integrated School Health policy aimed at coordinating HIV and AIDS policy implementation in schools (indicating inverted commas with the middle and pointing finger) 'She Conquers' campaign for adolescents and young women affected by HIV and AIDS.

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Another initiative by the Department of Health is to help improve training for Life Orientation lecturers. This is done by offering support to the Higher Education and Training HIV, Health, Wellness and Development Centre, to produce material and training courses for Life Orientation Lecturers. The main focus of the material and training courses is on fields of sexual and reproductive health, rights and sexual gender diversity, LGBTQI (Lesbian, Gay, Bi-sexual, Transgender, Queer and Intersex). As an effort to fight HIV and AIDS, the Eastern Cape Department of Health provides every government institution with a trained professional to teach adolescents about HIV and AIDS and unplanned pregnancy. Another intervention aimed at co-ordinating HIV and AIDS policy implementation at schools is the 'She conquers' campaign directed at adolescents affected by HIV and AIDS. Lastly, the Eastern Cape Department of Health trains Life Orientation Lecturers and produces training material and

training courses to educate Lecturers on issues of HIV and AIDS. They also support Higher education and wellness centres”. ECDoH Representative (IDI)

“There is a Student Support Service in the College; they offer academic support to struggling students. Another support is from HEAIDS, First Things First program which offers testing and counselling for HIV, TB and STIs to students.”

Lecturer TVET A1(IDI)

“The college has a Student Support Service woman who visits the campus occasionally. Higher Health also runs a First Things Programme and distributes condoms and sanitary pads on our campus. But let me be honest: I am not comfortable with where the sanitary pads and condoms vendor machine is positioned. It is placed on the passage where everyone can see...when a student accesses it, everyone is looking at them with eyes that seem to be saying, ‘So you are sexually active... The SSS program helps distribute sanitary pads and condoms...but this is not done regularly. We know and are cognisance of AIDS awareness day and other HIV and AIDS programmes, but we do not hold them in this college. In addition to the support we offer to students, the campus had an initiative to help feed the students during the second term towards the end of 2021. All three campuses receive 50,000 donations each for the feeding scheme...I understand. That is just a drop in the ocean. The feeding scheme cannot be sustained with so little money. Therefore, the campus reached out and asked for donations. Hence we were able to start with the feeding scheme of our students. Additionally, the college uses interns for counselling services, who are mere students who are not qualified or professional psychologists. However, in the Post Provisioning Norm (PPN), there is a provision for a career guidance post. I hope that that will help. There is also a Nurse for each campus. However, she is not regularly on Campus.”

CM TVET B (IDI)

“Recently the college has received a vending machine where students can get colourful condoms and sanitary pads. But I do not think students make use of those machines. These machines are placed openly for one to see. It is more

like when other students get the condoms, and they are letting others know that they will be doing the act today... (laughs out loud).” CM TVETA (IDI)

The researcher could gather from the responses above that the two TVET colleges have student support services on-site. Additionally, the First Things First program is also available to students for TB/STI/HIV/AIDS testing and mitigation, counselling and access to condoms. However, both services are inefficient as the Student Support Service only focuses on academic support and NSFAS but not any HIV and AIDS, the vending machine is not in a private space where students can get condoms without being seen and judged by others. Also, the HEAIDS service of First Things First is not a continuously available service on site; few students know and use their support.

One of the two TVET colleges has student accommodation, providing two meals a day and student transport. Another support mechanism available to students but not in the two TVET colleges is a professionally trained person to offer education on sex, STIs, HIV and AIDS, stigma and discrimination and acceptable sexual behaviours. Even though there are some support mechanisms available in the two TVET colleges, it seems as if the communication lines are not clear; other students do not know anything about these services, and others do not know how to access them.

4.2.4 HIV and AIDS support mechanisms suggested to TVET colleges

In the section above, data collected showed a need for the HIV and AIDS support mechanisms for students in the TVET colleges under study. From what the researcher could gather and interpret, there is a need to suggest HIV and AIDS support that the TVET colleges can offer to their students. Based on that the researcher continued to ask the students what HIV and AIDS support mechanisms can they suggest to the two TVET colleges to offer to address the vulnerabilities experienced by the students. All eight participants in the Focus Group Discussions mentioned the same HIV and AIDS support mechanisms they would love to get from their campuses.

4.2.4.1 Security, Emotional, stigma, and discrimination support services

The FGD highlighted a desperate cry for action in terms of TVET Colleges having a robust policy and system to address issues that have to do with Hiv and Aids stigma and discrimination.

“I do not know who is affected by HIV and AIDS at the college, but I know that there are no intervention programmes to fight against discrimination and stigma against those affected by HIV and AIDS. I would suggest the college to have a program that fights against any form of stigma and discrimination.” Student 1 (FGD)

4.2.4.2 Psycho-social support and Financial assistance

The health, education, and government departments have developed policies and regulations that TVET Colleges must follow. In line with these regulations, TVET Colleges must ensure that they are capacity building for staff members that will allow them to complement any Hiv and Aids support mechanisms that are initiated.

“...there is no place or no one we can speak to for psychosocial support of those students whose parents are ill or have passed away due to HIV and AIDS... it would be a good thing if the college can have a trained person to address the psycho-social needs of students.” Student 2 (FGD)

“... Financial support will be great for all students in need. If students do not get NSFAS, they get exempted from paying school fees.” Student 3 (FGD)

“A health centre on campus will help minimise absenteeism and late coming.” Student 4 (FGD)

“I am looking forward to a day where the college can also have transport collecting students at different stations...maybe...all those students from area A and surrounding get fetched from B street, then it moves to collect more students from area C...it will make students not to miss out from class because of money.” Student 4 (FGD)

This question was directed only to the students. The responses from all those who participated in the focus group discussions suggested that they be offered the following HIV and AIDS support: Financial support-NSFAS, any bursary or being exempted from paying fees, student transport, on-site wellness centre, protection against stigma and discrimination and psychosocial support.

4.2.5 Importance of HIV/AIDS support mechanisms in TVET colleges

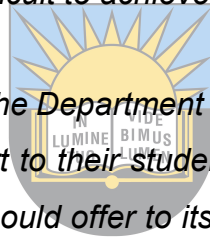
Based on the focus group discussions' suggestions on what HIV and AIDS support mechanisms could be suggested to TVET colleges, it then called for the researcher to justify whether TVET colleges are expected to offer the required and suggested HIV and AIDS support mechanisms to their students. The DHET representative, the campus managers, and the lecturers had to lead this part. Their responses had to be guided by the experiences the students had about HIV and AIDS and the policies that guide them. Although the lecturers were not familiar with HIV and AIDS policies, the two campus managers knew about them but agreed that they do not implement the policies on their campuses. Consequently, only one campus manager's quotation is included below. The DHET representative mentioned the policies guiding the TVET colleges in offering HIV and AIDS support to students.

Internally and external HIV and Aids support mechanisms

Numerous initiatives must be implemented in TVET Colleges to improve the support system for students. These include school-based counseling,

antistigma and anti-discrimination campaigns, assistance with medication retrieval and treatment adherence, and, in certain situations, food distribution. In addition, peer groups and other social support networks must be implemented in TVET Colleges as important resources to help fight Hiv and Aids. Support systems in TVET Colleges residences should include treatment adherence tracking, psychological support, and a linkage to student care. This was echoed by key informants in interviews;

“TVET colleges are purposed to equip young people with skills to ensure they are employable or can self-employ. For the TVET colleges to achieve this purpose, they have to give students all the support they need to better their lives. Education is supposed to develop a child in all spheres... (Counting using fingers) educationally...mentally...physically...emotionally and economically HIV and AIDS have made it difficult to achieve these.” CM TVET A (IDI)



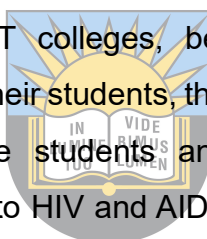
“TVET colleges are guided by the Department of Higher Education policies and training on how to offer support to their students. Several policies are guiding the college on the support it should offer to its students. For example, there is a White paper for post-school education and training... (Pause)... the Government Gazette South Africa... (Pause)... Annual Report on education, health, wellness and development and throughput policy documents... (pause)... The Policy and Strategic Framework on HIV and AIDS for Higher Education. Therefore, as Institutions of Higher learning themselves, TVET colleges have to follow and carry out what is in the policies, have HIV and AIDS programs such as World AIDS Day, fight against unemployment and eradicate poverty through skills empowerment programs. It is, therefore, important for the colleges to offer students the support they need, including HIV and AIDS support, to ensure their (TVET colleges) obligation to make sure of their students’ readiness for a job market.” DHET Representative (IDI)

“TVET colleges are faced with poor school attendance from the students, high dropout rate, angry and depressed young people who are overburdened (pause)...I do not know the policies on HIV and AIDS, but I know that on the 1st

of December, nationally, people observe World AIDS Day, then February is supposed to be a month where abstinence or condom use is promoted. It would make a difference if TVET colleges observed these events.”

Lecturer TVET A1 (IDI)

Regarding the responses given by the participants in the semi-structured individual interviews, it is evident that Lecturers know that the TVET colleges should be doing something to fight against HIV and AIDS. However, they are unsure of the policies that guide TVET colleges in offering that support. The Campus Managers know some of these policies and know that TVET colleges should support its students. However, they do not implement what is in the policies, such as the White paper for post-school and the Government Gazette on how to respond to HIV and AIDS. In essence, there is a common understanding from all the participants that TVET colleges, because of the HIV and AIDS vulnerabilities experienced by their students, these vulnerabilities' impact on the academic performance of the students and the policies guiding DHET institutions on how to respond to HIV and AIDS, TVET colleges are obliged to offer the HIV and AIDS support mechanisms to their students.



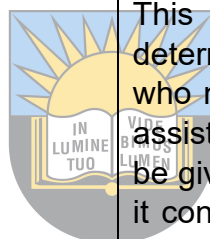
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4.3 Secondary Data Sources

The researcher consulted documents from both the DoH and DHET to collect data on the vulnerabilities experienced by the students in TVET colleges. Such vulnerabilities, as mentioned by the participants, included absenteeism, school attrition, sexually transmitted infections, and the poor background the students come from. Below is the list of documents and a summary of data collected from both the DoH and the DHET documents.

Table 9: Documents and a summary of data from the ECDoH documents

1. Registers (Tick registers)	A long list of young people between 18 and 35 was evidently among the people who visited the health facility daily. The visiting times were between 8h00 for arrival and 16h00 for departure. Each department in the facility kept its register according to a different reason for a visit.
2. Enrolment forms	Looking at the enrolment forms, the researcher noted adolescents as the dominating age group who attend.
3. Biomedical forms	The researcher picked up from this document that most adolescents visit the health facility for the same reasons. The reasons for their attendance are STIs and pregnancy.
4. Core package	This is a therapeutic tool used to determine who needs attention and who needs to be referred for further assistance. The researcher could not be given access to this document as it contained the names of people. It would be unethical if the researcher could be given access to the tool.
5. HIV/TB and SRH Risk Assessment Questionnaire	For ethical purposes, the researcher could not have access to this document. Access was denied to protect the patient.
6. Referral form	Data shown here displayed a high number of adolescents referred for different counselling purposes.



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Table 10: Documents and a summary of data from the DHET documents

<p>Enrolment vs output (Throughput rate)</p> <p>Minutes of a meeting:</p>	<p>Data collected from the fact sheet on the throughput document indicated that about 88 771 National Certificate Vocational (NCV) students were enrolled in 2016 and a throughput of 8 137 in 2018.</p> <p>For the TVET college under study, the fact sheet on enrolment in 2016 was 1941 and the throughput was 139 (Khuluvhe and Mathibe, 2021).</p> <p>NATED: This document indicated that in 2019, the college enrolled a total of 8436 N1 to N3 students and the throughput was 7846 in 2020.</p>
<p>Student attendance registers(summary)</p>	<p>Data collected from the attendance register showed that many students can be absent for the whole week or come to school only three times a week. Inconsistencies were also evident, as students were said to be absent in one class but present in another one.</p>
<p>Biographical information</p>	<p>Students in the TVET colleges are mainly females between the ages of 16 – 29. Most of these students come from rural areas and townships. The students live in informal settlements and low-income houses.</p>

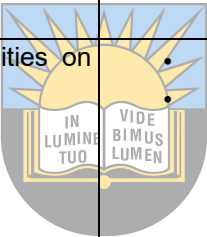
The documents accessed by the researcher from DoH in Table 9 included tick registers which indicated that adolescents between the ages of 18 years and above visited the clinic almost daily from 8h00 in the morning. These are the times when these adolescents are meant to be at school. The implications of this are also confirmed by the registers at the TVET college, indicated in Table 10, which show poor attendance rate by the students. In Table 9 adolescents are referred for counselling services, attesting to what the participants have shared that one of the support they require is the counselling service. Lastly,

the researcher accessed the enrolment and the throughput rate, which indicated that many students were enrolled at TVET colleges. However, the throughput rate was much lower. The interpretation the researcher gave to this is that students drop out of college before finishing their qualifications.

4.4 Tabulation of themes and sub-themes

In summary, five themes and sub-themes were emergent from the above data collected from the semi-structured individual interviews and the focus group discussions. Below are the five themes and sub-themes that emerged from the data collected:

Table 11: THEMES AND SUB-THEMES

THEMES	SUBTHEMES
Effects of HIV and AIDS vulnerabilities on TVET students	 <ul style="list-style-type: none"> • Stigma and Discrimination • Financial insecurity (absenteeism, dropout, risky sexual behaviour, poverty, high HIV and AIDS transmission rates, physical illness, low self-esteem, prolonged qualification completion, high unemployment rate, non-adherence to ART). • Change in family roles (Heading families, caregiving providers, taking over roles of an ill or deceased parent) • Psychological problems (mental health problems) • Emotional challenges (anger, frustration, stress, depression).
HIV and AIDS Support required by students in TVET colleges	<ul style="list-style-type: none"> • Psychosocial (Mental health, counselling services, care, and support) • Financial support (food security, easily accessible health facility, physical support) • Protection and security against Stigma and discrimination (HIV and AIDS awareness campaigns, condom distribution)

	<ul style="list-style-type: none"> • Academic help (programs focused on ensuring academic performance and completion of qualifications on time). • Emotional support (counselling services)
HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD.	<ul style="list-style-type: none"> • Psychosocial support (First things First: activation, testing, and counselling). • Financial support (National Students Financial Aid Scheme, transport) • Academic (Supplementary Instruction program)
HIV and AIDS support mechanisms that could be suggested to students in TVET colleges	<ul style="list-style-type: none"> • Psycho-social support (Peer counselling, Mental health support, Counselling services) • Emotional support services • Financial assistance (Food supply, feeding scheme, transport/shuttle services, accommodation, on-site health facility, consistent condom distribution) • Academic support • Security and protection support services against stigma and discrimination (HIV and AIDS awareness campaigns).
Reasons why TVET colleges have to offer HIV and AIDS support to their students	<ul style="list-style-type: none"> • Higher education is centrally positioned to serve mainly a group of people between the ages of 15-24 (Bruce, 2019) • The majority of risky sexual behaviours, such as transactional sex, multiple sex partners, and drug and alcohol use, mainly happen in institutions of higher learning, placing higher education at the centre of the fight against HIV and AIDS and its impact on adolescents (Bruce, 2019). • Higher education is the main driver of economic, skills and knowledge development (Bruce, 2019).

4.5 Conclusion

In this chapter, the data collected from focus groups, individual semi-structured interviews and documents on the HIV and AIDS support mechanisms available to students in Technical Vocational Education and Training (TVET) colleges at

NMBMD were presented as themes and subthemes. All data from the focus group discussions, semi-structured individual interviews and documents were triangulated and similar responses to the questions asked were received. This helped the researcher identify five themes and sub-themes as indicated in table 11 above. In the next chapter, the researcher focused on the summary of findings, conclusion, and recommendations.



**CHAPTER FIVE DISCUSSIONS, SUMMARY OF FINDINGS,
CONCLUSION AND
RECOMMENDATIONS**

5.1 Introduction

In the previous chapter, the researcher presented and interpreted all data collected using focus group discussions, semi-structured individual interviews and documents. In this chapter, the researcher discussed and summarized the findings presented and interpreted in the previous chapter, concluded and made recommendations on HIV and AIDS support mechanisms that TVET colleges in the NMBMD should offer to their students. Below are in-depth discussions of the five themes that emerged above, supported by literature and conclusion.

5.1.1 Theme 1: Effects of HIV and AIDS vulnerabilities in TVET Colleges

The low perception the students have when they fail is caused by various vulnerabilities, including financial vulnerabilities brought on to them by HIV and AIDS. Students made vulnerable by HIV and AIDS fail, and some even leave school because of the challenges they face with regard to HIV and AIDS. According to the theoretical framework used by the researcher to frame the study, Konh (2014) asserts that all humans are vulnerable to some situation at some stage in their lives. In the study of HIV and AIDS support mechanisms available to students in TVET colleges in the NMBMD, students in the two TVET colleges experience vulnerabilities associated with HIV and AIDS. Among the vulnerabilities experienced by adolescents in the two TVET colleges under study are poverty, financial insecurity, risky sexual behaviour, stigma, discrimination, school attrition (absenteeism, high failure rates and dropout), and psychosocial and mental challenges.



5.1.2 Discrimination and stigma in TVET colleges

The vulnerable students in the two TVET colleges live in fear of being judged, discriminated against, and stigmatised due to HIV and AIDS. Consequently, they are not open about their HIV status or their family member's status. This prevents them from seeking help and adhering to ART treatment where there is a need. The fear of being labelled consequently affects the students' self-esteem, develops feelings of shame and guilt, blames herself/himself and tends to isolate themselves from others, (Cambridge University Press, 2021).

Commenting on discrimination against HIV-affected adolescents, Vreeman, Scanlon, Tu, Slaven, McAteer, Aluoch, Ayaya and Nyadiko (2019) posit that adolescents, whether affected or infected by HIV suffer labelling, name-calling from peers and some peers, avoid being around them. In fear of being discriminated against, the affected students go as far as keeping to themselves, isolating themselves from others and not reaching out for help, such as taking

their treatment. Keeping to themselves about their or their family's HIV and AIDS status can mean only one thing: the affected students will not ask for any support, including not taking their ART. Stigma and discrimination harm the affected student's social life. Human beings are social beings. No human being wants to be judged and societal judgement becomes unbearable for adolescents. They live in isolation, which stresses them more, and they eventually quit school.

These negative socially constructed cliché', attitudes displayed towards people who are different from others and can lead to discrimination (Woodgate, Zurba, Tennent, Cochrane, Payne and Mignone (2017). From this, it is evident that the unfair treatment of vulnerable students has a devastating impact on them as they might demonstrate signs of low self-worth, low self-esteem, listlessness, risky sexual behaviour, social isolation, escalated bullying, non-adherence to Antiretroviral Treatment (ART), and serves as a barrier to education and causes depression (Woodgate et al., 2017 and UNICEF, 2016). Consequently, HIVaffected students in the two TVET colleges suffer from psychosocial conditions, such as inferior living conditions, anxiety and depression (Vreeman et al., 2019) as they are scared to seek any kind of support. Therefore, stigma aggravates poverty and malnutrition and prevents HIV-affected TVET college students from accessing services (Vreeman et al., 2019).

5.1.3 Students dropping out of school as an educational vulnerability

Whether the adolescent has lost a parent through HIV-related illness or is taking care of a parent living with HIV and is a sick parent, their education acquisition is negatively impacted by HIV and AIDS. There will be days when he/she will have to miss school just to take care of the ill parent or sibling or sometimes it is the adolescent her/himself who is ill and must miss out on school. Likewise, the death of a family member or a parent leaves a gap and a change in family roles. Suddenly, the adolescent is expected to play the role of a parent. The adolescent must take care of the siblings by providing food, buying clothes, paying fees and transporting money for school.

In this regard, the adolescents' roles and duties suddenly change because of an illness or a dead parent since they have to take care of the financial needs of themselves and their siblings, putting food on the table, clothing, food and medication. They also have a responsibility to show affection and emotional support and play a rearing responsibility to their siblings. To fulfil the newly assumed role, the adolescent quits school and tries to make ends meet. The throughput rate of students is also affected. The total number of students who go through to graduation in TVET colleges is less than the total number of students who were enrolled.

HIV and AIDS restrict adolescents from accessing socioeconomic resources, particularly education, employment and services promoting prevention (Magno, da Silva, Veras and Dourado, 2019). There is a disproportional connection between HIV and AIDS and education. Poverty as HIV and AIDS vulnerability serves as a barrier to attaining education, while education has always been seen as a means out of poverty. Students in TVET colleges are either affected or infected by HIV and AIDS. Consequently, the students are deprived of an opportunity to access education, which leaves them more prone to poverty and HIV and AIDS (Igulot and Magadi, 2018).

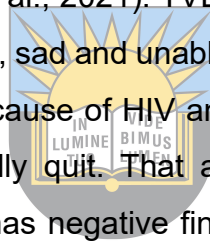
Reflecting on the impact of the death of a parent on education access by the student, Tozan, Sun, Cappasso, Shu-Huah Wang, Neilands, Bahar, Damulira and Ssewamala (2019) assert that the death of a parent leaves the adolescent with increased responsibilities, which causes a decline in school attendance and poor academic performance. For the TVET College under study, the fact sheet on NCV enrolment in 2016 was 1941, and the throughput was 139 (Khuluvhe and Mathibe, 2021), and in 2019, according to the minutes of a meeting, NATED enrolled 8436 students, and the throughput in 2020 was 7846.

In addition, the student attendance registers indicated that the absenteeism rate is high in the TVET College under study, with NCV students attending only 3 days a week. On the contrary, NATED students showed a very low

nonattendance rate, with a majority of students coming to school 4 to 5 days a week. Early school leaving or dropping out of college has further negative financial implications for adolescents. In the absence of a financial provider, adolescents must head and fend for their families. The role switch from being a dependent to a provider and poverty forces adolescents to find ways of generating income. Absenteeism and dropping out of school limit opportunities for employment, and this may lead to poverty. Poverty also affects students' self-esteem. Their decision-making and assertiveness will, therefore, be negatively affected. Consequently, adolescents are in no position to negotiate safe sex. They do not have a voice to negotiate safe sex because they are poor and need money. They do anything to escape poverty.

When the financial needs of adolescents are not met, they are forced to find other means of generating money, which is risky. Suppose the HIV and AIDS vulnerabilities are not addressed. In that case, family finances will continuously be on the low, families will continue living under the poverty line, the unemployment rate will continue rising, and the country's economy will be in the negative. Absenteeism as an impact of HIV and AIDS leads to failure and dropping out of college. Dropping out of college means incompleteness of qualification, then unemployment and poverty. Consequent to lower education levels or no education, HIV-affected adolescents struggle to get employment and find themselves trapped in transactional sex and intergenerational sex for survival (Onyango, Adu-Sarkodie, Agyarko-Poku and Asafo, 2015). Low educational levels, poverty, low self-efficacy, and low self-worth, therefore, have a ripple effect on the risk of HIV infections and transmissions, more vulnerabilities and death. The vulnerable adolescents feel overburdened and overwhelmed by the whole situation of HIV and AIDS and the switched roles. The vulnerable students require educational support, which includes the assistance of students with learning disabilities (Myataza, 2019), through programmes such as Student Support Services (SSS) and Supplementary Instructions (SI).

In the data collected as presented in the previous chapter, the two TVET colleges have SSS but not onsite. Also, academic assistance is the only support students can access from the SSS. Its support is inefficient as it does not offer support for other vulnerabilities displayed by TVET students. The HIV and AIDS vulnerabilities affect the education demand by the affected adolescents. The students carry many burdens, such as taking care of an ill parent or sibling, poverty and psychological and mental problems, and they are sometimes forced to quit school (Zinyemba et al., 2021). The implications of quitting school are not good, as adolescents need an educational qualification to live a better life. This, therefore, being the aim and purpose of higher education and learning institutions, reinforces these institutions to ensure that all students have equal opportunity to access education. Consequent to HIV and AIDS, adolescents display emotional and behavioural needs, mental health, substance use, and alcohol consumption (Bhana et al., 2021). TVET colleges find themselves with angry students most of the time, sad and unable to focus on their academic life. Therefore, it is evident that because of HIV and AIDS vulnerabilities, students miss school, fail and eventually quit. That affects adolescents' educational acquisition and consequently has negative financial implications, poverty and increased HIV and AIDS transmission rates.



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Tierney (2015) concludes that education is an instrument used to reduce poverty, arbitrate class and ameliorate the affected individual's life. Education ensures job security, improves financial status to buy food and clothing, pays for one's education, covers medical costs and improves adolescents' wellbeing. With education as a tool to support HIV-affected adolescents, poverty can be alleviated, risky sexual behaviours can be minimized, and the lives of many can be improved. However, suppose education as a means to escaping poverty fails, and students drop out of college because of HIV vulnerabilities, adolescents become more prone to poverty, risky sexual behaviour, unemployment, more exposure to HIV infections, death stress and depression. Dropping out of college affects not only the adolescents' livelihood and welfare but also the communities they come from, and the whole country's economy is affected.

In conclusion, with such vulnerabilities, adolescents find it difficult, if not impossible, to focus on their education. Pufall, Eaton, Robertson, Mushati, Nyamukapa and Gregson (2017) allude that the orphaned are faced with the danger of lower school attendance and dropping out. Going to college and class attendance becomes a challenge for adolescents as they are overburdened by everything happening in their lives. In this regard, this may result in a prolonged graduation period, dropping out of college, a high unemployment rate, an increased rate of HIV infection and poverty.

5.1.4 Financial vulnerability in TVET colleges

Lack of qualifications and loss of source of income in families due to HIV and AIDS leave adolescents who are students in the two TVET Colleges financially vulnerable. Consequently, financial vulnerability affects the students in TVET colleges in various ways - physically, emotionally and socially. Adolescents are social beings who like looking beautiful and who love fashion. Financial vulnerability makes it impossible to dress as they wish, and they often see themselves as not belonging to their age group. Social life is very important at this stage of their development. They need friends for different purposes, such as socializing and sharing their life experiences. At this stage of their lives, adolescents do not like being different. They must look the same, wear the same clothes and name brands as their friends. It becomes a challenge if this need is not met.

As, adolescence is a stage of life distinguished by physical, emotional, and social development, which is fast and quick (Ssewamala, Shu-Huah Wang, Neilands, Bermudez, Garfinkel, Waldfogel, Brooks-Gunn and Kirkbrigde, 2018), adolescents become big for their clothes and soon grow out of them, moreover, adolescents need to be noticed by peers and people of the opposite gender, the clothes they wear, hairstyles, colognes and perfumes they need should make them stand out, they require the financial support. The adolescents go through social maturity which is a need to belong, and grow their circle of

friends, (Ssewamala et al., 2018). As a result, without financial support from the parent, they get involved in risky sexual behaviours to get the financial support. Risky sexual behaviours refer to intergenerational and transactional sex. Intergenerational is getting involved in a relationship with older men or women, while transactional sex is having sex with another person, and they pay you (Smith, Chipeta, Stones and Mmari, 2021).

The financial stress that adolescents go through can be attributed to many other things. For example, the death of a parent or guardian in the family leaves the family (Ssewamala et al., 2018), particularly the adolescent with financial insecurities. The adolescents are left to ensure that not only the siblings but are also financially taken care of, school fees are paid for, medical costs are taken care of, and food and clothing are provided. This is a responsibility they are not ready for since they are still young and vulnerable. With no proper qualifications, adolescents cannot get any job. It becomes impossible for them to fulfil this responsibility when their parents leave with them.

The financial insecurities experienced by the family jeopardize the opportunity available to the community and the family to support the adolescent (Ssewamala. et al., 2018). Consequent to a high unemployment rate, even those families or community members who would love to intervene and support adolescents affected by HIV and AIDS cannot afford to handle it. Financial insecurity begets poor mental health, risky sexual behaviours, including experimental negotiable sex increased HIV infections, and ill physical health (Ssewamala et al., 2018). These may lead to an increased dropout rate, unemployment, and poverty. The rippling effect of unemployment and poverty results in risky sexual behaviour by adolescents and increased HIV infections, and the cycle continues.

It is, therefore, evident that financial vulnerability among adolescents affects the acquisition of education, which is imperative for getting employment. Financial vulnerability results in students being frequently absent from college and attribute that to lack of transport money, affecting their academic performance

(Otto, 2016). Poverty, caused by the death of a parent or unemployed parent, is another contributing factor to financial constraints experienced by adolescents. In addition, failure to get financial support results in adolescents engaging in other ways of generating income for survival. Since the adolescents are not educated and are unemployable, they engage in risky sexual behaviours that will further put their lives in danger (Bruce, 2019). Financial insecurity also causes mental health and psychosocial problems for adolescents.

Financial vulnerability also results in adolescents not adhering to treatment. This age group is the most dominated by non-adherence to treatment for different reasons. One more reason why adolescents do not adhere to treatment is to ensure a decline in the immune system, which in turn will drop their CD4 count, causing opportunistic illnesses to attack their bodies (Tozan, et.al, 2021) is to get money. Therefore, when the CD4 count drops below 200 per cubic millimetre of blood, it ensures that they qualify for an ill-health social grant. In addition, adolescents default from taking treatment because they do not have transport money to get it from a health facility.

Even if adolescents seek treatment from a health facility, they do not get treatment because of poverty since they do not have food. They claimed that the treatment makes them ill when they take it on an empty stomach. Hence stop taking their medicine. They do not have money to buy food, so they default because 'taking treatment on an empty stomach causes nausea. Although adolescents know they are supposed to adhere to treatment for their HIV status, they do not take the treatment because they are hungry (Becker, Cordeiro, Poudel, Sibiya, Sayer and Sibeko, 2020).

Non-adherence to treatment puts their health and lives at risk as the adolescents' immune system weakens and they develop opportunistic illnesses. According to Pang, Shang, Li, Xu, Bi, Zhong and Pei (2018), examples of such opportunistic illnesses are but are not limited to, Tuberculosis (TB), candidiasis, Cryptococcus neoformans, herpes and pneumocystis pneumonia. Due to these opportunistic illnesses, students cannot go to college, miss out on tuition, fail

and decide to drop out. The cycle of poverty continues endlessly as HIV infections increase, the unemployment rate goes up, and nonadherence to treatment continues.

Therefore, financial vulnerabilities seem to have an impact on the total wellbeing of adolescents. Consequent to financial vulnerability, students suffer from mental and psychological disorders, poverty, and lack of education.

5.1.5 Emotional and Psychological vulnerability in TVET colleges

The emotional and psychological vulnerabilities affect the students' social and educational life, academic performance, and economic development. The stress that comes with either being diagnosed with HIV or having a parent living with HIV is stressful for the adolescents in TVET colleges. According to literature and participants, students display emotions such as stress, guilt, fear and anger. These emotions affect students in many ways.

Students in TVET colleges, whether infected or affected by HIV, become emotionally and psychologically affected (Vreeman et al., 2019). An individual member of the family diagnosed with HIV causes stress not only to the infected but to the entire family affected. The situation worsens when a family member or a parent dies of AIDS-related illnesses. The fear of being judged, and labelled, and financial stress overwhelm adolescents. Consequently, the entire life of adolescents is filled with stress, depression and anxiety (Vreeman et al., 2019). Not only are adolescents emotionally affected by HIV and AIDS, but they are psychologically affected. When adolescents are deprived of material resources, and finances, consequent poverty, and derogatory name-calling, parental loss and lack of parental support make it difficult to adjust psychologically (Zuo et al., 2019).

It becomes almost impossible for adolescents to cope when their parents are sick or dead. The thought of taking over the responsibilities meant for parents depresses them. Therefore, adolescents vulnerable to HIV and AIDS go

through and demonstrate serious emotional and psychological distress. In agreement with the above, concerning the emotional and psychological impact of HIV and AIDS on adolescents, this is what the participants had to say: Thus, emotional, and psychological vulnerabilities manifest themselves in anger, fear, anxiety, aggressive behaviour, stress, guilt and depression (Nrupa, Lung, Lynnette, Habtamu & Samuel, 2016). Reflecting on the notion of emotional and psychological insecurities experienced by adolescents, McKenzie, Rogers, and Odds (2013) state that human beings are generally exposed to physical illnesses, disabilities, injuries, and death. This may result in psychological and emotional vulnerabilities when neglected. In this regard, TVET students are neglected because they must carry their families' burdens without any support.

Anger makes them not think straight. For example, HIV-affected adolescents engage in unprotected sex because of emotional vulnerabilities. Additionally, they have multiple sex partners (Kinyanda, Salisbury, Levin, Nakasuiia and Mpango, 2019), claiming that if someone infected them with HIV, they would also infect others. Hence students need someone they can share their stresses and depression with someone. In the lack of a person to vent out to, adolescents drink alcohol and use drugs. As human beings, the vulnerable students in TVET colleges find themselves angry since their parents died of AIDS-related illnesses and their partners infected them with HIV. As a result, they do not have anyone to talk to about their challenges. Consequently, they experience fear and uncertainty about what the future holds for them. Being diagnosed with HIV and losing a parent or a family member through AIDS-related illnesses leave adolescents anxious about what other people will think of them, how they will survive and who will care for them. They fear hunger, victimisation, and violence (Sherr et al., 2018).

HIV infects the realisation that a family member is no more, or the adolescent creates fear of being discriminated against or called derogatory names. In addition, TVET students also fear how the community will perceive them after the diagnosis of HIV or the loss of a family member due to AIDS-related illnesses. They become scared of being judged and labelled as immoral and

unclean and the harsh treatment from health staff members (Sherr et al., 2018). The sudden change in roles and responsibilities, from being a dependant to being a provider and heading a family, scares adolescents, as they are emotionally not yet ready for such a responsibility. Consequent to these emotions, the vulnerable adolescents become overwhelmed and find it difficult to cope with all the vulnerabilities they are faced with. With the inability to cope with everything they are facing, adolescents become stressed and depressed.

Woodgate et al. (2017) assert that adolescents diagnosed with HIV and whose family member lives with HIV or have succumbed to AIDS-related illnesses are the most over-burdened and most people who experience psychological distress. Because of their age and the new responsibilities, they must carry out the discrimination they have to bear and the stigma they are faced with both from communities they live in and peers at the college, all these become unbearable to the TVET college students. Commenting on the psychological impact of death results in grief and emotional distress because of HIV and AIDS (Michlig, Westergaard, Lam, Ahmadi, Kirk and Genz, 2018). HIV-affected adolescents' grief and emotional pain are worsened by dying due to AIDS-related illness.



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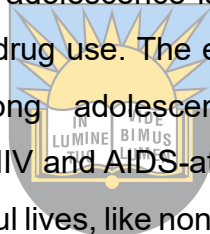
Consequent to the emotional and psychological distress, adolescents are left to cope with the impact of HIV and AIDS on their own. As a means of escaping from reality, adolescents start living life recklessly. Adolescents affected and/or infected by HIV begin consuming alcohol, getting involved in substance abuse and risky sexual abuse (Nrupa et al., 2016). This kind of behaviour by TVET college students exposes them to a further risk of contracting HIV and spreading it. These consequently affect their educational attainment.

5.2 Theme: 2 HIV/AIDS support mechanisms in TVET colleges

It is common among HIV - affected adolescents to live under the poverty line because the person meant to be a provider is critically ill or is dead. When the needs of adolescents are neglected, can destroy their livelihood and their

wellbeing. Additionally, adolescents are still students at an institution of higher learning. They are unemployed, and some have lost their parents or guardians to HIV and AIDS. In the absence of a parent or a guardian, institutions of higher learning, TVET colleges, are responsible for ensuring that the adolescents who are their students do not drop out. TVET College is accountable for reducing students' HIV and AIDS vulnerabilities by providing them with a good quality of life.

The data collected and discussed in the previous chapter confirmed that adolescents are the most affected age group by HIV and AIDS. Bhana *et al.* (2021) assert that millions of adolescents living with HIV or / are affected by HIV in their families, which affects their mental health. They start displaying psychosocial symptoms, and emotional and risky sexual behaviours. Ugoji (2014) alludes to the idea that adolescence is a stage characterised by risky social behaviour, alcohol, and drug use. The evident increases in risky sexual and social behaviours among adolescents result in increased HIV transmissions and death. For HIV and AIDS-affected and infected adolescents to live meaningful and successful lives, like non-affected adolescents, they need to be supported.



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Below are different kinds of HIV and AIDS support students in TVET colleges require to live fully despite their vulnerabilities.

5.2.1 Emotional/ Psychosocial support

Psychological, emotional, mental, and financial support are crucial for academic excellence, and the SSS program in the two TVET colleges does not offer them. Failure of SSS to offer the support mentioned above results in students who are not stable psychologically, emotionally, mentally, and financially. As a result, they cannot cope with schoolwork and quit. Therefore, neglecting mental and psychological support will result in mentally and psychologically unstable adolescents. The college will produce anxious, violent, and mentally and psychologically unstable adolescents. These broken adolescents will grow up

to be broken and frail adults. Emotionally and psychologically damaged adolescents would be unable to improve their living conditions.

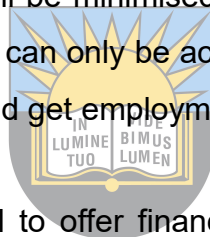
Above 50% of all adult mental health problems begin during adolescence (Nrupa, Lung, Lynnette, Habtamu & Samuel, 2016). This calls for immediate intervention before adolescents get to adulthood. By immediately attending to the mental challenges faced by adolescents now, adolescents can live worthwhile lives to adulthood. Offering adolescents mental health support will ensure mental, behavioural, and financial stability in the adolescent's life. Mental health and psychological problems are associated with aggression, poor interpersonal relationships, non-adherence to ART, risky sexual behaviours, increase in HIV transmissions, violence, anxiety, feelings of guilt, self-blame, depression, and stress (Nrupa et al., 2016 and Vreeman., et al., 2019). Concerning the theme, it is apparent that for the two TVET colleges to help their students, they need to deal with the students' psychosocial experiences and that will help improve their academic achievement, and enhance their social functioning, (Buthelezi, Ntshangase and Modise, 2024). Suppose TVET colleges can offer HIV-affected students psychosocial support, students will display fewer emotions and mental problems, such as anger, anxiety and violence, as indicated by Nrupa et al. (2016) and Vreeman et al. (2019). TVET Colleges will now have less anxious, less angry, and less violent students who can focus on their education.

5.2.2 Financial Security Support

HIV-affected students in TVET colleges will continue schooling until they complete their qualifications if their fees are paid, they have transport money, and there is money for food, clothes, and accommodation. However, HIV and AIDS-affected students in TVET colleges have financial struggles. Some have lost a source of income and, therefore, struggle to pay for their fees and do not have transport money to come to college or even buy food. The financial insecurity the students experience affects them in many ways.

The ability to acquire money and accumulate belongings gives adolescents the assurance of leaving poverty behind and offers them financial security (Brown & Robinson, 2016). Everyone, including adolescents, needs financial security. No one wants to live in poverty. With financial security, education is assured, positive self-esteem is guaranteed, and assertiveness and standing up against discrimination, marginalisation and abuse are certain. Kohn (2014) asserts that according to Fineman's theory of vulnerability, it is the government institution's responsibility to offer financial support to the vulnerable

As state institutions, TVET colleges are obligated to create a system funding the vulnerable, thus helping vulnerable students build financial security, accumulate assets and resources and develop capabilities (Brown & Robinson, 2016). Financial security will help the vulnerable students to be self-sustainable. The risky sexual behaviours will be minimised, and the HIV transmission rate will be lower. Financial security can only be achieved when students remain at college, attain qualifications, and get employment.



Contrary, if TVET Colleges fail to offer financial support to their students, it means they have been unable to fulfil their role of eradicating poverty, minimising vulnerabilities and ensuring life among all their students. However, TVET colleges should offer their students financial support. In that case, they will turn the tide on HIV and AIDS vulnerabilities such as risky sexual behaviours, psychological and mental illnesses, and emotional instability. Through financial support, HIV-affected adolescents will encounter lessened stress levels, thus, creating emotional and psychological stability, as they do not have to worry about supporting siblings, paying tuition fees, money for clothes, transport money and how they will pay for their accommodation.

In this regard, poverty would be something of the past because HIV-affected students would not have an excuse for not having transport money, money for food and clothes. Class attendance rate will improve, and timeous qualification acquisition will be ensured. With a relevant qualification, the students will get employment, poverty will be eradicated, the economic development of the

community will improve, and that will contribute to the country's economy. There are different ways in which TVET colleges can ensure financial support to their students. Keeping them in school creates a conducive learning environment and attends to student vulnerabilities. The affected students will remain at the college until they complete their studies and are economically independent. Therefore, it becomes imperative that TVET colleges offer HIV and AIDS as insurance of educational support to its students. One way of ensuring educational support is for TVET colleges to provide financial support to their students and help adolescents acquire a good quality of life (Government Gazette South Africa, 2014), poverty-free and attained dreams.

Another way in which TVET colleges can offer financial support to its students is by fighting against poverty by providing feeding scheme services for all students, especially HIV-affected. The participants felt that feeding scheme services could be helpful because HIV-affected students would not have to worry about what they must eat. The support will improve school attendance and treatment adherence for HIV-infected students. Mofoka (2016) supports the idea of financial support for vulnerable students to improve their academic performance and ensure that these students are kept at school until graduation. With financial support, students can finally pay for their college fees, buy food, clothes, medication, transport money and afford their accommodation. The TVET colleges need to assist all students with NSFAS applications. Financial support from NSFAS should be accessible to all students, and vulnerable students should be given first preference and support for application documents.

As another means of financial support, students vulnerable to HIV and AIDS should be exempted from paying school fees and shuttle services. If TVET College can offer financial support to its students, stress levels, anxiety and depression associated with lack of finances will be eradicated, students can finally pay attention to their studies, and college attendance will improve. The improvement in attendance would ascertain academic excellence that can motivate students to stay in school and complete their qualifications in time.

According to data collected from the focus group participants, another way of addressing the financial needs of the HIV-affected students and ensuring improved school attendance is transporting students from various areas they live in:

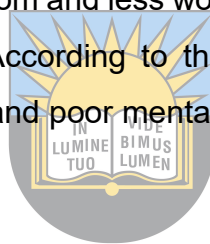
Therefore, the implications of offering financial support are that students will be able to focus on their studies. With financial support, not only will class attendance improve, but improvement will also be evident with other educational variables such as academic excellence and completion of the qualification by the students in time. With the support from SSS in TVET colleges, the purpose of the TVET colleges of eradicating poverty in their communities will be achieved.

5.2.3 Protection against stigma and discrimination

TVET students affected by HIV and AIDS face stigma and social isolation from peers and communities. Sometimes, because of HIV and AIDS-related stigma, they self-isolate in fear of being judged. HIV-vulnerable students in the two TVET colleges do not adhere to treatment, are not open about their HIV status and their families, and suffer in silence only because they fear the stigma associated with HIV and AIDS and being discriminated against.

Suffering in silence and not reaching out to seek help, leaves the HIV and AIDS-affected students burdened and overwhelmed by HIV and AIDS vulnerabilities, and stuck. With no help from the college and the communities they come from, they become stressed and depressed and do not go to school. They fail academically and eventually drop out of school. Dropping out of school worsens the students' situation in that they do not have any qualifications to look for a job, which has negative financial implications. The adolescent gets involved in risky sexual behaviour. The risky sexual behaviour by the adolescents aggravates the HIV and AIDS vulnerabilities, as the adolescents do not use protection, resulting in increased HIV and other Sexually Transmitted Illnesses (STIs).

Consequently, stigma and discrimination and other challenges and vulnerabilities experienced by adolescents, affect their education acquisition. Financial distress, stigma and discrimination, social injustice and too many responsibilities, hinder the acquisition of education among the affected students. On the contrary, when HIV and AIDS-affected students feel safe and protected against stigma and discrimination, they reach out to seek support and speak freely about their HIV status or their family's HIV status, and their treatment adherence also improves. HIV and AIDS-affected students will be motivated to attend classes if they know they are protected. Improved school attendance would consequently mean improved academic performance, employability, and student economic stability. Beer, McCree, Jeffries, Lemons and Sionean (2019) define stigma as a social process in which certain qualities are recognized to be different from and less worthy than others, resulting in loss of status and discrimination. According to these scholars, the discriminated person may suffer depression and poor mental and physical health because of social exclusion.



TVET colleges can prevent stigma and discrimination against HIV and AIDS-affected students by educating students and staff about HIV and AIDS. This is confirmed by Doku, Dotse and Mensah (2015), government institutions like TVET Colleges should ensure an environment that is safe, protected of human rights, discrimination-free and an environment that offers HIV-affected individuals' privacy to open up about their HIV-related vulnerabilities without being judged. Beer et al. (2019) condone HIV and AIDS programs such as the 'Let's Stop HIV Together campaign' directed at reducing HIV-related stigma, 'National HIV Behavioural Surveillance', which monitors and prevents all different kinds of stigma directed at people living with HIV and AIDS and 'HIV specific laws, and these laws are implemented to protect the affected people.

Educate them about how one can contract HIV and how people affected by HIV can be supported instead of judging them. HIV and AIDS awareness campaigns can help impart knowledge about issues related to stigma and discrimination.

The understanding gained from the campaigns will create an institution filled with students who are knowledgeable, sensitive, and supportive of the affected students.

This would encourage the affected students to disclose their HIV status or talk about their family's HIV status, get help, remain at college, acquire their qualifications, and get employment for the betterment of their lives, families, and communities. With an improved economic situation, adolescents would be financially independent and not need to engage in risky sexual behaviours. It, therefore, becomes the obligation of the State to provide access to societal institutions that will provide safety and security to the stigmatised and the discriminated (Kohn, 2024) to avoid further vulnerabilities to the students.

Therefore, to ascertain improved class attendance and boost the confidence and self-esteem of HIV and AIDS-affected students, TVET colleges should provide a safe and secure environment free from HIV-related stigma and discrimination.



5.3 Theme 3: HIV/AIDS support mechanisms found in TVET colleges

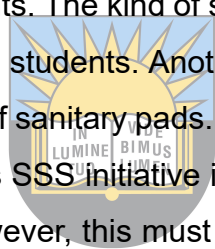
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HIV and AIDS affect students in TVET Colleges in the NMBMD by exposing them to various vulnerabilities which impact their livelihood. As a result, TVET colleges in the NMBMD are expected to offer support to students living with students HIV and AIDS and those with families who live with the virus. Data collected showed that there are different HIV and AIDS support mechanisms available to TVET students to draw on. However, these are not sufficient. The college offers Student Support Services (SSS). The intervention offered by the SSS in the TVET College for its students is good and relevant as it promotes academic excellence. The SSS programme is necessary for Institutions of Higher Learning (IHL) for that purpose.

However, the SSS needs to include more than just academic intervention, it needs to offer other services required by students vulnerable to HIV and AIDS. The college also provides student accommodation with meals and

transportation to and from classes; however, student accommodation is strictly for those not residing in Port Elizabeth, which means that HIV-affected students from Port Elizabeth continue to suffer in this regard. Some do not have accommodation or money to pay rent.

In addition, only resident students can be transported to and from the college. This kind of support is necessary, as it will help improve attendance. No student will miss school because they do not have transport money. The college provides food for only those who reside on campus. Students on this campus have an added advantage compared to those who live off campus in that the support they are getting is important in keeping them at college. Again, this support is not beneficial to all students. It would, therefore, be good if the transportation and accommodation of students were open to all students, not just a particular group of students. The kind of support offered at this campus is insufficient and beneficial to all students. Another good intervention offered at this campus is the distribution of sanitary pads. Because many young girls miss school during their periods, this SSS initiative is good in ensuring that girls are kept in school all the time. However, this must be a continuous intervention as girls get their periods monthly, and it will be good if accompanied by sexual reproduction education.



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SSS in Institutions of Higher Learning (IHL) is expected to offer all kinds of support students need to make their student leave easy and ensure success. The student support expected from SSS ranges from financial, academic, social, mental, psychological, emotional, food, transport, and student protection in addressing stigma and discrimination (Picton & Kahu, 2021).

The partnership the Department of Higher Education and Training (DHET), the Eastern Cape Department (ECDoH) and Higher Health (HH) have in bringing the First Things First (FTF) programme to the two TVET Colleges is of great importance. This program offers testing services for all communicable illnesses, such as TB HIV and AIDS. Also, FTF provides counselling services to students vulnerable to HIV and AIDS. The main aim of FTF is to mitigate HIV and AIDS

and their impact on students affected by the pandemic in TVET. First Things First is a good HIV and AIDS intervention programme for all including the students.

The testing services will ensure that students get to know their TB HIV, and AIDS statuses at the earliest stages. The ones who test positive for any communicable diseases can be counselled and start treatment as soon as possible. That will help prevent the further spread of either TB or HIV and AIDS. The only challenge is that Higher Health visits campuses only twice a year. The implications are that even if a student wished to reach out for testing and counselling services, they might not be able to as they might be in class when Higher Health visits or did not know that Higher Health is coming on the day.

The World Health Organisation also promotes awareness programmes such as World AIDS Day, which could be beneficial to students in TVET colleges. However, the participants have never seen any of the awareness campaigns being observed at the two campuses. The college is aware that on the 1st of December each year, the college needs to conduct an AIDS awareness programme aimed at educating students on the issue of HIV and AIDS, condom use and distribution, HIV and AIDS mitigation, and protection of People Living with HIV's Rights (PLHIV). Although the programme is important, it is not conducted in the college. One of the most important purposes of holding the World AIDS Day awareness campaigns is to fight against illegal, social, and economic crises and ensure fair and equal access to opportunities (UNAIDS, 2021). If the college misses this vital role played by the World AIDS Day campaign, then AIDS-affected students will continue suffering an economic, social, and illegal crisis.

The partnership between the Department of Health and the Department of Higher Education and Training is what TVET Colleges need in their effort to support HIV-affected students. The partnerships can offer different kinds of support the students require to improve the HIV and AIDS vulnerabilities they are facing. HIV and AIDS-affected students in the two TVET colleges require

financial support. Some students who come from poor backgrounds still struggle to get NSFAS assistance and, hence, to pay their fees, accommodation, and food. This obstructs vulnerable TVET students from paying attention to their schoolwork. They are frequently absent from school because they do not have transport money, get involved in transactional, intergeneration relationships to make money, suffer from stress and decide to drop out of school.

The two TVET College campuses in the NMBMD have a National Student Financial Aid Schemes office (NSFAS) for the 'qualifying students. NSFAS pays for the accommodation, transport and food money for all eligible students. Although all students require financial support, it is unfortunate that not all students qualify to get NSFAS. The main objective of NSFAS is to grant financial assistance to needy students from the poor working class (DHET, 2020). Should this main objective be met and the financial support the students require is offered, many of the challenges they face in their academic achievement will be addressed.



5.4 Theme 4: HIV/AIDS support mechanisms suggested for students

To address HIV and AIDS vulnerabilities experienced by students, TVET colleges need to investigate different HIV and AIDS support mechanisms they can offer their students. The following are the suggested HIV and AIDS support mechanisms TVET colleges can offer their students: In addition, TVET colleges need to offer psychosocial support. Vulnerable TVET students go through emotional, psychological, social, and mental experiences which leave them stressed and depressed. The impact of these vulnerabilities on students' academic performance is costly. Without support from the college, vulnerable students find themselves not coping academically and drop out. Vulnerable students require support in terms of intervention programmes to protect them from the stigma and discrimination associated with HIV and AIDS (Vreeman et al., 2019). TVET colleges must ensure all students are safe and protected from any form of injustice, like stigma and discrimination.

Another support suggested to TVET colleges is financial support. Vulnerable students, especially those who have lost parent/s or providers, are left to take care of all the responsibilities, including the sibling's financial needs. Included in the financial needs of the adolescents are money for food, transport, clothing, fees, accommodation and in some situations, cash for medication. It also came as a suggestion that among other ways TVET colleges could offer financial support to their students was to exempt vulnerable students from paying fees and/ ensuring that they get financial assistance from NSFAS. Financial assistance for vulnerable students will offset some of the burdens they are carrying, and that will help them focus on their studies. An onsite health centre was also suggested as another support that TVET colleges could help their students with. A health centre offering physical health, psychosocial, emotional, and mental health support will help save time they spend in long queues at local clinics, improve school attendance, keep adolescents at school, academic performance improvement, qualification completion and acquisition and employment opportunities increase, economic conditions will improve and risky sexual behaviours which lead to increased HIV transmissions will be minimized.

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In addition, a functional SSS programme will also look at providing HIV and AIDS vulnerable students with food on-site and food parcels on Fridays to cater for weekends. This kind of support from SSS would improve school attendance and motivate them to take their treatment as they get something to eat before taking it. Another service by SSS will be condom distribution, and HIV and AIDS education. Consequently, vulnerable students' health will improve.

5.5 Theme 5: Value of HIV/AIDS support mechanisms to students

Eradication of poverty and unemployment, opening of employment opportunities and educating students on healthy sexual behaviours to minimize the spread of HIV and AIDS are the purposes of TVET colleges. Therefore, the implementation of the inclusion policy framework can be of great assistance to

TVET colleges. Onsite Health and Wellness centres will ensure that students are at college every day, saving them the time they will waste waiting in long queues and the money they need for transport. The HIV-affected students face discrimination and stigma from others and their communities. This forces them to drop out of college. The inclusion policy framework mandates TVET colleges to fight against any social exclusion that may hinder their purpose for all students. It then becomes the responsibility of the onsite Health and Wellness centres and SSS to offer the HIV and AIDS support the HIV and AIDS-affected students need. It is required of TVET colleges, as government institutions, as institutions that mostly deal with adolescents and whose main purpose is to ensure that adolescents attain education and improve their lives to offer HIV and AIDS support to the affected students.

As stated earlier, institutions of higher learning, like TVET colleges, are the only institutions that can reach approximately 12 million adolescents (Hoadley, 2015). Therefore, they are central to addressing issues of HIV and AIDS among adolescents. In addition, TVET colleges must stick to the social inclusion policy framework and have onsite Health and Wellness centres (Government Gazette South Africa, 2014). According to the social inclusion policy framework, all Institutions of Higher Learning must accommodate all students regardless of their differences, afford them equal education opportunities, and create a safe environment for all. Additionally, the onsite Health and Wellness centres will hold AIDS awareness campaigns, offer HIV and AIDS support for the affected students, and arrange for student accommodation and financial security (Government Gazette South Africa, 2014).

In agreement, the National Education Policy Act of 1996, cited by (Government Gazette South Africa, 2014), enforces the Student Support Services (SSS) in TVET colleges should ascertain overall student development. This means that TVET colleges need onsite SSS services to mould and develop the students morally, socially, politically, and economically. Lastly, TVET colleges should be centres to uphold human rights and democracy further. Kohn (2014) also asserts that according to Fineman's theory of vulnerability, government

institutions, such as TVET colleges, are obligated to reduce, ameliorate and compensate for the vulnerabilities experienced by all by ensuring good health care and employment, creating a system for funding and providing all the vulnerable with a safe and secured environment.

Asikhia and Mohangi (2015), cited in UNICEF (2009), state that institutions of higher learning should ensure the academic achievement of the affected adolescents by ascertaining food and financial security and offering emotional and psychological support since no student can focus on their studies if they are hungry. An empty stomach is an empty mind. The stresses, anxieties, and depression caused by the adolescents' parent or guardian death, discrimination and stigma that comes with HIV should be dealt with and addressed at the colleges.

This data calls for TVET colleges to adopt projects such as DREAMS and offer college-based support for HIV and AIDS-affected students. The college-based programme will be tailor-made, accurate and relevant for students. It will offer prevention and protection services for the HIV-affected students, will issue referrals to health facilities for services not offered by the college, distribute condoms, reduce risky sexual behaviours such as multi-sexual partners and unprotected sex, (Saul, Batchman, Allen, Toiv, Cooney & Beamon, 2018).

Lastly, Wood and Pillay (2016) state, as mentioned earlier, that it is the responsibility of TVET colleges as part of Institutions of Higher Learning to deal with the concerns and the outcomes of HIV and AIDS as displayed by the students. The implications, therefore, are that TVET colleges need to identify vulnerabilities encountered by students because of HIV and AIDS, and they need to make sure the affected students get all the support they need. A closer consideration of the above discussions indicates that TVET colleges, as Institutions of Higher Learning which accommodate mostly adolescents, are obligated to ensure that HIV and AIDS vulnerabilities encountered by its students are addressed. It is the human right of all adolescents to study and obtain a qualification to improve their lives. TVET colleges have to ensure they offer HIV

and AIDS support to their students so they can finish their studies, get employed and become financially independent. Financial independence would ensure that students stay away from all risky sexual behaviours and this will minimise HIV transmission.

The study of HIV and AIDS support to students in Technical Vocational Education and Training colleges in NMBMD revealed that HIV and AIDS hinder adolescents from accessing and getting education. The HIV and AIDS vulnerabilities are a cause for HIV-affected students to quit school. The HIV-affected students are exposed to discrimination and stigma from peers and the communities they come from, stress levels because of newly assumed roles, and financial challenges because of the death of parents or guardians. Consequently, adolescents end up engaging in unprotected sex with many sexual partners who are most times older than they are.

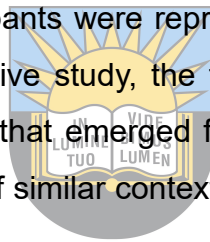
The risky sexual behaviour by the students increases HIV transmission rates, illness, and psychological and mental problems. HIV and AIDS disturb the purpose that TVET Colleges have - to eradicate poverty and ensure financially independent students and societies who contribute to the country's economic development. However, HIV-affected students are continuously absent from College, which affects their academic performance and qualification completion. This has adverse implications not only for their family's and communities' financial status but for the country's economy as well. Due to their needs, particularly their financial needs, students become more prone to risky sexual behaviours and poverty.

Hence, TVET colleges, the government institutions of Higher Education and Training, are responsible for offering HIV and AIDS support to their students, fulfilling their duty of educating, offering skills and making adolescents employable. By offering the HIV and AIDS support needed by their students, TVET colleges in the NMBMD can reduce and eradicate HIV and AIDS vulnerabilities experienced by its students. Additionally, risky sexual behaviours, which include unprotected, intergenerational and transactional sex,

alcohol and drug use, dropping out of college, and rates of absenteeism would be reduced. In this view, TVET colleges as the only centres that deal with the majority of adolescents; they understand adolescents better as the adolescents spend the majority of their time at the college. On-site health facilities, with qualified psychologists and social workers, health practitioners, and a good referral system would ensure tailor-made support specially designed for adolescents.

5.6 Limitations/Delimitations of the Study

This qualitative study focused on two TVET colleges in the NMBMD out of fifty TVET colleges in South Africa. Additionally, the study sample is sixteen participants, which is a small representation of the TVET population considering 1 094 808 students enrolled in TVET colleges in 2020 (DHET, 2022). However, data collected from the participants were representative of all stakeholders in the TVET sector. As a qualitative study, the findings of the study cannot be generalised; thus, the themes that emerged from the data collected can add value to other TVET colleges of similar context, background and setting as the two TVET colleges under study.



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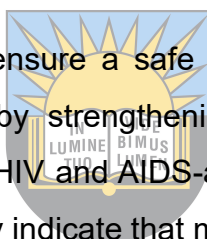
5.7 Recommendations

It is against this study that the researcher suggests the following areas of improvement in HIV and AIDS support mechanisms that TVET colleges in the NMBMD can offer their students:

- TVET colleges should ensure that their students have access to onsite support mechanisms they need to succeed academically, including HIV and AIDS support mechanisms. In line with the echoes of the students who participated in the study, there is a need to address issues of stigma and discrimination; lecturers, support staff, and students should work together to facilitate lively discussions and debates that demystify HIV and AIDS issues. Additionally, there is a need to infuse sexual

reproductive health information into both curricula and curricula activities.

- TVET colleges should beef up and strengthen their Student Support Service to address all the needs and vulnerabilities their students require. Support services help students succeed, perform better, and have a higher likelihood of finishing their courses. The success of student support services programs is reliant on the help-seeking behaviour of students. A strong student support service platform in TVET Colleges will create a reliable and safe space for students to talk about issues relating to sexual reproductive health. In addition, this will improve the support mechanisms required by the students in the two TVET colleges. Student Support Services should offer psychosocial, mental, physical, and financial support.
- TVET colleges should ensure a safe and conducive environment for teaching and learning by strengthening the security and protection against the stigma and HIV and AIDS-affected students discrimination. The findings of this study indicate that more HIV prevention education is needed among students in TVET Colleges, as increasing education can lower stigma and discrimination.
- TVET colleges should ensure students remain at college, get a qualification and employment are financially independent and contribute to the country's economy. There is a need for TVET Colleges to produce high-quality graduates who are going to contribute effectively in coming up with sound solutions to socio-economic problems including Hiv and AIDS challenges that the province and the country are facing. Graduates from TVET Colleges must change the negative narrative that is associated with TVET Colleges.
- TVET Colleges should educate students about the impacts of HIV and AIDS through AIDS awareness programmes about issues around HIV and AIDS. The DHET should fund internal-level HEAIDS programs like "First Things First" while closely monitoring and evaluating their impact



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and providing regular success updates which is in line with what some key informants mentioned.

- TVET Colleges should act as safety nests against HIV and AIDS for students and their communities. This means that TVET Colleges Hiv and Aids programs must go beyond the campus boundaries into the surrounding communities. TVET Colleges have a massive role to play in developing communities by creating rapport with community leaders, local health institutions and other relevant stakeholders.

5.8 Conclusion

The researcher identified the gap that exists in the literature on HIV and AIDS support students in TVET colleges in the NMBMD offered. All findings from focus group discussions, semi-structured interviews, documents and literature argue that students in TVET colleges are made vulnerable by HIV and AIDS. The study identified vulnerabilities experienced by the HIV-affected students as financial, social, psychological, poverty, alcohol consumption drug use and dropping out of college. The study's findings highlighted the HIV and AIDS support students in TVET colleges require and can draw on. As government institutions and Fineman's theory of vulnerability, TVET colleges should support HIV-affected students. Through their support towards addressing HIV vulnerabilities experienced by their students, TVET colleges will achieve their purpose of eradicating poverty and empowering students with relevant skills that will ensure that students graduate and get employment. TVET colleges are the lifeline of communities to get out of poverty through their skills training programs. They should fulfil their purpose and responsibility to their students and communities.

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APPENDIX 1 INTERVIEW QUESTIONS FOR THE DEPARTMENT OF HEALTH REPRESENTATIVE

University of Fort Hare
Together in Excellence



University of Fort Hare
Together in Excellence

INTERVIEW QUESTIONS FOR THE DEPARTMENT OF HEALTH REPRESENTATIVE

HIV and AIDS support mechanisms available to Technical Vocational Education and Training colleges in the Nelson Mandela Bay Metropolitan

District.

Interview guide:

I am Sindiswa Ruby Tame-Gwaxula student number 201919599, a Doctor of Philosophy candidate at the University of Fort Hare, Faculty of Education. As a requirement of the programme, I am conducting a study on the abovementioned research topic. I am currently collecting information and this health centre has been chosen for the study. I would be grateful if you could spare a few minutes to participate in the interview. I wish to guarantee you that any information you provide will be confidential and will not be disclosed to anybody. I am also going to do an audio recording to ensure that all responses are written down with accuracy as I receive them.

You are kindly requested to answer the questions as honestly as you can as your responses would assist in providing information on HIV and AIDS support mechanisms available to Technical Vocational Education and Training Colleges in the Nelson Mandela Bay Metropolitan District.

Biography of Participant(s):

Gender	
Rank	
Experience in years	
Qualification	
Age (optional)	

INTERVIEW QUESTIONS:

A. What HIV and AIDS support mechanisms are available to adolescents in the NMBMD?

1. 1 According to your knowledge which age group is most vulnerable to HIV and AIDS?

1.2 What HIV and AIDS vulnerabilities do adolescents in the NMBMD mostly encounter?

1.3 How do you think these vulnerabilities affect the adolescent's livelihood?

1.4 What role does your department play in supporting adolescents made vulnerable by HIV and AIDS? If any mention the role the Department plays, if not please supply the reason/s why.

1.5 Does the DoH have any partnership with the Department of Higher Education and Training, in particular TVET colleges in the NMBMD? Please explain.



APPENDIX 2

INTERVIEW QUESTIONS FOR DHET REPRESENTATIVES, CAMPUS

University of Fort Hare
MANAGERS AND TVET LECTURERS
Together in Excellence



University of Fort Hare
Together in Excellence

INTERVIEW QUESTIONS FOR CAMPUS MANAGER, DHET REPRESENTATIVE AND TVET LECTURERS.

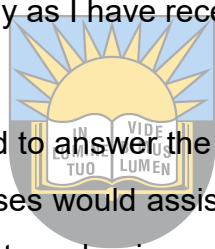
HIV and AIDS support mechanisms available to students in Technical Vocational Education and Training colleges in the Nelson Mandela Bay

Metropolitan District

Interview guide:

I am Sindiswa Ruby Tame-Gwaxula student number 201919599, a Doctor of Philosophy in Education candidate at the University of Fort Hare, Faculty of Education. As a requirement of the programme, I am conducting a study on the above-mentioned research topic. I am currently collecting information and this TVET College has been chosen for the study. I would be grateful if you could spare a few minutes to participate in the interview. I wish to guarantee you that any information you provide will be confidential and will not be disclosed to anybody. I am also going to do an audio recording to ensure that when I write down the responses, I write them as accurately as I have received them.

You are kindly requested to answer the questions as honestly as you can as your responses would assist in providing information on HIV and AIDS support mechanisms available to TVET college students in the NMBMD.



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Biography of Participant(s):

Gender	
Rank	
Experience in years	
Qualification	
Age (optional)	

B. Why do TVET colleges have to offer HIV and AIDS support to their students?

1.1 What HIV and AIDS vulnerabilities do students in TVET colleges experience?

1.2 What impact do HIV and AIDS vulnerabilities have on students in TVET colleges?

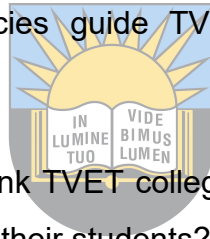
1.3 Explain which part of their lives is impacted by the HIV and AIDS vulnerabilities and how.

1.4 What HIV and AIDS support do adolescents in TVET colleges require?

1.5 What HIV and AIDS support mechanisms are available to adolescents in TVET colleges in NMBMD?

1.6 What policies guide TVET colleges in supporting vulnerable students?

1.7 Do you think TVET colleges are obliged to offer HIV and AIDS support to their students? Explain why or why not.



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APPENDIX 3

FOCUS GROUP INTERVIEWS



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FOCUS GROUP QUESTIONS FOR TVET STUDENTS

HIV and AIDS support mechanisms available to TVET college students in the Nelson Mandela Bay Metropolitan District.

Interview guide:



I am Sindiswa Ruby Tame-Gwaxula a student number 201919599, a Doctor of Philosophy candidate at the University of Fort Hare, Faculty of Education. As a requirement of the programme, I am conducting a study on the above-mentioned research topic. I am currently collecting information and this TVET college has been chosen for the study. I shall be grateful if you could spare a few minutes to participate in the interview. I wish to guarantee you that any information you provide will be confidential and will not be disclosed to anybody. I am also going to do audio to ensure that when I write down the responses will be accurately written as I have received them.

You are kindly requested to answer the questions as honestly as you can as your responses would assist in providing information on the factors contributing to the limited speaking of English in Grade 4 literacy classrooms regarding teachers and learners.

Biography of Participant(s):

· Gender	
· NATED/NCV	
· N/LEVEL	
· Age	

C. What support do adolescents vulnerable to HIV and AIDS in TVET colleges require?

1. What HIV and AIDS vulnerabilities do students in TVET experience?
2. How do you think the vulnerabilities mentioned in 1 above can impact students' academic performance, socio-economic status, psycho-social conditions and sexual behaviour?
3. How do students in TVET colleges deal with the vulnerabilities mentioned in 1 above?
4. What HIV and AIDS support do vulnerable students in TVET colleges draw on?
5. What HIV and AIDS support mechanisms would you suggest TVET colleges run for their students?

D. What HIV and AIDS support mechanisms could be suggested to TVET college students

1. Do TVET colleges have any intervention programs against discrimination and stigma towards those affected by HIV and AIDS?
2. What support do TVET colleges offer to students who suffer psycho-socially because of an ill parent or the loss of a parent or parents?

3. Does the college exempt students who have lost a parent/parents from paying fees?
4. Does the college run any HIV and AIDS awareness campaigns/testing/condom distribution and counselling services to prevent the risky social behaviour of its students?
5. Is there any functional Student Support Services on campus to offer support to the needs of students?

E. How can TVET college students in Nelson Mandela Bay Metropolitan District benefit from HIV and AIDS support mechanisms offered to them?

1. How do you think having an onsite, functional Student Support Services will improve the school attendance of vulnerable TVET students?



2. What impact will HIV and AIDS awareness campaigns/testing/condom distribution and counselling services run in TVET colleges have on student behaviour and academic performance?

3. Can the exemption of orphaned adolescents from paying fees prevent them from dropping out and stop them from engaging in risky social behaviour?

4. Explain how having an onsite feeding scheme, and health centre and offering food parcels to vulnerable students can improve school attendance.

APPENDIX 4



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ETHICAL CLEARANCE (IFREC)



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ETHICS CLEARANCE REC-270710-028-RA Level 01

Project Number: LIN011STAM01
Project title: **HIV and AIDS support mechanisms available to students in Technical Vocational Education and Training colleges at Nelson Mandela Bay Metropolitan District.**
Qualification: Doctor of Philosophy in Education
Student name: Sindiswa Ruby Tame-Gwaxula
Registration number: 201919599
Supervisor: Dr M Linake
Department: Education
Co-supervisor: N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby grant ethics approval for LIN011STAM01. This approval is valid for 12 months from the date of approval. Renewal of approval must be applied for BEFORE termination of this approval period. Renewal is subject to receipt of a satisfactory progress report. The approval covers the undertakings contained in the above-mentioned project and research instrument(s). The research may commence as from the 13/01/22, using the reference number indicated above.

Note that should any other instruments be required or amendments become necessary, these require separate authorisation.

Please note that UREC must be informed immediately of

- Any material changes in the conditions or undertakings mentioned in the document;
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research.

The student must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

UREC retains the right to

- Withdraw or amend this approval if
 - Any unethical principal or practices are revealed or suspected;
 - Relevant information has been withheld or misrepresented;
 - Regulatory changes of whatsoever nature so require;
 - The conditions contained in the Certificate have not been adhered to.
- Request access to any information or data at any time during the course or after completion of the project.

Your compliance with Department of Health 2015 guidelines and any other applicable regulatory instruments and with UREC ethics requirements as contained in UREC policies and standard operating procedures, is implied.

UREC wishes you well in your research.

Yours sincerely


Dr N Taole-Mjimba
Chairperson: University Research Ethics Committee
13 January 2022

APPENDIX 5

PERMISSION TO CONDUCT RESEARCH (DHET)



higher education
& training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA



PORT ELIZABETH
TVET COLLEGE

139 Russell Road
Central
Port Elizabeth
6001
10 March 2022

Dear Sindiswa Tame-Gwaxula,

RESEARCH PROJECT

This serves to inform you that permission was granted to you by Port Elizabeth TVET College to conduct your research on "HIV and AIDS support mechanisms available to students in Technical Vocational Education and Training colleges at Nelson Mandela Bay Metropolitan District."

Please inform my office two weeks in advance before you start conducting your study and adhere also, to the conditions laid out in the DHET 004, APPENDIX 1.

Best Regards

David Velapi
Head of Division
Business Studies
Russell Road
Tel: 041 509 6331/50
Fax: 086 631 1192
E-mail: davidv@pec.edu.za

APPENDIX 6

PERMISSION TO CONDUCT RESEARCH (HEALTH)



University of Fort Hare
Together in Excellence



Province of the
EASTERN CAPE
HEALTH

Enquiries: Yvonne Gixela

Tel no: 079 074 0859

Email: Yvonne.Gixela@echealth.gov.za / ygixela@gmail.com

Date: 14 February 2022

HIV and AIDS support mechanisms available to students in Technical Vocational Education and Training colleges at Nelson Mandela Bay Metropolitan District. EC_202202_010)

Dear Mrs. R. Tame-Gwaxula

The department would like to inform you that your application for the above mentioned research topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress update on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Eastern Cape Health Research Committee secretariat. You may also be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.



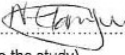

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE



TOGETHER, MOVING THE HEALTH SYSTEM FORWARD

**APPENDIX 7
PARTICIPANTS' CONSENT FORMS**

<p style="text-align: center;">INFORMED CONSENT FORM <i>(Edit as Required)</i></p> <p>I (name of participant) <u>Pumeza Njorwen:</u> have been informed about the study by (provide name of researcher/ project leader/ fieldworker)</p> <p>I understand the purpose, procedures, and risk-benefit ratio of the study.</p> <p>I have been given opportunity to ask questions about the study and have had answers to my satisfaction.</p> <p>I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedurals that I would usually be entitled to.</p> <p>I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures</p> <p>I understand that I will be given a copy of this informed consent.</p> <p>I understand that if I have any questions or complaints about my rights as a study participant, or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Chairperson of the Inter-Faculty Research Ethics Committee, Prof. Pumla Gqola or Chairperson of University Research Ethics Committee, Prof Renuka Vithal (details available from the Researcher or by contacting the University of Fort Hare or Website www.ufh.ac.za)</p> <p>Participant signature: <u></u></p> <p>Consenting for Audio Recording – when necessary YES / OR</p> <p>Participant signature: <u></u></p> <p>Witness signature: <u></u></p> <p>(to be altered according to the study)</p>	<p>Translator signature: (to be altered according to the study)</p> <p>Data curation – I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage (to be altered according to the study)</p> <p>Participant signature: <u></u></p> <p>Date: <u>29.03.2022</u></p>
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INFORMED CONSENT FORM

(Edit as Required)

I (name of participant) NONYSHA GLOBIN NTUNGU
have been informed about the study by (provide name of researcher/ project leader/
fieldworker)

I understand the purpose, procedures, and risk-benefit ratio of the study.
I have been given opportunity to ask questions about the study and have had answers to my satisfaction.
I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedural that I would usually be entitled to.
I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures
I understand that I will be given a copy of this informed consent.
I understand that if I have any questions or complaints about my rights as a study participant, or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Chairperson of the Inter-Faculty Research Ethics Committee, Prof. Pumla Gqola or Chairperson of University Research Ethics Committee, Prof Renuka Vithal (details available from the Researcher or by contacting the University of Fort Hare or Website www.ufh.ac.za)

Participant signature: NONYSHA

Consenting for Audio Recording- when necessary
YES / OR
Participant signature: NONYSHA

Witness signature:
(to be altered according to the study)

Translator signature:
(to be altered according to the study)

Data curation – I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage (to be altered according to the study)

Participant signature: NONYSHA

Date: 29.03.22

INFORMED CONSENT FORM

(Edit as Required)

I (name of participant) VUYOLWETHU MKOTO
have been informed about the study by (provide name of researcher/ project leader/
fieldworker)

I understand the purpose, procedures, and risk-benefit ratio of the study.

I have been given opportunity to ask questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedural that I would usually be entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as result of study-related procedures

I understand that I will be given a copy of this informed consent.

I understand that if I have any questions or complaints about my rights as a study participant, or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Chairperson of the Inter-Faculty Research Ethics Committee, Prof. Pumla Gqola or Chairperson of University Research Ethics Committee, Prof Renuka Vithal (details available from the Researcher or by contacting the University of Fort Hare or Website www.ufh.ac.za)

Participant signature: 

Consenting for Audio Recording– when necessary


YES / OR

Participant signature: 

Witness signature: NONTLANGU
(to be altered according to the study)

Translator signature:
(to be altered according to the study)

Data curation – I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage (to be altered according to the study)

Participant signature: 

Date: 29/03/2022

INFORMED CONSENT FORM

(Edit as Required)

I (name of participant) DAVID TAMMANGA VELAPI

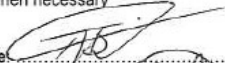
have been informed about the study by **Sindiswa Ruby Tame-Gwaxula** I understand the purpose, procedures, and risk-benefit ratio of the study. I have been allowed to ask questions about the study and have had answers to my satisfaction. I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any procedurals that I would usually be entitled to. I have been informed about any available compensation or medical treatment if an injury occurs to me as a result of study-related procedures I understand that I will be given a copy of this informed consent. I understand that if I have any questions or complaints about my rights as a study participant or if I may have concerns about any aspect of the study or the researcher/s then I may contact the Chairperson of the Inter-Faculty Research Ethics Committee:

Prof Munacinga Simatele
Acting Dean: Research
t: +27 (0) 43 704 7022/7507
+27(0) 40 602 2516
c: +27 (0) 76 8343614
e: msimatele@ufh.ac.za
<https://orcid.org/0000-0001-9182-2701>

Participant signature:  **Consenting for**

Audio Recording- when necessary

YES/ OR


Participant signature: 

Witness signature: 
(to be altered according to the study)

Translator signature:
(to be altered according to the study)

Data curation – I understand that the information that I provide will be stored electronically and will be used for research purposes now or at a later stage (to be altered according to the study)

Participant signature:

.....  **Date:**

..... 31/03/2022

APPENDIX 8
EDITOR'S LETTER



University of Fort Hare
Together in Excellence

29B Thompson Street
Adelaide
5760

e-mail: lmakhenyane@ufh.ac.za
lmakhenyane@gmail.com
078 013 8791/067 880 1165

Education Department
University of Fort Hare
1 King William's Town
Alice
5700

Dear Sir/Madam

CONFIRMATION LETTER

I have edited and proofread Sindiswa Ruby Tame's (201919599) Doctoral Thesis, titled " HIV AND AIDS SUPPORT MECHANISMS AVAILABLE TO STUDENTS IN TECHNICAL VOCATIONAL EDUCATION AND TRAINING COLLEGES AT NELSON MANDELA BAY METROPOLITAN DISTRICT". I have done this work in my capacity as a freelance Language Practitioner.

The type of work that I did include the following:

1. **Handling of the topic;**
2. **Quality of ideas;**
3. **Logical sense of the paper, and**
4. **Writing style and grammar**

Lukhanyo E. Makhenyane
Lecturer: University of Fort Hare
PhD (UFH)

**APPENDIX 9
STATEMENT OF ORIGINAL WORK**

STATEMENT OF ORIGINAL WORK

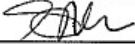
I declare the following:

I have read the Code of Student Conduct and Academic Responsibility as described in the *Student Handbook* of Fort Hare University. This applied dissertation represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

In areas where I have used words from another author, as well as ideas in this applied dissertation, I have acknowledged them, using referencing style guide recommended by the Faculty of Education at the University of Fort Hare.

I have obtained permission from the author or publisher—in accordance with the required guidelines—to include any copyrighted material (e.g., tables, figures, survey instruments, large portions of text) in this applied dissertation manuscript.

Sindiswa RUBY TAME-GWAXULA



10 June 2022



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APPENDIX 10
TURNITIN REPORT



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