

CHAPTER ONE

THE CONTEXT OF THE STUDY

1.1 Introduction

This chapter presents an overview of the research plan for this study on school-level responses to HIV and AIDS. It is organized as follows: the background to the study, the problem statement, the purpose of study, research questions, conceptual framework, delimitation of the study, definition of the concepts, structure of the study and summary.

1.2 Background of the study

South Africa has become one of the fastest growing HIV and AIDS pandemic countries in the world today. As the National Department of Health (2000: 8) has highlighted, HIV and AIDS prevalence for the years 1998-1999 showed a steady increase. According to the National Department of Health (2000: 8), many countries have taken urgent steps to curb the pandemic with varying degree of success. Data from the Department of Health's Annual National HIV and AIDS Survey provide a good estimate of HIV and AIDS prevalence and trends over time in South Africa. Such data show that there are regional variances or geographic disparities in the distribution of HIV and AIDS pandemic in the South African provinces. The National Department of Health (2000: 8) presents the difference or variance by highlighting the level of infection province by province. To support its argument, it presents very vividly percentages for each province.

Table 1.2.1 HIV and AIDS prevalence for the year 1998-1999

Province	1998	1999
KwaZulu Natal	19,9%	32,5%
Western Cape	5,2%	7,1%
Eastern Cape	15,9%	18,0%
Northern Cape	9,9%	10,1%
Free State	22,8%	27,99%
Gauteng	22,5%	23,9%
Mpumalanga	25,2%	27,3%
Limpopo	7,9%	11,4%

The rate at which, HIV and AIDS prevalence is growing especially in South Africa is of a great concern. The recent statistics released by Dorrington, Bradshaw and Budlender (2002: 3) estimate that 3.1 million people have already died of HIV and AIDS in 2002, and that 5 million people have since been affected by HIV and AIDS. According to them, the spread of the pandemic differed between provinces. The statistics shown by Dorrington, Bradshaw and Budlender (2002) indicate that there has been an increase on HIV and AIDS prevalence for the period 2001-2002 from the nine South African provinces.

Table 1.2.2 HIV and AIDS prevalence for the year 2001-2002

Provinces	2001	2002
KwaZulu Natal	33,5%	40%
Western Cape	8,6%	14,0%
Eastern Cape	21,7%	29,0%
Northern Cape	15,9%	20,0%
Free State	30,1%	35,0%
Gauteng	29,6%	30,0%
Mpumalanga	29,8%	30,0%
Limpopo	14,5%	25,0%

According to the Department of Education (2000) many schools are already experiencing the effects of the pandemic, as educators, learners and members of their families fall ill. Until the epidemic is brought under control, such effects may become harsher and more widespread. Almost every educator may eventually fall ill and, therefore, illness would disrupt the process of learning and teaching. When teachers and learners die schools suffer disruption, loss and sorrow. Many schools would be crippled by the impact of the disease on staff, learners and their families and this may reduce or threaten school enrolments. As the proportion of the potential parents declines, school enrolment rates would deteriorate and dropout rates rise. As Coombe (2000: 14) indicates, once they know about their health status, many are likely to lose interest in continuing their professional development. Even those who want to be tested may have their morale falling significantly because of seeing both those that are sick and those who died among their relatives and colleagues.

The situation, as presented, highlights the need for schools to respond to the pandemic. According to Chetty (2000: 39) organizations such as universities have already started responding to the pandemic. For instance, students and staff at various South African universities have, in fact, been responding to the pandemic since the late 1980s. They

now have recognized centres of research and practice in the fight against HIV and AIDS. To mention a few, The University of Durban-Westville has an intensive counselling and support programme. The Medical University of Southern Africa (MEDUNSA) is a recognized centre of vaccine research, and the University of Pretoria hosts a centre for the study of HIV and AIDS in Southern Africa. Therefore, all these initiatives have put the spotlight on universities. This is perhaps something that schools need to think about and set up as a matter of urgency.

The Department of Education has also responded to the impact of the HIV and AIDS pandemic by introducing the programme Tirisano (working together). Its implementation plan specifies strategic objectives and anticipated outcomes within each programme (Department of Education, 2000). For example:

a) Programme 1

Programme 1 is about HIV and AIDS awareness. In this regard, the Department of Education is trying to raise awareness about HIV and AIDS among all educators and learners.

b) Programme 2

With Programme 2, the Department of Education wants to ensure that life skills and HIV/AIDS education are integrated into the school curriculum at all levels.

c) Programme 3

Programme 3 is about the Department of Education's plans or strategies on how to respond to the impact of HIV and AIDS, on the sustainability of education and training system, and the establishment of care and support systems for learners and educators infected and affected by HIV and AIDS.

The non-governmental organizations, community-based organizations and faith-based organizations have done considerable work in this regard as well. These organizations are operating at grass roots levels by trying to organize campaigns at schools. The international agencies for example, United Nations, European Unions and United States government have made financial contributions to HIV and AIDS activities. For example, international agencies have financed HIV and AIDS programmes and also HIV and AIDS victims in schools (Coombe, 2000: 38).

When looking at what is happening at present, schools have responded to the impact of HIV and AIDS in different ways as they differ in their management capacity. Literature consulted (Lydia and Burak, 1994, Juma, 2001, Bennell, Chilisa, Hyde, Makgothi, Molobe and Mpotokwane, 2001) show that schools respond to the impact of HIV and AIDS differently, some through their involvement in the HIV and AIDS awareness campaigns, others emphasized health issues such as safe sex as well as condom-use, others use learners to teach their peers about the pandemic and while in other schools HIV and AIDS education is included in the school curriculum. The campaign are aimed at disseminating new knowledge, which will help to limit and mitigate the effect of the pandemic. Schools have the capacity of influencing every aspect of any society, whether affected or not affected by the pandemic, only if they can respond to and manage the pandemic effectively.

The management of HIV and AIDS among people requires various kinds of support so as to address the problem. Therefore, for schools to come up with better solution to the problem, a balanced approach is needed from various stakeholders (**parents, learners, and heads of department, educators and principals**) and the provincial government, in particular. Community participation on HIV and AIDS awareness campaign could play a prominent role in the effective management of HIV and AIDS. In closing this discussion, I have come to the conclusion that South African schools, in particular, lack management capacity to address the issues regarding HIV and AIDS. This is in line with what Coombe (2000), Dennill, King and Swanepoel (1999: 188), and Herek and Greece (1995: 216-220) asserted that lack of management capacity at schools is often cited as the reason for

the failure to implement policy on HIV and AIDS. Although the Department of Education has laid a foundation by responding to HIV and AIDS, their response is not yet significant. Even studies consulted (Bennell, Hyde and Swainson, 2002, Peltzer, Cherian and Cherian, 1998, Walter, 2001 and Carelse, 1994) do not focus on the management of HIV and AIDS by schools. Hence, the present researcher finds it appropriate to investigate how schools respond to and manage HIV and AIDS.

1.3 Problem Statement

The study focused on the way in which schools in the Limpopo Province respond to and manage HIV and AIDS. The problem was investigated by generating the following questions.

1.3.1 Main research question

- How do schools respond to and manage HIV and AIDS?

1.3.2 Sub-research questions

- What is the state of knowledge among education stakeholders within the school on HIV and AIDS policy and practice?
- How and to what extent have the schools incorporated HIV and AIDS education in the school curriculum?
- What are the major constraints and challenges faced by schools as they seek to respond to and manage HIV and AIDS?

1.4 The Purpose of the study

The purpose of this study was to investigate the ways in which schools in the Limpopo Province respond to and manage HIV and AIDS.

1.5 Conceptual framework

1.5.1 Introduction

Schools respond to government policies in various ways. In this study, an attempt is made to understand how schools respond to official policies, specifically with reference to HIV and AIDS issues. The researcher used four concepts, namely, *policy adoption*, *policy adaptation*, *policy resistance* and *policy avoidance*, as a framework in trying to determine how schools respond to and manage HIV and AIDS related issues. This study found that the four concepts mentioned above provided a useful framework for understanding the dynamics involved. The present researcher used these concepts to find out which of these policy responses best explained what happened in the sampled schools in this study.

1.5.1.1 Policy adoption

The assumption made is that schools adhere to a policy if they are in favour of that policy. According to the South African Schools Act of 1996, schools are authorized by the law to adopt policies for its governance. The South African Schools Act of 1996 describes ideals for stakeholder participation in school governance. Any new policy requires broad and democratic participation by parents, teachers and learners to be the life of the school through the medium of School Governing Bodies (Mabasa and Themane, 2002: 111). According to Mathieson (2001: 55), by participating in school governance, stakeholders become more committed to the policy framework, and feel a greater sense of implementing the policy. As a result, the power to enact the policy cannot be delegated to a single member of the school such as the principal. The final adoption of the policy rests solely with the school governing bodies.

According to Squelch (2001:137), indicators for policy adoption include good discipline, a culture conducive to learning, and good governance and management. On the other hand, Burden (2000:36) maintains that a negative and discriminatory attitude towards differences resulting from prejudice against learners on the basis of race, gender, or

culture, manifest themselves as barriers to policy adoption. For the purpose of this study, the researcher used the concept policy adoption to check as to whether schools under study adopted the national policy on HIV and AIDS or not.

1.5.1.2 Policy adaptation

The assumption made is that schools adapt to policies that fit the need of a school culture. Therefore, policies that are not fit the need of a school culture and contexts are likely to be left out. According to Evan (1996:117), the concept 'policies' does not only influence changes but can also influence some form of adaptation. According to Sternberg (2001: 7), in adaptation, a school tries to find ways to conform to the existing culture that forms its context. When a school finds it impossible to attain such a fit, it may then decide to select some aspects of the policy that it feels comfortable with and leave out others. In addition to that, Sternberg (2001: 7) maintains that the conditions for policy adaptation are always made in the context of a set of values, culture, and contexts. As a result, this shows that culture always plays a major role in terms of what constitutes balance among adaptation and the selection of policies. The concept policy adaptation helped the present researcher to check which policies, among those stipulated in the National Policy on HIV and AIDS, are being considered and which ones are left out.

1.5.1.3 Policy resistance

The concept policy resistance refers to the action of opposing something that a school disapproves of or disagrees with (Medical dictionary: 2002). Based on this definition, the assumption made is that schools are likely to resist a policy if it works against the basic values and beliefs of the school community. The condition of policy resistance, according to Duke and Canady (1991: 136), is that policies that call for deviation from these routines are likely to be met with resistance. This is in line with what Covaleskie (1994) says when he maintains that a policy that increases the efficiency is more likely to be implemented successfully than the policy that attempts to change what the school do. Resistance to policies often appears as the source of curriculum renewal or at the level of

policy formulation (Shaeffer, 1990). In this study, the concept ‘policy resistance’ helped the researcher to check as to whether the national policy on HIV and AIDS is being adopted or resisted.

1.5.1.4 Policy avoidance

The assumption made is that schools avoid a policy because its relevance or importance is simply not clear or persuasive. According to Mabasa and Themane (2002: 114), the differences and contradictions in the acceptance of a government policy by stakeholders may be caused by policy avoidance. In addition to that, they outline factors such as attitude towards a policy, inaccessibility of government documents and policy written in an unfamiliar language (English), as causes of policy avoidance. This is in line with Muller’s (2003) view that policies designed to pursue various social goals and priorities, and where there are unclear procedures of operation, are likely to be avoided by schools. For the purpose of this study, the researcher used the concept ‘policy avoidance’ to investigate as to whether or not schools included in the study avoid the national policy on HIV and AIDS.

1.6 Delimitation of the study

The study was limited to three schools in the Limpopo Province because of the following reasons:

- Financial constraints due to financial resources the researcher could not take many schools, hence the use of case study approach
- Time constraints- there was not enough time to conduct a bigger study

1.7 Definition of concepts

1.7.1 HIV

HIV is a small germ called a virus that people contract mainly through sexual intercourse. This virus makes the body weak and prone to all kinds of sickness. Therefore, people who have the virus in their bodies can live for up to 10 years before the virus develop into full-blown AIDS. According to Tongi (1997), Aggleton, Rivers, Warwick, and Whitty (1994), and Seibert and Olson (1989) HIV is a human immunodeficiency virus that people contract through sexual intercourse. They maintained that this is not the final stage. In this study, the researcher used HIV and AIDS as a single entity that affects human beings and leads to death.

1.7.2 AIDS

According to the Department of Education (1996), AIDS stands for Acquired Immune Deficiency Syndrome, and this is the final stage of HIV infection. Seibert and Olson (1989) also describe AIDS as a final stage. It is called a final stage because it is in this stage where the human body or body cells are no longer able to fight against diseases that enter the body. The body becomes weak and that eventually leads to death.

1.7.3 Management

According to Everard and Geoffrey (1996: 20), management in its broadest sense is about setting directions, aims and objectives of a school or organization, planning how progress would be made or achieved, organizing available resources in the planned way, controlling the process and setting and improving organizational standards. Bush (1996: 1) describes management as a continuous process through which members of an organization seek to co-ordinate their activities and utilize their resources in order to fulfill the various tasks of an organization as efficiently as possible. In this study,

management means the process of dealing with or controlling and making decision on how schools in the Limpopo Province respond to and manage HIV and AIDS.

1.7.4 School

A school is defined as an instructional unit designed by Minister of Education, comprised of all programs, families, student and staff, under the administration and supervision of a principal (www.epsb.edmonton.ab.ca/policy/cce.bp.shtml).

A school is an environment wherein all ideas should be considered dispassionately (http://teachers.net/mentors/social_studies/topic_1611). In this study, a school is a place wherein formal learning and teaching occurs.

1.7.5 Stakeholders

Stakeholders are those who have an interest in a particular decision, either as individual or representatives of a group. This includes people who can influence a decision, as well as those affected by it (www.earthsummit.2002.org/ic/process/stakeholders.htm).

The stakeholder on any issue represents the parties or individuals to shape the resolution of the issue(s) in question (www.diiusa.com/stakeholders.html). In this study, stakeholders refer to the school community, for example, learners, parents, principals and teachers. These represent parties in decision-making or in matters concerning management of a school.

1.8 Structure of the study

The structure of this study would consist of seven (7) chapters, which would be structured as follows:

Chapter One

This chapter would consist of the background of the study, problem statement, research questions (Main questions and sub-questions) purpose of the study, conceptual framework, delimitation of the study, structure of the study and summary.

Chapter Two

Chapter Two gives an overview of literature review (e.g., Reflection on the experiences in management of HIV and AIDS in South Africa and other countries), reports from studies in the management of HIV and AIDS in schools and summary.

Chapter Three

Chapter Three deals mainly with the methods used to carry out this study. It includes methodology, research design, sampling (selection of case and selection of respondents/ participants), data collection and ethical considerations.

Chapter Four

This chapter presents the school profiles. It includes location of the school, the area's socio-economic status, health facilities in the area and HIV and AIDS.

Chapter Five

Chapter Five deals mainly with data analysis such as responses of stakeholders, and the responses of the government officials.

Chapter Six

Chapter Six presents the discussion of the results.

Chapter Seven

Chapter Seven comprises the summary, conclusion and recommendations.

1.9 Summary

This chapter revealed HIV and AIDS prevalence in all the nine South Africa provinces and how various organizations (Universities, non-governmental organizations and the Department of Education in South Africa) have responded to HIV and AIDS. This helped the researcher to check the level of infection.

In the next chapter, the researcher looks at how various countries (both developed and developing) manage HIV and AIDS in schools.

CHAPTER TWO

LITERATURE REVIEW: RESPONSES TO AND MANAGEMENT OF HIV AND AIDS

2.1 Introduction

The purpose of this study is to reflect on how schools respond to and manage HIV and AIDS. To achieve this purpose, a review of international and national literature was done. This was done first by reviewing what has been written about the management of HIV and AIDS in South Africa and other countries, secondly by looking at the method used on the management of HIV and AIDS, and thirdly by reviewing different patterns on the management of HIV and AIDS.

2.2 Reflection on the experiences in the management of HIV and AIDS in South Africa and other countries

Literature indicates that countries respond to and manage HIV and AIDS in schools differently. In some countries, HIV and AIDS education is included in the school curriculum whereas in other countries a discussion method among learners is used. For example, in Botswana, the Netherlands, USA, Cambodia, Malawi, Swaziland, Uganda, and South Africa, HIV and AIDS education is included in the school curriculum. However, in countries like Tanzania, as well as Kenya, a discussion method among learners is used, rather than an educator dominated method. Learners are given a chance to educate their peers about the pandemic, instead of educators teaching learners about the pandemic. For the purpose of this study, it was not possible to include all the countries and how they respond to and manage HIV and AIDS. Therefore, some countries were selected based on their strides and efforts in which they have responded to and managed HIV and AIDS. The countries selected are the **USA, Netherlands, Cambodia, Malawi, Swaziland, Tanzania, Uganda, Kenya, Botswana** and **South Africa**. Some countries are referred to as developed countries while others are referred to

as developing countries. The inclusion of these countries was done in order to gain a picture on how these developed and developing countries respond to and manage HIV and AIDS, and also to check if ever there were any emerging patterns on how these countries respond to and manage HIV and AIDS in their schools.

2.2.1 United States of America (USA)

According to Lydia and Burak (1994: 310), schools in the United States of America, particularly California, provide some form of sex education, which includes HIV and AIDS education. Teachers play a pivotal role in disseminating information to learners. This is confirmed by Boscarino and DiClemente (1996: 275) when they state that educators in the USA are generally knowledgeable about HIV and AIDS and feel more comfortable to present HIV and AIDS information to students. And so far, these schools are able to educate learners about the pandemic. Therefore, the role of teachers in disseminating information as a form of managing HIV and AIDS issues seems to be critical for the success of school-based programmes.

Due to the success of Californian schools, more and more schools in the USA have begun to include HIV and AIDS education in their school curriculum. Currently, 33 states mandate some form of HIV and AIDS education, 17 states encourage or recommend that HIV and AIDS programme be included in the school curriculum. Boscarino and DiClemente (1996: 275) further highlight that more than 46% of all the USA students have received some form of school-based HIV and AIDS education. Therefore, HIV and AIDS education occurs in the junior and senior school levels. Teachers teaching health education provide HIV and AIDS education in schools.

2.2.2 Netherlands

In the Netherlands, many efforts have been devoted to the development of curricular materials in response to HIV and AIDS pandemic. Paulussen, Kok, Schaalma and Parcel (1995: 227-229) maintain that since 1989 four HIV and AIDS curricular have been

disseminated among Dutch secondary schools, that is, Curriculum A, Curriculum B, Curriculum C and Curriculum D. Although they differ in content and design, all curricula provide learners with information regarding HIV and AIDS and attempt to emphasize active forms of learning rather than the simple methods for the transfer of information.

Table 2.2.2.1 Characteristics of Four nationally disseminated AIDS Education curricula in the Netherlands

Curriculum A	Curriculum B	Curriculum C	Curriculum D
Products: Student magazine Teacher manual Video	Student magazine Teacher manual Video	Student magazine Teacher manual No Video	Student magazine Teacher manual Video
Target group: All secondary schools	All Protestant secondary schools	Senior general & pre-University schools	Junior vocational & junior general schools
Number of lessons: 4 lessons	6 lessons	8 lessons (4 basic & 4 optional)	Not specified: provides 21 learning activities
Content: AIDS: Testing, safe sex, purchase/ use condoms antidiscrimination	Intimate relationship: attractiveness, love, sexuality	STD/ AIDS: response to infection, purchase, use condom	AIDS/ sexuality: interethnic differences, physical or emotional attractiveness
Learning objective: Knowledge, values, communication skills	Norms and values	Knowledge, values & communication skills	Knowledge and values
Learning activities: Group discussion Group discussion Role-play Questionnaires Demonstration Buying condoms	Group discussion Optional creative Assignment Reading article	Group discussion Role-play Demonstration Buying condoms Writing assignment	Group discussions Interviews Drawing cartoons Writing assignments

Paulussen, Kok, Schaalma and Parcel (1995: 227) allude to the fact that this was done in order to facilitate the introduction of classroom HIV and AIDS education. In the Netherlands, teachers' offers lesson to learners on sex education, which includes HIV and AIDS education.

2.2.3 Cambodia

According to the World Education Reports (2003), Cambodia has one of the highest growing pandemic rates of HIV and AIDS in Asia. It has been indicated that the spread of the epidemic is supported by a number of HIV and AIDS vulnerability factors, among others, is the low level of education. In an attempt to combat the HIV and AIDS pandemic in Cambodia, the ministry of education began to implement HIV and AIDS education for the youth project in September 2000. The project worked with teachers and administrators, as well as NGO health workers, to develop a school-based curriculum on HIV and AIDS for the youth attending school. In addition to that the World Education Reports (2003) indicated that the development of school-based curriculum on HIV and AIDS was implemented in order to help learners in both primary and secondary schools with information regarding HIV and AIDS. As a result, HIV and AIDS education is included in the school curriculum. In order to gain community support for the teaching of HIV and AIDS in public school system, the project engages community members, parents, village leaders, monks and health volunteers in the implementation plan on HIV and AIDS for schools. Furthermore, World Education Reports (2003) maintained that the teachers are the main source of information for learners. HIV and AIDS education is included in school subjects like social science, health science and biology. Another project was launched for out of school learners. This project involves community members, parents, village leaders, health volunteers and teachers. This was done to ensure that every aspect of the society receives information regarding the pandemic, particularly those learners or youth who are not within the school premises.

2.1.4 Malawi

In Malawi, the topic of HIV and AIDS is included in school subjects such as health and science education which are the core subjects in the primary school leaving certificate exams (PLSE). According to Bennell, Hyde and Swainson (2002) the main subject carrier is biology in secondary schools and, therefore, HIV and AIDS topics are only covered under the topic “sexually transmitted disease”. Furthermore, a wide range of grade and age-specific learning and teaching materials have been developed in response to the HIV and AIDS pandemic. For instance, in the lower grades, HIV and AIDS related topics are integrated into social studies while in the upper primary grades, health/science education is the main carrier subject. Bennell, Hyde and Swainson (2002) maintain that since 1997 HIV and AIDS education has also been incorporated into the social studies, biology, agriculture and home economics. In 1997 in response to HIV and AIDS the ministry of education begun to develop life skills education (LSE) as a part of youth reproductive health, although this was only introduced into primary schools in early 2000. LSE is a subject on its own and it is only offered in Grade four (4). The main aim is to equip students with key competencies in problem-solving, decision-making, as well as HIV and AIDS prevention. Teaching and learning materials for lower grades were introduced in 2002, for example, Life skill, and HIV and AIDS programmes.

2.2.5 Swaziland

According to Lineo (2001: 7-10), the young population forms over 49% of the Swaziland population and the majority are in schools. The 7th HIV and AIDS Sentinel Serosurveillance Survey Report of 200 indicate that the infection rate amongst the 15 to 24 years olds is 26.3%. Therefore, the state of affairs reveals that there is a great problem amongst young people in Swaziland. In response to the pandemic, the government produced a Swaziland National Strategic Plan for HIV and AIDS for 2000-2005, which provides the main guideline intervention strategies. In addition to that Lineo (2001: 7-10) indicates that at school level, initiatives have been taken to integrate HIV and AIDS related issues into primary and secondary schools curriculum materials. The National

Curriculum Centre (NCC) has developed materials at primary level which infuse HIV and AIDS related topics into existing subjects like science, social science and English. At secondary level, initiatives have been put in place to provide teaching and learning about HIV and AIDS through life skills approach. Lineo (2001: 7-10) further maintains the ministry of education, in collaboration with NGO's, such as School HIV and AIDS and Population Education (SHAPE), put together four teams of eight members. These teams visited schools, both primary and secondary schools, to teach teachers and learners about HIV and AIDS. At teachers' training level (pre and in-service) teachers have been trained in the area of guidance and counseling.

2.2.6 Tanzania

In Tanzania, the government has introduced an HIV and AIDS programme. The programme aims to change the behaviour of those who are not infected. This is in line with what Reamer (1991: 129) says when he points out that schools can play a major role in behaviour modification to reduce the risks of HIV and AIDS. The government and a number of NGO's are involved in the implementation of HIV and AIDS education in Tanzania. For example, Juma (2001: 20) points out that in schools, classroom instruction is used alongside guest speakers, who include health workers from some of the organizations based in the area. A discussion method among people is used to encourage learners to talk about HIV and AIDS. As a result, peer education is becoming popular as a means to communicate HIV and AIDS education message, both in schools and to the rest of the community.

2.2.7 Kenya

In Kenya, schools in different regions of the country have attempted various ways of imparting HIV and AIDS education. For example, some schools form groups to help with educating each other on matters relating to HIV and AIDS: learners in the upper grades are used in these regard. According Juma (2001: 14) in some schools learners compose poems about HIV and AIDS, which they recite to peers, the entire school and the

community. This is done despite the lack of a formalized approach in teaching the community and it shows that in Kenya, HIV and AIDS education is not only done in classrooms but is carried outside the classroom situation. In response to HIV and AIDS, the Department of Education has introduced Primary School Action for Better Health (PSABH) programme, which tries to encourage pupils to talk about problems brought by HIV and AIDS and it is through this programme that some pupils are taught communication skills to help present information concerning the disease.

2.2.8 Botswana

As in many developing countries, the advent of HIV and AIDS poses a major threat to the education system of Botswana. The Ministry of Education in Botswana has taken considerable effort in an attempt to respond to HIV and AIDS pandemic. In response to the epidemic, the Ministry of Education (MoE) issued a sort of a policy statement on HIV and AIDS (Bennell, Chilisa, Hyde, Makgothi, Molobe and Mpotokwane (2001: 26-95). The statement focuses mainly on the importance of developing effective HIV and AIDS education for the students. The key aim was to equip all students with skills, to develop attitudes and practices, and to curb the spread and manage HIV and AIDS. Therefore, MoE recommended that all students in both primary and secondary schools have at least one time tabled lesson a week that is specifically devoted to HIV and AIDS issues and related life skills training.

In secondary schools, the 40-minute period that is already time-tabled for guidance and counselling should be used exclusively for this purpose. According to Bennell, et al (2001: 26-95), the current primary curriculum explicitly covers HIV and AIDS in Standard 7, after basic sexual reproduction lesson in Standard 6. The Ministry also recommended that school-based peer education be implemented in response to HIV and AIDS and the people living with HIV and AIDS be used or be fully involved in peer and other educational activities. Learners should be fully informed and, where appropriate, involved in educating the community about the disease. Looking at the high rates of

infection among adolescents in Botswana, the ministry recommended that condoms should be made available to all secondary schools.

2.1.9 Uganda

The emergence of HIV and AIDS has forced schools in Uganda to develop ways of dealing with the pandemic. According to the World Bank (2002), after health education had yielded little progress in attitude and behavioural change of students, a life skills programme for primary and secondary schools was piloted in Uganda in 1994. The ministry of education found it appropriate to reform the curriculum by recommending that a new curriculum be introduced at all school level. For example, the new curriculum includes the introduction of HIV and AIDS education into the school curriculum from primary level to tertiary level. This was done in order to educate learners about the disease and to motivate them to consider safe measures before they engage in unprotected sex. The ministry also recommended that condoms be distributed in secondary schools.

Furthermore, the World Bank (2002) indicated that in another response to the pandemic, the ministry sought to improve teacher-training approaches. This was done in order to prepare teachers mentally towards the challenge they are faced with, regarding to HIV and AIDS or on how to present information to learners. This is in line with Bennell, Hyde and Swanson's comment (2002) when they highlight that the ministry of education responded to HIV and AIDS by introducing HIV and AIDS education in schools and also by providing teachers with training in an attempt to equip them with information regarding the pandemic and how to interact with learners during HIV and AIDS learning sessions. All these efforts taken by the government, as well as the ministry of education, helped Uganda a great deal in their management of HIV and AIDS. According to the World Bank (2002), Uganda is one country in the sub-Saharan Africa to have succeeded in containing the spread of HIV and AIDS. The involvement of the government and the entire members of the community, in this regard, have brought some form of stability as far as the epidemic is concerned.

2.2.10 South African experience

As in other countries around the world, a number of prevention efforts in South Africa have been implemented by the national and the provincial government and various non-governmental organizations in response to HIV and AIDS. The main strategies introduced by the government in response to HIV and AIDS include raising the awareness campaign, educating people about the nature of the pandemic and ways to prevent infection, and reducing risk behaviour. According to Harrison, Smit and Myer (2000: 285), information, education and communication programmes in South Africa have been crucial in raising awareness about the pandemic. As a result, the mass media have been used quite extensively to educate the community about the disease. For example, the mass media have publicized HIV and AIDS awareness through television programmes such as Soul City, a weekly drama series that covers a range of health issues, thus disseminating basic information about the pandemic and its consequences. In addition youth magazines such as Laduma have been used to spread the message. More recently, Lovelife, a national youth sexual health initiative, has started a mass media campaign using newspaper advertisements and radio to address sexual issues as well as the underlying causes of HIV and AIDS. The government, in partnership with the private sector, launched “Partnership against Aids” in which the government officials wear a “Red Ribbon” at the public appearances in order to focus attention on the epidemic. Furthermore, Harrison, Smit and Myer (2000: 285) maintain that Life Skills for adolescents have been developed in this country by the departments of health and education, in conjunction with the Planned Parenthood Association of South Africa (PPASA). The aim of the programme is to increase knowledge, develop skills, promote positive and responsible attitude, and provide motivational support to help adolescents engage in safer sexual behaviour and reduce their risk of being infected with HIV and AIDS.

In the education sector as well, the ministry of education drafted a national policy on HIV and AIDS for public learning institutions (**schools**) in response to the pandemic. The policy aims at improving the overall quality of education in South African schools and to

help equip learners, as well as the society, with the knowledge concerning HIV and AIDS. According to the Department of Education (1999) incidences of HIV and AIDS in South Africa have reached epidemic proportions and continue at an alarming rate. Therefore, the high rates of HIV and AIDS infection in South Africa highlight the need for this kind of management that would help control the disease at schools. The Department of Education (1999) further maintained that it is imperative that each school develop a way or strategy to deal with the epidemic. In terms of the guiding principles, the Department of Education (1999) affirms the following:

a) Implementation of the National Policy on HIV and AIDS

On the implementation of the HIV and AIDS policy Act in schools, the Department of Education (1999) maintained that the Director-General of Education and the Heads of provincial departments of education are responsible for the implementation of this policy, in accordance with their responsibilities in terms of the Constitution of the Republic of South Africa (1996). Furthermore, the Act maintains that every education department must designate an HIV and AIDS Programme Manager and working groups to communicate the policy to all staff, to implement, monitor and evaluate the department's HIV and AIDS programme, to advise management regarding the implementation and progress, and to create a supportive non-discriminatory environment.

b) HIV and AIDS education

The Department of Education (1999) further emphasizes that life skills and HIV and AIDS education programme must be implemented at all schools and institutions for learners, students, educators and other staff members. Furthermore, the Department of Education (1999) maintained that HIV and AIDS education must form part of the school curriculum for all learners and should be integrated in the life-skills education programme for pre-primary, primary and secondary school learners. Also, according to the Department of Education (1999), the purpose of education on HIV and AIDS is to prevent the spread of HIV and AIDS infection, to allay excessive fears of the epidemic,

to reduce the stigma attached to it, and to instill non-discriminatory attitudes towards persons with HIV and AIDS.

c) The admission of learners to a school and students to an institution

According to the Department of Education (1999) no learner or student may be denied admission to or continued attendance at a school or an institution, on account of his or her HIV and AIDS status. In addition to that the Department of Education (1999) also indicated that if and when a learner with HIV and AIDS become incapacitated through illness, the school or the institution should make work available to them to study at home. According to the Department of Education (1999), where practically possible, parents should be allowed to educate their children at home in accordance with the policy for home education in terms of Section 51 of the South African Schools Act, 1996 or provide learners with distance education.

d) Employment of educators

On the employment of teachers the Department of Education (1999) maintained that no educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his or her HIV and AIDS status or perceived HIV and AIDS status. HIV and AIDS may not be a reason for the dismissal of an educator, nor refusing to conclude, or renew an educator's employment contract, nor to treat him or her in any unfair discriminatory manner.

e) Disclosure of HIV and AIDS-related information and confidentiality

According to the Department of Education (1999) no learner (or parent on behalf of a learner), or educator, is compelled to disclose his or her HIV and AIDS status to the school or institution or employer. (In cases where the medical condition diagnosed is of the HIV and AIDS disease, the regulation relating to communicable disease and the notification of notifiable medical condition (Health Act) only require the person

performing the diagnosis to inform the immediate family members and the person giving care to the person and, in case of HIV and AIDS-related death, the person responsible for the preparation of the body of the deceased). Voluntary disclosure of a learner's, or educator's HIV and AIDS status to the appropriate authority should be welcomed, and an enabling environment should be cultivated in which confidentiality of such information is ensured and a situation in which there is unfair discrimination is not tolerated.

f) Health Advisory committee

The Department of Education (1999) maintained where community resources make this possible, it is recommended that each school and institution should establish its own Health Advisory Committee as a committee of the governing body or council. Where the establishment of such committee is not possible, the school or institution should draw on expertise available to it within the education and health systems. Furthermore, the Department of Education (1999) indicated that the Health Advisory Committee may, as far as possible, use the assistance of community health workers led by a nurse, or a local clinic. Where it is possible to establish a Health Advisory Committee, the committee should be set up by the governing body or council and should consist of educators and other staff, representatives of the parents of learners at the school or student at the institution.

g) A safe school and institution environment

According to the Department of Education (1999), the MEC should make provision for all schools and institutions to implement universal precautions to eliminate the risk of transmission in the school environment. Furthermore, the Department of Education (1999) said that all schools and institutions should train learners, students, educators and staff in first aid.

h) Refusal to study with or teach a learner with HIV and AIDS

The Department of Education (1999) maintained that refusal to study with a learner or student or be taught by an educator perceived to have HIV and AIDS should be preempted by providing accurate and understandable information on HIV and AIDS to all educators, parents and students. In addition to that the Department of Education (1999) said that the universal precautions are in essence barriers to prevent contact with blood. Furthermore it is said that adequate barriers can also be established by using less sophisticated devices. For example:

- Unbroken plastic bags on hands where latex or rubber gloves are not available;
- Common household bleach for use as disinfectant, diluted one part bleach to ten part (1:10 solution) made up as needed; and
- Spectacles and a scarf.

i) School and institutional implementation plan

The Department of Education (1999) maintained that the school governing body of a school may develop and adopt its own implementation plan on HIV and AIDS to give the operational effect to the National Policy. They also maintain that school or institutional plan on HIV and AIDS should take into account the needs and values of the communities it serves. According to the Department of Education (1999), consultation on the school or institution implementation plan could address and attempt to resolve complex questions such as whether condoms need to be made available or accessible within a school or institution as a preventive measure.

Furthermore, the ministry of education drafted guidelines for educators of 2000. This document provides teachers with basic knowledge on how to manage HIV and AIDS effectively at their schools. As a result, the document outlines ways on how teachers should manage accidents and injuries at schools to avoid the further spread of the disease to other students. Among others, the guideline says:

- **No one should have direct contact with another person's blood.**

According to the Department of Education (2000) learners should be taught not touch the blood and wounds of others but to ask for help from members of the staff.

- **Stop bleeding as quickly as possible**

In this case, the Department of Education (2000) maintained that if a learner is bleeding, the first action must be to try to stop the bleeding by applying pressure directly over the area with the nearest available cloth or towel. By so doing, that would help reduce the spread of the pandemic to other learners as well.

- **Cleaning wounds**

Furthermore, the Department of Education (2000) maintained that once the bleeding has been stopped, the injured learner should be helped to wash their grazes or wounds in clean water with an antiseptic, if that are available. If not, one should use household bleach diluted in water, and after cleaning the wound it must be covered by dressing or plaster. The Ministry of Education, therefore recommends that all schools should have First Aid Kits for emergency and in the case where school has no running water, a 25 litre drum of clean water should be kept at all times for use in emergencies at all times.

In an attempt to respond to HIV and AIDS, the Department of Education, in collaboration with the Department of Health, drafted Life Skills and HIV and AIDS programmes for learners. This programme was developed based on the rationale that HIV and AIDS prevention education is most effective when learners have the opportunity to acquire functional knowledge about HIV and AIDS. Since HIV and AIDS infections mostly occur through sexual intercourse, the programme was developed in the context of sexuality education. Among others, the programme shows various organs of human body (male and female), outline children's bill of rights and responsibilities and also contains self questionnaires for learners.

2.3 Analytic categories

The researcher has developed the following categories or themes after consulting various books on HIV and AIDS education. The categories developed include HIV and AIDS education; Impact of HIV and AIDS on the educational sector; HIV and AIDS awareness campaign; and the understanding and implementation of policy on HIV and AIDS. These categories reflect main emphasis emergent from the review of literature on HIV and AIDS education.

2.3.1 HIV and AIDS education

In Europe, studies conducted on HIV and AIDS by Lydia and Burak (1994), Paulussen, Kok, Schaalma and Parcel (1995), and Boscarino and DiClemente (1996) have shown that HIV and AIDS education has been included in the European school curriculum. Burak (1994: 310) studied a sample of 198 elementary school educators, wherein the main aim of the study was to examine and make prediction of elementary school teachers' intention to teach HIV and AIDS education. A convenience sampling was used in the study and 198 elementary teachers employed in the commonwealth were selected. The findings of the study show that 64% of educator in the U.S.A is willing to teach HIV and AIDS in its classes. Still in Europe, Paulussen, Kok, Schaalma and Parcel (1995) studied a sample of 698 Dutch secondary school teachers intending to provide classroom HIV and AIDS education as a means in response to HIV and AIDS, and the results indicated that knowledge acquisition was largely dependent on diffusion networks within schools. In their study teachers were selected from a stratified sample of 698 secondary schools teachers; Catholic Protestant and public schools were represented equally. It was found that 52% of the respondents had initially implemented one of HIV and AIDS curricular; 16% did that in combination with another curriculum.

2.3.2 Impact of HIV and AIDS on the education sector

The study by Bennell, Hyde and Swainson (2002) focused on the impact of the HIV and AIDS epidemic on the education sector in three countries, namely, Botswana, Malawi and Uganda. The main focus was on assessing the impact of the pandemic on primary and secondary schooling in these three countries. The countries were selected on the basis that they were among the worst affected by HIV and AIDS epidemic in sub-Saharan Africa. In a survey that was conducted by Bennell, Hyde and Swainson (2002), they reported that HIV and AIDS rates in Uganda had fallen significantly due to the number of efforts taken by the government. Among others, the government responded by introducing HIV and AIDS education at schools and the training of teachers to equip them about the pandemic. In a marked contrast, HIV and AIDS prevalence rates are much higher in Botswana and Malawi. In Malawi, prevalence was reported at 17-30%, and in Botswana higher still, at 30-40% during 1999-2000. In the report, Bennell, Hyde and Swainson (2002) concluded that HIV and AIDS had an impact on the education sector.

In Swaziland, a study conducted on HIV and AIDS by Lineo (2001) focused on the impact of HIV and AIDS on the education sector. A qualitative approach was used, which emphasized the effect of HIV and AIDS on the educational sector in Swaziland. Sixteen (16) schools were randomly selected for the study: eight (8) primary schools and eight (8) secondary high schools. At primary schools ten students were selected randomly, which were made up of five boys and five girls. In secondary high schools the same procedure was followed.

The study by Kalitiki and Mukuka (1995) was designed to examine the impact of HIV and AIDS epidemic on the education sector in Zambia. A qualitative approach was adopted, which emphasized the effect of HIV and AIDS on the education sector. Therefore, twenty urban primary and secondary schools in Lusaka and the Northern Province were selected for the study. Kalitiki and Mukuka (1995) alluded that fifty nine percent (59%) of teachers in urban schools, after being interviewed, responded that there was no case of HIV and AIDS in their schools over the previous three years, whereas

thirty seven (37%) indicated that there has been. In the eleven (11) rural schools surveyed, there was an average of five HIV and AIDS related teachers' deaths over three previous years, as compared to the average of seventeen in the urban schools. According to the report given, Kalitiki and Mukuka outline that schools' enrolment rates were not likely to be affected, but absenteeism rates were expected to increase due to illness.

In South Africa, studies conducted on HIV and AIDS (Coombe, 2000: 15, and Chetty, 2000: 5) focused on the impact of HIV and AIDS in the education sector with emphasis on the effect of HIV and AIDS on education. In her study, Coombe (2000: 15) used a quantitative approach. According to Coombe, South Africa's educators then numbered 443,000, whereas learners were numbered at 15.7 million. Coombe alluded that available figures suggest that 12% of educators are infected and also 21% of learners are infected by the pandemic. In a survey that was conducted, Coombe (2000: 15) indicated that the HIV and AIDS pandemic has a traumatic impact on all educators and learners, and that the work of educators or learners who are HIV and AIDS positive, and those who have developed full blown AIDS, would be compromised by periods of illness.

In a study conducted in KwaZulu Natal (Badlock-Walter, 2001), the focus was on the impact of HIV and AIDS on the educational sector. The objective of the study was to attempt to benchmark the mortality rate amongst educators in-service in KwaZulu Natal, in order to inform future educators demand and supply planning and modelling. The study reviewed all available data and attempted to compare/or consolidate these in order to establish a dependable benchmark on which the estimates of educator demand could be based. The method involved analysis of KwaZulu Natal Department of Education and Culture (KZNDEC). Results revealed that the mortality rate amongst educators was estimated to be at 0,064% in 1999; it is expected to rise to around 5% by 2010.

In another study, Chetty (2000: 5) focused on the impact of HIV and AIDS on South African universities. It was found in 2000 that around 0.7% of the university undergraduates who had HIV and AIDS would increase to 3.7% in 2010. Another

estimate shows that 0.5% of the postgraduate students who are HIV and AIDS positive or infected would increase to 4.2% by the end of 2010.

2.3.3 AIDS awareness campaign

The study by Peltzer, Cherian and Cherian (1998:955) investigated AIDS awareness among the secondary school learners (mainly Northern Sotho and Xitsonga speakers) in the Limpopo Province. The randomly chosen sample included 622 Standard 9 learners (254 boys and 368 girls) in the age range of 17 to 24, who were subjected to a questionnaire on the awareness of AIDS and economic status. According to their report, the learners in this sample have the basic understanding of HIV and AIDS as a sexually transmitted disease. It concluded that, although learners are aware of the transmission routes, 43% felt it is impossible for learners to change their sexual behaviour to avoid getting HIV and AIDS. Similar factors constituting a barrier to effective education were also found by Mathews, Kuhn, Metcalf, Joubert, and Cameron (1990) in Cape Town among urban secondary school pupils.

Another study was conducted in four of Cape Town township high schools, to determine the level of AIDS among learners at Ottery school in Cape Town (Carelse, 1994). Findings were that over 80% admitted to being sexually active, and that the knowledge of HIV and AIDS issues and the use of preventive measures amongst learners were poor. Carelse (1994) concluded that these factors pointed towards urgent needs for HIV and AIDS intervention efforts.

The study by Denman, Pearson, Davis and Moody (1996: 93) was conducted in Nottinghamshire. The aim of the study was to examine knowledge, beliefs and attitudes among 14 year old learners in Nottinghamshire (England). They studied a sample of 803 children aged 14 years in 13 schools. In their reports, Denman, Pearson, Davis and Moody (1996: 93) found that learners are knowledgeable about the pandemic. In addition to that, they found that 95% of the children knew that the use of condoms during sexual

intercourse reduces the risk of infection and expressed positive attitudes toward condom-use.

Another study done by Boscarino and DiClemente (1996) studied a sample of 835 elementary school teachers. A random sample of 3,000 teachers was selected using a systematic sampling and skip-interval procedure. The report indicates that from a wide probability survey of Californian teachers, teachers generally are knowledgeable about HIV and AIDS and felt comfortable in presenting HIV and AIDS information to students, and supported HIV and AIDS education in schools.

In 1998, another study by Anderson, Bainbridge, Shah, el-Jassar, Schofield, Brook and Kapila was conducted in Uganda. The aim of the study was to explore people's attitude about HIV and AIDS, and to examine their level of HIV and AIDS-related knowledge. They also wanted to assess the impact of Uganda's HIV and AIDS education programme and to consider how future programmes could be implemented more effectively. Four hundred and seventy-six individuals, aged 12-45 years, were selected by a quota method to form a sample stratified by age and sex. According to their report, Uganda's mass HIV and AIDS education had successfully raised the level of knowledge about HIV and AIDS, but misconceptions persisted nonetheless.

2.3.4 Managing the disclosure of learners' HIV and AIDS status

The study by Maile (2003b: 185) focused on how school governing bodies (SGB's) understand and implement policy on HIV and AIDS. The study was based on research conducted in Mpumalanga by means of an authentic, but hypothetically constructed, case study relating to the critical aspect of HIV and AIDS in the school context. The researcher sampled five schools in Mpumalanga in a series of focus group interviews. The schools sampled included two primary schools and three secondary schools. The findings indicate that there is a poor management of HIV and AIDS in schools. Therefore, there is an inadequacy that must be addressed immediately. The findings also

show that the governing bodies should be aware of the general legal issues surrounding an individual and HIV and AIDS, before they can introduce fair and balanced policies.

2.4 Review of the methodology used

Studies (Bennell et al, 2002, Coombe, 2000 and Peltzer et al, 1998) reviewed on the management of HIV and AIDS used some form of survey, with emphasis on the effect of HIV and AIDS on the education sector. They used a survey, which may not be informative. For this study, the researcher used a qualitative approach to gain a holistic picture on how schools respond to and manage HIV and AIDS in the Limpopo Province. Most of the South African studies (Coombe, 2000, Walter, 2001, Peltzer, Cherian and Cherian, 1998, Carelse, 1994, Mathews, 1990 and Maile 2003b) have not covered the aspect, or look specifically on how schools respond to and manage HIV and AIDS. Hence, this study was meant to investigate how schools respond to and manage HIV and AIDS.

2.5 Emerging patterns in the management of HIV and AIDS

Looking back over the past efforts against the epidemic, the initial reaction of many countries (both developed and developing) was to try to persuade individuals to change their behaviour by providing information about HIV and AIDS. Like other countries world-wide, South Africa has well-developed strategies in place in response to HIV and AIDS. Among others, there are the following:

- Peer education has been encouraged among the South African youth. For example, a programme such as Love life has been introduced in the nine provinces. In the programme, youth educate others about the disease.
- A mass media campaign has been used extensively in both developed and developing countries as a means of educating or spreading the message about the disease. In South Africa, mass media are used as a vehicle for communication.

- The introduction of HIV and AIDS issues or education into schools at primary and secondary levels has been practice in all countries including South Africa. However, teachers on the other hand receive training on how to manage HIV and AIDS at the respective schools. The inclusion of HIV and AIDS education in Ugandan schools has demonstrated the enormously positive impact of openness and honesty in facing HIV and AIDS; and
- The protection and promotion of human rights have been implemented in all countries world wide (both developed and developing countries) in response to HIV and AIDS. Furthermore, the distribution of free condoms, mainly through public sector clinics, has been carried out in many countries around the world, including South Africa. In Botswana, the ministry of education recommended that condoms should be distributed not only to public sectors but also to schools. In South Africa, the ministry indicates that the distribution of condoms at schools is a broad issue, and hence for schools to take such steps, the ethos, norms and values of the society should be taken into consideration.

Moreover, literature shows that there is not much difference between other countries and South Africa, in terms of the management of HIV and AIDS, and this is based on the facts highlighted in this chapter.

2.6 Summary

In summary, this chapter has helped review literature that is related to the problem under investigation. The review has in turn helped the present researcher understanding patterns used in different countries to address the HIV and AIDS pandemic.

In the next chapter, the researcher outlines the methodology used for this study, method of data collection, ethical considerations, experiences during data collection, and difficulties encountered during data collection.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter deals more specifically with the methodology used to carry out the study. It includes the research design, sampling (selection of cases and selection of respondents), data collection procedures, and ethical considerations.

3.2 Methodology

Since the researcher wanted to gain an understanding of how schools respond to and manage HIV and AIDS, and listen to those involved in telling their experiences from their perspectives, a qualitative approach was adopted. It helped the researcher as noted by Creswell (1998: 14), to gain a holistic picture and detailed view of the informants in their natural setting (schools). The researcher had to go out to the setting or field of study, gaining access and gathering information while being sensitive and flexible throughout the research process to gain insight. The researcher interacted with the participants during the process and relationships were thus developed between the researcher and the participants who helped the researcher gain a deeper insight into the question under study.

3.2.1 The Research Design

A case study design was adopted for the study. This was informed by the nature of the problem on how schools respond to and manage HIV and AIDS. Since the researcher wanted to gain an insight into the participants' viewpoint about their situation, this design was found most suitable. The researcher found the design suitable because the contextual conditions that are pertinent to research can best be examined through the use of a case

study. The researcher used the design to gain a deeper understanding on how schools respond to and manage HIV and AIDS in the Limpopo Province.

A case study may refer to many things. In this study, the cases represent schools. As Miles and Huberman (1994) and Huysamen (1994: 168) rightly indicate, a case may refer to an individual, organization, a community, a nation, a decision or a policy. The detailed descriptions of these cases are found in Chapter 4 (four). According to Yin (1994: 13), a case study is “an empirical inquiry that investigates a contemporary phenomenon and context that are not clearly evident” In this case, the phenomenon of how schools manage and respond to HIV and AIDS issues seems obscure and hidden. This is an approach through which the researcher explores a single entity or phenomenon (the case) bound by time and activity, and collects detailed information by using a variety of data procedures during a sustained period of time (Merriam: 1988, Yin: 1989).

Yin (1994: 38-52) further points out that there are different types of case studies. These can be outlined as, namely, single-case (holistic) design, single-case (embedded) design, multiple-case (embedded) design, and multiple-case (holistic) design. In this study, a single case (embedded) study was adopted and that helped the researcher to gain an understanding on how schools respond to and manage HIV and AIDS.

3.2.2 Sampling

Three (3) schools were selected as sites for the study. They were selected by means of a purposive or convenient sampling strategy. This is a kind of a sampling whereby the researcher selects respondents or sites guided by certain factors. In this study, factors which were taken into consideration in selecting schools were, namely, accessibility, time and costs.

A total of 29 respondents were selected to participate in the study. They were, namely,

- 1 Principal from each of the selected schools.
- 2 Heads of the department from each selected school.

- 2 Educators from each of the selected schools.
- 2 Learners from each of the selected schools.
- 2 Parents from each of the selected schools.
- 2 Officials from the provincial Education Department.

Officials from the provincial government were selected to participate in the study because the researcher wanted to ascertain the role played by the Department of Education in supporting schools in their fight against HIV and AIDS in the Limpopo Province. The rationale behind selecting various stakeholders was to get different views on how schools respond to and manage HIV and AIDS from different perspectives.

3.2.3 Data collection

Two methods of data collection were used in this study. They were interviews and document. This choice of two (2) methods was informed by the need to obtain sufficient data that assisted in answering the research question. For example, in case where the interviews did not help to get the necessary information, documents became helpful.

(a) Interviews

Interviews were used in this study. As LeCompte and Preissle (1993) point out, there are six types of interviews, namely, standardized interviews, in-depth interviews, ethnographic interviews, elite interviews, life history interviews and focus interviews. In this study, semi-structured interview was used.

(i) Semi-structured interview

The use of semi-structured interviews helped the researcher to introduce the topic and guide the discussion by asking questions he regarded as relevant. Another reason for choosing semi-structured interviews was to allow flexibility on the side of the respondents, as well as to allow the respondents to elaborate as much as possible.

Examples of questions asked are reflected in **Appendix A** (for the parents, learners, teachers, HODs and principals) and **Appendix B** (for the government officials).

Before the researcher could go out to collect data he developed questions to be used during data gathering. The researcher used a schedule to which all stakeholders were supposed to adhere. For instance, the set of questions posed to stakeholders was different from the set of question asked to department officials. Specific questions were used but the researcher was free to probe beyond them to get clarity. As Ackroyd and Hughes (1992: 100), Moore (2000: 124), and Sarantakos (1988) maintain, in semi-structured interviews a researcher uses a schedule to which all respondents must strictly adhere. They also maintain that in a semi-structured interview the researcher is normally required to ask specific questions but is free to probe beyond them, if necessary.

The interview sessions were on average 20 minutes per individual. They were conducted after school hours because the researcher did not want to disrupt the teaching and learning sessions. The researcher made it a point that he kept time so that he could be able to conduct interviews immediately after school. This was done because learners after school wanted to go home and by so doing it helped the researcher to manage the situation. Throughout the interviewing sessions, the researcher took Patton in (Merriam 1998: 72)'s advice into consideration. When he writes that;

We interview people to find out from them those things we cannot directly observe. We cannot observe feelings, thought, and intentions. We cannot observe behaviours that took place at some previous point in time. We cannot observe how people have organized the world and the meanings they attach to what goes on in the world. We have to ask people questions about those things. The purpose of interviewing them is to allow the researcher to enter into other person's perspective.

Since some of the aspects cannot be observed (feelings, thought and intentions) through interviews, the researcher was able to find out the stakeholders' views, feelings and perceptions on how schools respond to and manage HIV and AIDS.

(ii) Time-scale for the data collection

Interviews ran from 19 May to 9 June 2003. During this time, a total number of 29 interviews were conducted, covering the following areas: Mankweng, Ga-Mailula and Ga-Malahlela, and also the Mankweng district circuit office.

(iii) Experiences in the field/during data collection.

The researcher visited three schools to secure appointments and requested permission for data collection. He visited one school per day because these schools are not located in the same area. And since the researcher was using public transport it was difficult for him to visit all the selected schools on the same day. The first school was visited on the 19 May 2003. On that day the researcher submitted a letter requesting access. He was welcomed by the principal who looked at the letter and engaged the researcher in a discussion. The discussion covered aspects such as the nature and scope of the research project and the number of participants required for the study. Since parents were required for the study, the principal indicated that he was going to consult the parent components at the meeting to be held on 29 May 2003. He promised he would also inform other members of staff about the content of the letter. Furthermore, the principal maintained that it was imperative for him, as the head of the school, to ensure that everyone is informed about the letter. He then gave the researcher his contact telephone numbers. The following week the researcher called him to find out if his appointment had been successful or not. The principal indicated that the researcher request for access into the school has been approved and he gave the researcher the date and time. The researcher conducted interviews on 13 June 2003 at 13H30.

On 20 May 2003 the researcher went to Ga-Mailula to secure another appointment. On his arrival he met the principal and gave him the letter of request to visit their school. After accepting the letter the principal asked him questions based on the proposed project. In their discussion a lot of things were discussed. Among other things discussed were, namely, the nature of the study, the number of participants required for the study,

time and the date. At the end of the meeting, the principal told him to phone on Monday, 26 May 2003. The following Monday the researcher made a follow-up call to find out if his request had been successful or not, only to find that the principal's cell phone was off. As a result, the researcher left a message on his voicemail. The next day the researcher was fortunate to talk to him. In their discussion the principal told him that he had not informed other members of the staff of the researcher's request. He further maintained that, since the project included parents, it was important for him to inform the parent component as well before he could give the researcher permission. Therefore, the principal told the researcher to phone on the 1 June 2003 for the results. On that day the researcher made a follow-up call and the principal informed him that his request for access had been successful. The researcher conducted interviews on 19 June 2003 at 13H30.

The researcher went 21 May 2003 to Ga-Malahlela area to make an appointment with the third school, only to find that the principal and his deputy were not available at that time. The researcher was forced to leave the letter with one of the teachers. The teacher told him to come back the next day or else make a call. The next day the researcher had to travel back to meet the principal. They discussed a number of issues regarding the research project. These issues included the number of participants needed for the study, and the time and the date for the interview. Then the principal arranged that the researcher should conduct interviews that same day. Given that the researcher did not want to disrupt any teaching and learning session he had to wait until after school hours. Meeting with parents was not a problem, since two (2) members of the parent components were working (cleaning) at the school.

After the researcher collected data at schools, he met one member of the provincial government (the Department of Education) who is a Masters' student at the University of the North. She helped the researcher to gain access to the district circuit.

(iv) Problems experienced during interview sessions

The researcher experienced difficulties in collecting data from the principals, learners and parents whose children attended the three selected schools. The problems experienced during data collections were the following:

- Locating the parent component since they were not always within the school vicinity;
- The researcher was not allowed to use the minutes of the school meetings;
- Learners were hesitant to respond to questions; and
- The use of English by the researcher posed as a problem to parents because some parents had a problem with communicating English. As a result, the researcher was forced to switch from English to Northern Sotho. The switch to Northern Sotho presented another problem, which centered on the accuracy of the translation from English to Northern Sotho. In overcoming this problem, the researcher took Denzin's (1978: 118) advice into consideration, namely,

“The meaning not the wording, of the questions should be fixed, this gives interviewers flexibility, so that they fit their questioning to the experiences of those questioned”.

(b) Document review

Documents provided the researcher with facts pertaining to the topic, event or subject of the investigation. Furthermore, as McKernan (1996: 148) indicates, documents helped the researcher because:

- data collected establish the facts retrospectively;
- information may be more reliable and credible than that obtained from the questionnaire;
- documents are condensed and easy to use;
- documents are often readily available; and
- documents are often inexpensive.

Two (2) documents were consulted, namely:

- The National Policy on HIV and AIDS; and
- Guidelines for Educators

(i) The National Policy Act on HIV and AIDS of 1999

The document (**National Policy on HIV and AIDS: 1999**) helped the researcher to gain insight into policy framework within which schools respond to the management of HIV and AIDS and it also helped the researcher to check whether or not schools had a policy on HIV and AIDS.

According to the Department of Education (1999), it is important that all schools have an HIV and AIDS policy to ensure that:

- The right of learners and educators are respected;
- Learners and educators with HIV and AIDS are managed appropriately;
- Further HIV and AIDS infection is prevented;
- A non-discriminatory and caring learning environment is created; and
- HIV and AIDS educational programmes are included in the school curriculum.

(ii) Guidelines for educators of 2000

The document (**Guideline for Educators, 2000**) helped the researcher to gain understanding into how teachers should manage accidents and injuries.

The Guideline document (1999) provides educators with the basic knowledge on HIV and AIDS. The first part of the guideline explains the concepts HIV and AIDS, and how it spreads. It outlines ways on how educators should manage accidents and injuries at schools.

(iii) Minutes of meetings at the schools

The researcher would have liked to look at the minutes of the school meetings to check if issues on HIV and AIDS had previously been discussed. However, access to the minutes was denied. The reason given was that it is a private document which was not supposed to be given to the public. The documents that the principal were willing to give to the researcher were documents such as National Policy on HIV and AIDS and Guidelines for Educators.

3.3 Ethical consideration

The researcher took ethical issues into consideration before collecting data. This was done in order to avoid problems that would have emerged during data collection. As Cohen, Manion and Morrison (2003: 50-72) indicate, ethical concerns encountered in research in particular can be extremely complex and subtle and can frequently place researchers in moral predicaments that may appear quite unresolvable. These are supported by Gilbert (1995: 63) who alluded to the fact that before interviews could be conducted it is important for the researcher to take ethical issues into accounts. In this study, ethical issues were taken into consideration. Among them were, namely, access, informed consent and anonymity.

i Access and acceptance

Before the initial stage of research project was conducted, the researcher submitted a formal letter to the principal requesting for permission. The content of the letter outlined the nature and the scope and the number of participants required for the study. (See **Appendix C**).

According to Kvale (1996: 111), the principle of access to an organization (schools) and acceptance becomes apparent at the initial stage of the research project. Furthermore, Kvale (1996) maintains that this stage offers the best opportunity for the researcher to

present his/her credentials. In this study, the present researcher was able to make presentations regarding his project and thus won acceptance and trust from the participants.

ii Informed consent

The researcher gave the participants the freedom of choice as to whether they want to take part or not. The participants had the right to refuse to take part in this study. Furthermore, permission was sought from the respondents or the participants as to whether they could be tape recorded or not. As Cohen, Manion and Morrison (2003: 50) maintain, the principle of the informed consent arises from the subject's right to self-determination. (See **Appendix C**)

iii Anonymity

Before the researcher commenced with the process of collecting data, he assured the participants (**parents, learners, teachers, heads of the department and principals**) that their identity would be kept anonymous and even the names of the schools would not be revealed. Hence the use of designations A, B and C. According to Kimmel (1998: 30), the essence of anonymity is that information provided by the participants should in no way reveal their identity. In addition to that, Kimmel (1998) maintains that the potential participants would refuse to take part when the assurance of anonymity is weak and, therefore, useful data may be affected by the researcher's inability to provide a credible promise of anonymity.

3.4 Summary

In this chapter the present researcher focused at the methodology used for this study, experiences in the field, problems experienced during the interview session and ethical consideration.

In the next chapter the researcher focuses on the school profiles.

CHAPTER FOUR

SCHOOL PROFILES

4.1 Introduction

This chapter focuses on the profiles of the schools where the research was conducted. The framework within which the school profiles have been outlined based are namely, location and socio-economic status; health facilities; and HIV and AIDS. These are the schools which, as indicated in Chapter Three, are situated in the Limpopo Province. They comprise of learners from Grades 8 to 12.

4.2 School profiles

4.2.1 School A

- **Location and socio-economic status**

The school is situated in a rural area. It is on the eastern side of Polokwane City in the village called Ga-Malahlela. The distance between the school and city is about 40 kilometres. The area is very poor in terms of socio-economic status. For example, there are no landline telephones, no running water and modern toilets. The community depends on the bore holes for water. This area is characterized by dilapidated kinds of buildings. Most of the houses in this area are in a bad state. Its catchment area is rural and predominantly inherited by people who are of a low income class. Most of the parents in this area migrate to various cities (Tzaneen, Johannesburg and Pretoria, and other parts of the country) in search for work. Due to that fact, parents are not always with children, children are left alone at home. The absence of parents at home exposes learners to rape and early sexual activities. Literature consulted (Delgado-Gaitan, 1991: 20 Macbeth, 1990: 1; and Walker, Colvin and Ramsey, 1995: 273) highlight the importance of parents in providing learners with security, safety and social support.

Parents' involvement in schools does not only provide learners with security, it also brings positive results. This is substantiated by Atkin, Bastiani and Goode (1988: 140) who highlight that the development and change within an individual school is most likely to be achieved as a result of a constructive educators, parents and learners interaction. The involvement of parents at schools is supported by the government. Realizing the importance of parents in education, the South African government found it appropriate to consider the role parents can play in schools. As a result, the present legislation (South African Schools Act, 1996: 14) encourages parents to participate in schools. From the literature (Brody, Flor, and Gibson, 1999: 1197) consulted, it is clear that the involvement of parents in particular can enhance positive results.

- **Health facilities**

The area has a lack of medical facilities. For example, there is no clinic around. The big hospital is about 15 kilometres away, whereas the local clinic is about one (1) kilometer away. As such, the community travels long distances to get medical help. Due to the lack of close proximity of medical facilities, it is then difficult for the communities and the school to receive information on issues related to HIV and AIDS.

Despite this poor socio-economic background, the school is well-built and fenced. It stands in big contrast to the nearby schools. The reason for this is that the school won a competition from Eskom. The competition was advertised in the newspaper (Sowetan) for all South African schools. It was not meant only for the schools in the Limpopo. The school then built the new administrative offices for the staff, laboratory for practical work in sciences, and classes for the school. It also installed electricity in each classroom.

- **HIV and AIDS**

On HIV and AIDS related issues, the school has adopted the national policy. Despite the fact that the school does not have its own policy on HIV and AIDS, it is involved in HIV

and AIDS awareness campaigns. The aim is to teach the school community about HIV and AIDS issues. This is done through drama and music. Learners as well, particularly those in the Grades 8 to 10, are taught about HIV and AIDS at the school. The school, with the help of the nearest clinic, distributes condoms in the school premise. The condoms are distributed mainly during school games.

4.2.2 School B

- **Location and socio-economic status**

The school is on the eastern side of Polokwane city in the village called Ga-Mailula. It is about 48 kilometres from the city. It is the oldest school around and has poor physical resources. For example, no running water, no landline telephones, and no linked electricity. The area is poor in terms of socio-economic status. For, example, there is no modern technology (landline telephones and electricity), no running water, and no modern toilets. This area is characterized by dilapidated buildings. Most of the houses in the area are in a bad condition. Its catchment areas are typically and predominantly inherited by people who are of a low income class. Most parents in this area migrated to various cities (Tzaneen, Johannesburg, and Pretoria, to mention a few) far away from home to get employment. Due to that fact, parents are not always with their children. Children are left alone at home to take care for the young ones and also to look after themselves. This exposes them to serious problem such as rape and early sexual activities.

The absence of parents from their homes does not only lead to rape or early sexual activities, it also affects the learners' performance in one way or the other. Literature studies consulted (Henderson and Berla, 1994: 1; and Heystek and Louw, 1999: 21) reveal that when schools work with the families (parents) to support learning, children tend to succeed or do well in their school work. This is substantiated by Gene and Stoneman (1995: 567) who maintain that the participation of parents has a positive influence on the academic achievement of children. The involvement of parents at

schools in particular is regarded as an important step and can help improve the quality of education. The evidence is now beyond dispute that the poor performance of learners is caused by poor guidance and lack of participation of parents in schools.

- **Health facilities**

Another fact that characterizes this area is a lack of medical facilities. For example, there is no clinic and hospital around to cater for the community. The big hospital is about 20 kilometres away, whereas the nearest clinic is about three (3) kilometres away. Due to the distanced proximity of medical facilities, it is then difficult for the community and the school to receive information on HIV and AIDS related issues. Media such as radios and newspapers to mention few are the only source of information.

- **HIV and AIDS**

On HIV and AIDS related issues, the school has adopted the national policy. Despite the fact that School B does not have a policy on HIV and AIDS, teaching about HIV and AIDS is carried out in the school. Learners, particularly those in Grades 8 to 10, receive some form of HIV and AIDS education.

4.2.3 School C

- **Location and socio-economic status**

The school is on the eastern side of Polokwane city in the area called Mankweng. It (school) is about 36 kilometres from the city. It has better physical resources. For example, it has a laboratory for practical work in sciences, a well equipped administrative office, running water and modern toilets. Boys and girls have separate toilets, and teachers have their own. These toilets are well looked after by people from the community who have been hired specifically to clean them. The area (Mankweng) of an average socio-economic status. For example, there is a landline telephone, electricity,

running water, modern toilets and tarred-roads. The area is characterized by modern kinds of buildings. Its catchment areas are semi-urban and are predominantly inhabited by people who are of middle income class. The majority of the parents in this area are professionals, such as teachers, doctors, lecturers, nurses and lawyers. Most parents are not separated from their children by distance.

- **Health facilities**

The area has enough medical facilities. For example, there are plenty of private surgeries. It has a big hospital and clinics to cater for the community. The community travels short distances to get medical help. Due to the closer proximity of medical facilities, it is easy for the community to receive information related to HIV and AIDS issues.

- **HIV and AIDS**

On HIV and AIDS related issues, the school does not have its own policy. At school learners are not taught about HIV and AIDS.

4.3 Summary

In this chapter the presenter research looked at school profiles, among other things that the researcher focused on includes location of school, socio-economic status of school, health facilities in the area and HIV and AIDS related issues.

In the next chapter, the researcher focused on data analysis.

CHAPTER FIVE

DATA ANALYSIS

5.1 Introduction

This chapter deals more specifically with the data analysis. It includes interpretation of responses from both the stakeholders and government officials on how schools respond to and manage HIV and AIDS. It also deals with the analysis of policy documents such as the National Policy on HIV and AIDS and Guidelines for Educators.

5.2 Interviews

The information that the researcher has gained from interviews gave him a broader understanding of how schools respond to and manage HIV and AIDS. The data that were collected in the fieldwork have been grouped under various themes.

The following is an example of categories used:

5.2.1 Response from Stakeholders

- Policy issue;
- Constraints in trying to manage HIV and AIDS;
- The inclusion of HIV and AIDS education in the school curriculum;
- Stakeholder's knowledge about HIV and AIDS;
- Stakeholders' opinion regarding the inclusion of HIV and AIDS;
- First Aid Kit;
- Distribution of condoms;
- The involvement of the schools in the HIV and AIDS campaign awareness;
- The role of the schools in teaching people about HIV and AIDS;
- Disclosure;

- The right of those affected (teachers and learners);
- Allowance of those affected in learning and teaching; and
- Departmental support of schools.

5.2.2 Response from the Government officials

- Measures that the department has put in place to support schools in the fight against HIV and AIDS
- The training of teachers;
- The sending of programme managers to schools;
- Department's support to those affected;
- First Aid Kit; and
- Distribution of condoms.

These categories were derived after comparison of units of meaning and these were grouped according to the level of similar understanding of each item. This is in line with what Miles and Huberman (1984: 56), and Dey (1993: 42-44) suggest when they indicate that when you are working with text, you often note recurring patterns and themes which pull together many separate pieces of data. These themes were categorized so that the researcher could adjust and amend instruments of data collection as he went along and also in order to avoid a big chunk of data at the end of the data collection process. Data generated through interviews were analyzed by looking at the responses of each respondent in Schools A, B and C. Data from parents, learners, teachers, principal and HOD's have been outlined in Table 5.1, whereas Table 5.2 presents responses from the government officials in the Limpopo Province.

Table 5.1 Responses of principals, teachers, learners, HOD's and parents

	School A	School B	School C
1. Does your school have a policy in place with regard to HIV/AIDS?	<p>Principal: We do not have our own Policy. We only use National policy for now.</p> <p>Teacher: We only use national policy.</p> <p>HOD: Only use national policy</p> <p>Parent: We don't know anything</p> <p>Learner: We don't know anything about the policy</p>	<p>Principal: No policy, but we use National Policy on HIV/AIDS.</p> <p>Teacher: We only use National Policy on HIV/AIDS.</p> <p>HOD: We only use National Policy.</p> <p>Learner: Teacher knows much better than we do, but as learners we don't anything.</p> <p>Parent: We don't know anything about policy since we never discuss anything regarding HIV/AIDS previously.</p>	<p>Principal: Only the National policy.</p> <p>Teacher: National Policy.</p> <p>HOD: National Policy.</p> <p>Learner: We don't know anything</p> <p>Parent: We don't know anything about this and only teachers are much informed since they are responsible in running the school.</p>
2. Are there any constraints in trying to manage HIV/AIDS?	<p>Principal: We lack skills on how to manage HIV/AIDS.</p> <p>HOD: Yes, we lack expertise to guide learners on HIV/AIDS</p> <p>Teacher: Insufficient trained teacher on HIV/AIDS.</p> <p>Learner: Lack of medical facilities.</p> <p>Parent: Yes, because we do not have well-trained teachers</p>	<p>Principal: We do not have a provincial support.</p> <p>HOD: Lack of professionals (such counselors) and skills.</p> <p>Teacher: Lack of training on issues related to HIV/AIDS.</p> <p>Learner: Lack of counsellors.</p> <p>Parent: Lack of counsellors</p>	<p>Principal: Yes the department does not involve us when drafting policies.</p> <p>HOD: Lack of training on the side of the teachers.</p> <p>Teacher: Lack of support from the provincial government.</p> <p>Learner: No constraints</p> <p>Parent: Schools lack community participation.</p>
3. Is HIV and AIDS education included in the school curriculum?	<p>Principal: Only at lower level.</p> <p>HOD: We only offer it lower level under learning area called Life orientation.</p> <p>Teacher: Only at lower level.</p> <p>Learner: Only at lower level.</p> <p>Parent: Not sure</p>	<p>Principal: Only at lower level.</p> <p>HOD: Only at lower level</p> <p>Teacher: Only at lower grades.</p> <p>Learner: Only at lower grades</p> <p>Parent: No idea</p>	<p>Principal: Not at all.</p> <p>HOD: We have a section on HIV/AIDS at lower grades, although it is not yet introduced or taught.</p> <p>Teacher: No</p> <p>Learner: No</p> <p>Parent: No sure</p>
4. How knowledgeable are stakeholders about	<p>Principal: Stakeholders are knowledgeable.</p> <p>HOD: They are knowledgeable</p> <p>Teacher: They are</p>	<p>Principal: Stakeholders are knowledgeable.</p> <p>Teacher: They are knowledgeable</p>	<p>Principal: They are aware</p> <p>Teacher: They are knowledgeable</p> <p>HOD: They are</p>

HIV/AIDS	knowledgeable. Learner: We are aware Parent: All people are knowledgeable.	HOD: Knowledgeable Learner: We are knowledgeable Parent: They are knowledgeable	knowledgeable Learner: They are knowledgeable Parent: They are knowledgeable
5. What is your opinion regarding the inclusion of HIV/AIDS in the school curriculum?	Principal: Important Teacher: Important HOD: Important Learner: Important Parent: Important	Principal: Important Teacher: Important HOD: Important Learner: Important Parent: Important	Principal: Important Teacher: Important HOD: Important Learner: Important Parent: Important
6. Does the school have First Aids kit?	Principal: Yes HOD: Yes Teacher: Yes Learner: Yes Parent: Yes	Principal: Yes HOD: Yes Teacher: Yes Learner: Yes Parent: Yes	Principal: Yes HOD: Yes Teacher: Yes Learner: Yes Parent: Yes
7. Is there any distribution of condoms in your school?	Principal: Yes, the neighbouring clinic supply our schools with condoms during school games. HOD: The neighbouring clinic supply our school with condoms during school game Teacher: Yes Learner: Only when we have games in our school. Parent: Not aware	Principal: No HOD: No Teacher: No Learner: No Parent: No	Principal: No HOD: No Teacher: No Learner: No Parent: No
8. Is the school involved in the HIV/AIDS campaigns?	Principal: Yes HOD: Yes Teacher: Yes Learner: Yes Parent: Yes	Principal: Not involved HOD: Not involved Teacher: Not involved Learner: Not involved Parent: Not involved	Principal: Not involved HOD: Not involved Teacher: Not involved Learner: Not involved Parent: Not involved
9. Do you think the schools have a role to play in teaching people about HIV/AIDS? And why?	Principal: School has a prominent role to play, because that would help spread the message. HOD: Schools have important role to play. Teacher: School has role to play. Learner: School has a role to play because it can influence to protect ourselves. Parent: It can help learners to consider what is best for them	Principal: Yes, it has role to play in educating the community about HIV/AIDS. HOD: Schools have a prominent role to play. Teacher: It has role to play and it can bring light to young people. Learner: Yes, it can play an important role in our lives Parent: Yes, by sending message.	Principal: It can help people take proper decision about their lives. HOD: Schools have a prominent role to play. Teacher: Yes, that would help reduce the spread of HIV/AIDS. Learner: Schools have no role to play because we hear about the disease in radios and TV's. Parent: It can make learners to be aware about HIV/AIDS and

			how to prevent it.
10. What would be the policy of the school in case a teacher/learner is HIV/AIDS positive with regard to disclosure?	Principal: Disclosure HOD: Disclosure Teacher: Disclosure Learner: Disclosure Parent: Disclosure	Principal: Disclosure HOD: Disclosure Teacher: Disclosure Learner: Disclosure Parent: Disclosure	Principal: Disclosure HOD: Disclosure Teacher: Disclosure Learner: Disclosure Parent: Disclosure

11. What would be the right of the affected learners/teachers in this regard?	Principal: No discrimination HOD: No discrimination Teacher: No discrimination Learner: No discrimination Parent: No discrimination	Principal: No discrimination HOD: No discrimination Teacher: No discrimination Learner: No discrimination Parent: No discrimination	Principal: No discrimination HOD: No discrimination Teacher: No discrimination Learner: No discrimination Parent: No discrimination
12. Will you allow them to continue with their learning/teaching activities?	Principal: They should be allowed. HOD: Be allowed. Teacher: Be allowed Learner: Be allowed Parent: Be allowed	Principal: Be allowed HOD: Be allowed. Teacher: Be allowed Learner: Be allowed Parent: Be allowed	Principal: Be allowed HOD: Be allowed. Teacher: Be allowed Learner: Be allowed Parent: Be allowed
13. Is the Department of Education doing enough to support schools in the fight against HIV/AIDS?	Principal: Only on policy level, but on day to day practice the department is doing nothing. Teacher: Not enough HOD: Not enough Learner: Not enough Parent: Not enough	Principal: The department is doing something by giving schools placards. Teacher: Not doing enough HOD: Not enough Learner: Not doing enough Parent: Not doing enough	Principal: Not doing enough. Teacher: Not enough HOD: Not enough Learner: Not enough Parent: Not enough

Table 5.2 Responses of government officials

1. What measure as the Department of Education have you put in place to support schools in the fight against HIV/AIDS?	Government officials: There are measures taken by the Department to support schools in the fight against HIV/AIDS. For example: 1. Schools are supplied with life skills and HIV/AIDS programme. 2. Introduction of Tirisano programme 3. Drafting national policy on HIV/AIDS, the Department has laid foundation for schools.
2. Does the Department of Education provide some training to teacher on issue related to HIV/AIDS?	Government officials: The Department provides teachers with training on issues related to HIV/AIDS.
3. Does the Department of Education supply schools with HIV/AIDS programme managers to communicate the policy to all staff as indicated in the national policy?	Government officials: At the moment we do not have such people in our area but we are working towards that direction
4. What would the Department do to support	Government officials: The Department of Education has home

those who are affected?	care support the victims.
5. Does the DoE supply schools with First Aid facilities (Kit)?	Government officials: It is the responsibility of the each school to ensure that they have First Aids facilities in place.
6. Does the Department supply schools with condoms?	Government officials: The condoms are made available for all learners at health centres for free. Therefore, it is the responsibility of each learner to ensure that they have them at all times.

5.3 Document analysis and interpretation of responses

5.3.1 Responses from stakeholders

a) Policy issue

From Table 5.1 above, on the question of whether schools have policy on HIV and AIDS or not, the responses from the three schools A, B and C are that they do not have a policy in place. However, one of the main objectives of the National Policy on HIV and AIDS states that each school should develop its own policy on HIV and AIDS. Furthermore, the policy states that in case a school does not have such a policy the National Policy on HIV and AIDS could be adopted (National policy on HIV and AIDS; 1999). From the responses it would appear that schools do not have the policy on HIV and AIDS. This is contrary to the stipulation or expectation of the National Policy. Firstly, it may be that there is a lack of management capacity to aggressively design, implement and monitor interventions and to control new infections. This could be, as Coombe (2000: 13) maintains, that education management is fragile at schools, many principals have not received sufficient support or training to enable them to be creative about policy issues. Secondly, it might be that the policy contains a broad principle that needs to be operationalized, and as a result, principals are not sure about procedures for policy formulation. Therefore, that might be difficult for them to develop and implement the policy. This confirms Sharrow's idea (1991: 15) that poor management of HIV and AIDS is mainly caused by unclear procedure of operation. Thirdly, it may be that there are

some differences and contradictions among stakeholders with regard to the interpretation of the policy, negative attitudes towards both the policy and the manner in which the policy document was disseminated, and inaccessibility of the document. This could be, as Mabasa and Themane (2002: 114) indicate, that different interpretations of the government policy and negative attitudes of stakeholders are the main sources of tension underlying school governance behaviour.

b) Constraints in trying to manage HIV and AIDS

In Table 5.1 above, all the schools indicated that there are constraints in trying to manage HIV and AIDS. In School A, stakeholders indicate that the lack of skills, lack of expertise, lack of medical facilities and insufficient training of teachers are the main constraints. In School B, stakeholders indicate that lack of support from the provincial government, lack of health professionals, and lack of training on issues related to HIV and AIDS are the constraints. In School C, stakeholders maintain that the department does not involve them in policy issues, lack of support and training, and community participation, are the constraints in trying to manage HIV and AIDS. The policy provides that each school should establish its own Health Advisory Committee and, where possible, the school should draw on expertise available to it within the education and the health system. In addition to that, the Department of Education (1999) says that the Health Advisory Committee may, as far as possible, use the assistance of community health workers led by a nurse or a local clinic. However, the use of community health workers such nurses and doctors seems to be a problem.

From the responses it is clear that schools are experiencing problems in trying to manage HIV and AIDS. The main constraints are the lack of both physical resources and human resources. Cohen (2002: 15) maintains that the lack of resources for prevention activities, the inexperience of teaching staff in dealing with HIV and AIDS and the unwillingness of teachers, parents and others to address issues of sexuality, are problems in many schools. Furthermore, Cohen (2002) maintains that this could be detrimental on how schools

respond to and manage HIV and AIDS. In Uganda, the ministry of education, in response to HIV and AIDS, improved teacher-training approaches (The World Bank, 2002). This was done in order to equip teachers with skills on how to deal with HIV and AIDS issues.

c) Inclusion of HIV and AIDS education in the school curriculum

Table 5.1 above indicates that in Schools A and B HIV and AIDS education is included in the school curriculum, particularly in the lower grades. It was only in School C where it was reported that there was nothing happening. The strange thing is that in School A and B, the inclusion of HIV and AIDS was found in the life orientation learning area. The policy states that HIV and AIDS education must be included in the school curriculum. According to the national policy on HIV and AIDS, the programme should include the following:

- The programme should provide learners with information on HIV and AIDS, and develop the life-skills necessary for the prevention of transmission;
- Teaching learners how to behave towards a person with HIV and AIDS, raising awareness on prejudice and stereotypes around HIV and AIDS; and
- Cultivating an enabling environment and culture of non-discrimination towards persons with HIV and AIDS (Department of Education: 1999).

From the responses shown in Table 5.1 above, it looks like the inclusion of HIV and AIDS in the school curriculum is not yet fully implemented. Firstly, it may be that the lack of HIV and AIDS education is because of the failure to understand the culture, attitude and behaviour of the community. This could be, as Robenstine (1995: 58) says, that school-based HIV and AIDS education has suffered because of the failure to adequately comprehend sociological, attitudinal, behavioral, and gender complexities, all of which play a role in the course of the HIV and AIDS pandemic and its disproportionate impact on the community. In addition to that, Robenstine indicates that attention to the cultural aspects of HIV and AIDS is critically needed. Secondly, it might be that teachers are shy to discuss anything relating to sexuality with the learners. This

could be, as Kelly (2002) maintains, that one of the most critical obstacles regarding the inclusion of HIV and AIDS in the school curriculum is that educators are shy to deal with basic, existential issues of child and adolescent sexuality. Literature consulted so far reveals that teachers are the main source of information to learners, and that HIV and AIDS curriculum is included in countries like USA, Netherlands, Uganda and Botswana (Boscarino and DiClemente, 1996: 276; Paulussen et. al., 1995: 227-229; The World Bank, 2002; and Bennell et. al., 2001: 26-95).

d) Stakeholders are aware about HIV and AIDS

In Table 5.1 above, all stakeholders from three selected schools, schools A, B and C, indicated that they are aware of the pandemic. From the responses, it shows that all stakeholders are aware of the pandemic. The reason might be that they may have heard about it from radios and newspapers. This could be, as Harrison, Smit and Myer (2000) say, that in South Africa, public education through mass media such as Television and magazines has contributed significantly to the high level of awareness about HIV and AIDS.

e) Stakeholders' opinion on the inclusion of HIV and AIDS education in the school curriculum

From Table 5.1 above, on the question regarding the opinion of the stakeholders on the inclusion of HIV and AIDS, it appears that participants view the inclusion of HIV and AIDS education as an important step in educating learners about the pandemic. The reason might be that they have seen the families suffering because of the pandemic, and thought that it should be included in the curriculum to help learners change their sexual behaviour, given that they are sexually active from a young age. This could be, as Simelela (2002) says, that the inclusion of HIV and AIDS education in the school curriculum could ensure that the youth of South Africa have much information available to enable them to make informed choice regarding their sexuality.

f) Distribution of condoms in schools

In Table 5.1 above, on the question regarding the distribution of condoms in the school premises, the responses of all stakeholders in School A hold that condoms are made accessible to learners during school games, except one parent who alluded to the fact that he/she is not sure since he/she is not always in the school vicinity. However, in Schools B and C, all stakeholders indicated that no condoms are made accessible to learners. Firstly, the reason may be that stakeholders felt it is immoral to make condoms accessible to learners because that would encourage learners to be more sexually active. The Department of Education (1999) states that the governing body of a school may develop and adopt its own implementation plan on HIV and AIDS to give operational effect to the National Policy. Furthermore, the Department of Education (1999) states that the governing body, in consultation with stakeholders, could address complex questions, such as whether condoms need to be made available within a school as a preventive measure. From the responses, it looks as if the condoms are not made available to learners at schools. The reason may be that parents feel it is immoral to make condoms accessible to learners. This could be, as Kelly (2002: 1) maintains, that conflict and lack of unanimity lead to confusion and lack of action to prevent the pandemic. Thus, if one group advocates condom-use while another group decries this as immoral, the effect may leave individuals not knowing what they should do. And in such circumstances, the majority will continue to behave in the way they always did. In Botswana and Uganda condoms are made accessible to learners (Bennell et. al., 2001: 29-95; and The World Bank, 2002). This was done to prevent the further spread of the disease.

g) The involvement of the schools in HIV and AIDS campaigns

In Table 5.1 above, all stakeholders indicated that School A is involved in HIV and AIDS awareness campaign. However, in both Schools B, and C, stakeholders indicated that their schools are not involved in an HIV and AIDS awareness campaign. From the responses in Table 5.1, it looks as if schools are not involved in the HIV and AIDS awareness campaign. The reason may be that schools do not get the necessary support

from the community. This could be, as Herek and Greece (1995: 216-220) say, that to solve issues parents, teachers, principals and learners should join hands and devise social control for them to solve the problem. In Kenya, school learners compose poems about the disease, which they recite to peers, the entire school and the community (Juma, 2001: 14).

h) The role of the schools in teaching people about HIV and AIDS

In Table 5.1 all stakeholders in the three selected schools, schools A, B and C, indicated that schools have an important role to play in the spreading message and educating learners, as well as the community, about the pandemic. However, learners in School C indicated that the schools have no role to play since HIV and AIDS related issues are broadcast in the radios and TV. Department of Education (2000) states that educators can grasp the facts about HIV and AIDS and help spread the correct information about the disease and its effect. Furthermore, Department of Education (2000) maintains that educators are in frequent touch with parents, and can, therefore, spread the message about HIV and AIDS deeply into the community. Evidence from the table shows that schools have a role to play in teaching about HIV and AIDS. However, the role schools should play in educating the community about HIV and AIDS is not evident. This reason might be the stigma attached to it. HIV and AIDS-related stigma and its associated prejudice and discrimination have been identified as the major stumbling blocks in addressing all aspects of HIV and AIDS prevention (Macintyre, Alons and Brown, 2000). In Botswana, people living with HIV and AIDS are used or involved in HIV and AIDS programmes to teach the community about the pandemic (Bennell et. al., 2001).

i) The policy of the school with regard to disclosure

As shown in Table 5.1 all stakeholders in the three schools indicated that they favour disclosure, which is contrary to the stipulation of National Policy. The policy states that

no learners or student (or parent on behalf of a learner or student), or educator, is compelled to disclose his or her HIV and AIDS status to the school. Furthermore, the policy says that voluntary disclosure is welcomed and an enabling environment should be cultivated in which confidentiality of such information is ensured and which discrimination is not tolerated (National Policy on HIV and AIDS, 1999). The reason might be that they want such people to be known so that preventive measures could be deployed to avoid further spread of the disease. This could be, as Maile (2003: 79) maintains, that disclosure could promote trust and proper human resources management. In addition to that, Maile (2003) maintains that if the HIV and AIDS status (of learner or teacher) is not disclosed, it could lead to speculations and such speculations could be harmful to the teacher or the learner. Therefore, disclosure allows the school to offer support and understanding.

j) The right of the affected learners or teachers and their involvement in the school activities

The policy states learners and students with HIV and AIDS have the right to attend any school. In addition to that, the policy states that learners with HIV and AIDS are expected to attend classes in accordance with statutory requirements, for as long they are able to do so effectively. The responses in Table 5.1 above show that stakeholders support the idea that the affected learners or teachers should not be discriminated against because of their health status. The reason may be that they are aware that HIV and AIDS is everyone's threat or problem, and that they should be allowed to participate fully in the school activities (learning and teaching).

k) The department's support to schools in their fight against the disease

From the responses, it is clear that schools do not receive necessary support from the department. The reason may be that communication or partnership between the Department of Education and the schools is lacking. Cohen (2002: 17) maintains that what the government has to understand is that they alone can achieve relatively little and

relevant response. According to Cohen, effective mobilization and localization of responses require a very active and positive role for ministries of education and stakeholders.

5.3.2 Responses from Government Officials

a) Measures taken by the government to support schools in the fight against HIV and AIDS

Responses from government officials in Table 5.2 above show that the ministry of education has focused more on educational programmes for learners. As a result, three approaches are evident, namely:

- Curriculum-based HIV and AIDS education (including issues of sexuality, sexual health and life skills);
- Tirisano programme designed to raise awareness on HIV and AIDS among learners in particular; and
- National Policy serves a guideline to school managers, parents, and learners.

The reason may be that learners are sexually active at an early stage and therefore, chances of being them infected are very high. This is substantiated by Coombe (2000: 15) when she maintains that adolescents are sexually active. According to Coombe, a survey among 16 to 20 years found that 40% of young women and 60% of young men have more than one sexual partner. Another reason may be that the government has a feeling that schools have an important role to play in spreading the message. Education, especially school education, can play an even more crucial role in the combat with HIV and AIDS (Kelly, 2002: 3). In addition to that, Kelly (2002) maintains that schools can

promote the knowledge, understanding and attitudes that are fundamental to the reduction of HIV and AIDS transmission.

b) Training of teachers

Evidence from the empirical investigation in this research shows that teachers are provided with training on HIV and AIDS-related issues. The training of teachers may be done because the Department of Education believed that by giving training to teachers they would be in a better position to impart their knowledge to learners. It is important to train teachers on HIV and AIDS related diseases. Other countries have started designing HIV and AIDS programme for teachers (Rugalema and Khanye, 2002: 33). In addition to that, they maintain that teachers are the central pillars in any educational system and their survival and well-being are essential for the sustainability of the system. In response to HIV and AIDS, ministry of education in Uganda improved teachers' training approaches (The World Bank, 2002).

c) Supplying of schools with HIV and AIDS Programme Managers

The policy provides that the Director-General of Education and Heads of provincial Department of Education are responsible for the implementation of this policy. Furthermore, the policy states that every education department must designate an HIV and AIDS Programme Manager and a working group to communicate the policy to all staff. From the response, it is clear that not much is being done to provide schools with programme managers on HIV and AIDS related issues. The reason might be that the department does not have programmes for such people (managerial staff) and that makes their work more difficult. According to Rugalema and Khanye (2002: 34), ministries of education have or are setting up programmes to ensure the survival of the key people within the ministry (at headquarters level, provincial/district level, and lower level). They also maintained that HIV and AIDS programmes for managerial staff are either non-existence or weak to warrant the attention of the country teams.

d) Supplying schools with condoms

Guideline for educators (1999: 12) states condoms should be made freely available to learners who are sexually active. In addition to that, the document says that learners should be advised on why and how they should be used and disposed of. On the other hand, the National Policy on HIV and AIDS (1999) states that school implementation on HIV and AIDS should take into account the needs of the communities it serves. In addition to that, the policy says that consultation on the school implementation plan could address and attempt to resolve complex question such as, namely, the discretion regarding mandatory sexuality education, or whether condoms need to be made accessible within a school as a preventive measure. From the responses in Table 5.2 above, it looks as if department does not supply schools with condoms. The reason may be that the department finds it extremely difficult to supply schools with condoms without proper consultation with all the stakeholders. Evidence from literature consulted (Bennell et. al., 2001 and The World Bank, 2002) shows that in countries like Uganda and Botswana condoms are made accessible to learners at all school levels. This was done to prevent further spread of the disease.

e) The support of the department on HIV and AIDS victims

From the response given, the Department of Education does support HIV and AIDS infected victims. The reason may be that the department wants to set an example not to discriminate against people with HIV and AIDS. Literature consulted did not show how victims of HIV and AIDS are treated or taken care of.

f). The supply of First Aid Kits to schools

The policy states that schools should have First Aid Kits. Furthermore, the policy states that all schools should train learners and educators in first aid. From the responses, it is clear that schools are not provided with the first aid kits and therefore, it is the responsibility of a school itself to ensure that they have First Aids Kits at all times.

5.4 Summary

In this chapter, results of the data generated from the three high schools one in Ga-Malahlela, one in Ga-Mailula and the other in Mankweng were analyzed. The analysis was based on stakeholders' understanding about HIV and AIDS policy and practice; their perception regarding the inclusion of HIV and AIDS education in schools; and the constraints and challenges faced by the school as it seeks to respond to and manage HIV and AIDS. The analysis indicates that stakeholders lack knowledge as well as the skills on how to respond and manage the disease. As a result, this has affected the way in which schools respond to and manage HIV and AIDS in the province.

The next chapter will focus on the discussion of the results.

CHAPTER SIX

DISCUSSION OF THE RESULTS

6.1 Introduction

The purpose of this chapter is to present the discussion on the results found from the three selected schools.

6.2 Presentation of the results

The results of the study were categorized into various themes which were generated from the collected or assembled data. As indicated in Chapter Four, these themes were categorized so that the researcher could adjust and amend instruments of data collection as he carried along with the research. It was also meant to avoid a big chunk of data, which could not make sense at the end of the data collection process. Therefore, a total of ten (10) broad categories were finally identified, namely:

- Policy of the school on HIV and AIDS;
- Constraints that inhibit proper management of HIV and AIDS;
- First aid kits;
- Inclusion of HIV and AIDS education in the school curriculum;

- The opinion of stakeholders regarding the inclusion of HIV and AIDS in the school curriculum;
- Their (stakeholders) knowledge of HIV and AIDS;
- Distribution of condoms in schools;
- HIV and AIDS awareness campaign;
- The role of schools in teaching about HIV and AIDS;
- Handling of information of those affected;
- Strategy to support those who are affected and uphold their rights in education;
- Support of the Department of Education.

6.3 Discussion

The overall picture of the results shows that there is a general lack of understanding on issues around HIV and AIDS. As a result, there was no strategy regarding how schools responded to and managed HIV and AIDS. The picture becomes even more evident when identified themes are examined more closely.

6.3.1 Policy of the school on HIV and AIDS

According to the Department of Education (1999), it is important that all schools develop their own policy on HIV and AIDS in an attempt to reduce the spread of the disease. In addition to that the Department of Education (1999) maintains that heads of the departments (HOD's) are responsible for the implementation of policy. However, in the case whereby a school does not have its own policy, that school could adopt the national policy.

In answering the question as to whether they were aware of the policy of the Department of Education (DoE) on HIV and AIDS to the schools, all stakeholders in School C indicated that they did know about it. For example, in School C, the principal said:

“The major problem is that the DoE does not consult principals when issues pertaining to policies are discussed. And this itself has a negative impact on us as principals. As the head of the school A (principal) we expect the department to arrange meetings with us to

avoid unnecessary delays. Right now the department is expecting us to implement and to deliver but we really find it difficult to introduce change because we are not well informed. I would like to see the department to sit down with all structures (teacher components, learner components and parent components)”.

On the other hand, in School A, the teacher, the principal and the HOD indicated that they were aware of it and since their school did not have its own policy they found it appropriate to adopt it, while on other hand, learners and parents alluded that they knew nothing about the policy. The principal of School A further indicated that they were in the process of drafting their own policy in collaboration with the local clinic. In School B, the principal, teachers and HOD alluded to the fact that they were aware of the policy on HIV and AIDS and since the school did not have its own policy they had since adopted the national policy. One parent from School C explained the situation as follows:

“This is a complex issue. The DoE should sent officials to conduct workshops at schools and that could be helpful to us as well. Sending officials to schools would not only help us to understand issue on policy but also would help us in the development of our own policy. Right now as parents we do not have any knowledge concerning the policy and we do not know on how to develop our own”.

This problem portrays a general lack of understanding of HIV and AIDS issues in schools, and this makes it difficult for schools to develop their own policy regarding the problem. Literature consulted does not indicate how schools in various countries develop their on policy regarding HIV and AIDS.

6.3.2 Constraints that inhibit proper management of HIV and AIDS

The unpreparedness of the stakeholders to deal with HIV and AIDS seems to be a major constraint in their response to HIV and AIDS issues. It would appear, from the responses to the question on constraints that inhibit proper management of HIV and AIDS that all stakeholders needed some form of training on a number of issues related to HIV and AIDS. For example, the skills to develop policy on one’s own appeared to be a problem to all schools. Lack of adequate training from teachers on HIV and AIDS issues and counselling were cited as problem for their effective response and management of the

epidemic. The lack of skills among teachers with regard to how to share or impart their knowledge to their respective, learners make it difficult for schools to manage HIV and AIDS related issues. The principal in School C painted an even more complex picture of the reason why there were constraints in trying to manage HIV and AIDS at schools. He said that:

“If the DoE want schools to respond effectively and efficiently teachers should be trained on health issues such HIV and AIDS. Training of teachers could not only be helpful to learners but to the community as well”.

In Swaziland and Uganda also, teachers were trained and equipped with skills to deal with the epidemic. This was done by giving them skills on guidance and counselling (Lineo, 2001: 1-10; The World Bank, 2001).

Other factors that were cited as stumbling blocks to their effective response and management of HIV and AIDS were, namely, lack of resources such as clean water, lack of medical facilities such as clinics and hospitals, and electricity.

6.3.3 First Aid Kits

According to the Department of Education (1999, 2000), all schools should have first aid kits at all times. In addition to that the Department of Education (1999) states that learner should be taught on how to make use of these facilities. In answering the question as to whether or not schools have First Aid kits that could be used when a learner is injured during games or while they are playing, stakeholders (principal, teachers, HOD's and learners) in all the three schools indicated that indeed they have such facilities, except parents from the three selected schools who maintained that they don't know anything about the facilities. Parents indicated that teachers, learners and the principals know much better than they do since they are not always in the school vicinity.

6.3.4 Inclusion of HIV and AIDS education in the school curriculum

The policy says that it is important that HIV and AIDS education be included in the school curriculum. When asked whether HIV and AIDS education was included in the school curriculum or not, all stakeholders in School C indicated that HIV and AIDS is not yet included in the school curriculum. For example, in School A the HOD said:

“Learners at lower levels, that is grades 8-10, are taught about HIV and AIDS under the learning area called Life Orientation. The inclusion of HIV and AIDS is not yet fully implemented at high level (Grades 11-12).I would like to see all learners from lower to high grades taught about the pandemic. The DoE should also have programmes for learners at the high level”.

In School B, the principal also indicated that HIV and AIDS education is included in the school curriculum in the learning area called Life Orientation, although only at lower grades (8 and 10). Parents from Schools A, B and C indicated that they are not sure whether or not HIV and AIDS issues are being dealt with at schools since they are not present during schools hours.

The exclusion of parents from daily school activities or the learning of their children indicates that there is lack of management capacity or commitment from both the schools and parents. This indicates that South African schools are more behind with regard to the inclusion of HIV and AIDS in the school curriculum. Unlike in other countries like, the Netherlands, U.S.A (California), Cambodia, Swaziland and Botswana, the inclusion of HIV and AIDS education in school curriculum has been regarded as the most important step in trying to manage HIV and AIDS in schools. This has been carried in both primary and in secondary schools (Paulussen, et al., 1995; Lydia and Burak, 1994; and Boscarino and DiClemente, 1996).

6.3.5 The opinion of stakeholders regarding the inclusion of HIV and AIDS education in the school curriculum

In answering the question about their opinion regarding the inclusion of HIV and AIDS in school curriculum, all stakeholders felt that the inclusion of HIV and AIDS education in the school curriculum could play a prominent role in spreading information about the

pandemic. All stakeholders indicated that the inclusion of HIV and AIDS education into school curriculum could bring some form of relief to their problems, with the exception of one learner. One parent in School A said:

“HIV and AIDS is a social phenomenon, it affects all of us. Therefore, the inclusion of HIV and AIDS education in the school curriculum would be helpful to young people. Schools should provide learners with information. We have sent our children to school to learn. Therefore, I expect schools to equip them with knowledge and skill regarding factors affecting their lives”.

However, one learner in School C appeared to have other ideas. For example, the learner indicated that the inclusion of HIV and AIDS into the curriculum would be time consuming since this issue is broadcasted in radios and television almost everyday. Although the stakeholders are in favour that HIV and AIDS be included in the school curriculum, the inclusion of HIV and AIDS education seems to be problematic to schools. The problem is mainly the lack of knowledge on what should be taught and how.

In this unit, the researcher asked stakeholders whether or not it was necessary to teach learners about HIV and AIDS. All of them supported the idea that schools should teach learners about the pandemic. For example, one teacher lamented that:

“The inclusion of HIV and AIDS education could bring some form of help to many learners and that would help them to take a proper decision on matters affecting their lives. Furthermore, the teacher maintained that since learners are sexually active, teaching about the epidemic could help in what he called behaviour modification”.

This indicates that teaching learners about HIV and AIDS could help change their sexual behaviour. Different countries’ approaches in teaching learners about the disease have adopted different strategies. In Botswana and the Netherlands, HIV and AIDS education is being used to spread the message about the pandemic (Bennell et. al., 2001; and Boscarino and DiClemente, 1996). In Kenya, schools have adopted a method whereby learners in the upper grades form groups to help educate each other in matters relating to HIV and AIDS (Juma, 2001).

6.3.6 Their (stakeholders) knowledge of HIV and AIDS.

The emergence of the HIV and AIDS disease has created new priorities for those working in health education and health promotion. These include the need to clarify misunderstandings, allay fears, anxieties and stigma attached to it. The foundations for much of this have been laid through information campaigns, training and other educational activities in schools. As a result, schools have a key role to play in such work, but they need to be well prepared for these kinds of issues that can rise when helping others learn about HIV and AIDS.

In answering a question about how knowledgeable stakeholders are on the HIV and AIDS pandemic, all the stakeholders in selected schools indicated that they are knowledgeable of the disease. The principal in School A indicated that stakeholders are aware about the pandemic. In addition to that, the principal in School A maintained that even though stakeholders are knowledgeable about the disease, schools should come up with a plan or strategy on how to manage the pandemic. Furthermore, the principal indicated that since schools are placed within the community, it is imperative that schools take part in the HIV and AIDS awareness campaign to teach and spread the message, and to seek ways of dealing with it. The principal in School C maintained that although he is confident that stakeholders are knowledgeable about the disease, he is, nonetheless, not sure to what extent. The principal in School C maintained that teaching about HIV and AIDS would help the community to consider ways of dealing with the pandemic and will also help with behaviour modification of others who resist changes. One learner in School B explains the situation as follows:

“I think everyone is much aware about the pandemic since the issue is being broadcast on daily basis. Schools also should enforce the message and that could only be done through learning and teaching”.

This indicates that there is still much to be done by schools in response to and management of HIV and AIDS. As a result, schools could play a prominent role in educating every aspect of the community about HIV and AIDS, and thus help reduce the

impact of the pandemic. Literature shows that stakeholders are knowledgeable about the disease (Peltzer, Cherian and Cherian, 1998: 955-958).

6.3.7 Distribution of condoms in schools

In answering the question as to whether or not there is any distribution of condoms in school, all stakeholders in School C maintained that there is no distribution of condoms in their school, whereas in School B, the principal indicated that distribution of condoms was once supplied by donors who once came to the school to teach learners about the HIV and AIDS issues, and since then they never received anything from the DoE. It was in School A where the principal mentioned that the neighbouring clinic supplied them with condoms and some are placed at the clinic, and learners are encouraged to use them at all times. The principal further indicate that even during school games condoms are placed all over the school premises. This was confirmed by teachers in School A. In School A they said:

“We find it necessary to make condoms accessible or available to our learners and the staff as well. Though others may not feel comfortable about it due the customary issue. I would like to see different structure (churches and schools) encouraging young people to consider condom usage as a means of preventing further spread”.

However, the parents in the selected schools maintained that they do not know anything about the condom distribution in the school premises since they are not always around. This indicates that the distribution of condoms has not been given much attention in South African schools. In countries like Botswana and Uganda condoms are made available to learners and they are distributed at the school premises (Bennell et. al., 2001).

6.3.8 HIV and AIDS awareness campaign

The researcher asked stakeholders as to whether or not schools are involved in HIV and AIDS awareness campaign. All stakeholders in Schools B and C indicated that their schools are not involved in HIV and AIDS awareness campaign. In School A, all stakeholders maintained that the school is one of the best in the country with regard to their involvement in the HIV and AIDS issue. The principal in School A mentioned that they composed a song on HIV and AIDS every year, and they also perform HIV and AIDS dramas for the community. The Department of Education (1999) has set up the foundation for schools in the fight against HIV and AIDS through Tirisano (Working Together) programme wherein they tried to raise awareness about the pandemic. From the result, it is clear that there is a lack of participation by schools in the HIV and AIDS awareness campaign, unlike in Kenya, where school use learners in educating others about the disease. According to Juma (2001: 14) schools in Kenya play a prominent role in educating learners about the danger of the disease and encourage people to consider prevention methods.

6.3.9 The role of schools in teaching about HIV and AIDS

In answering the question about the role of the schools in educating learners about the disease, there was a general agreement that schools have a prominent role to play and all stakeholders from schools shared the same feelings. Stakeholders maintained that schools could play a prominent role in this regard. One parent in School B said:

“Schools, as an institution of learning, are well-place within the community. Therefore, they should educate members of the community as well as learners about health issues. What we would like to see is the contribution made by the school to our society. Therefore, for the school to achieve that community members should be fed with the information”.

6.3.10 Handling of information of those who are affected

There was no consensus on the question of how information should be managed with regard to disclosure. Parents in Schools A and B were in favour of unconditional disclosure of information of those who are infected, whilst those in School C were opposed to disclosure. For example, a parent in School C said:

“I hope we all know that HIV and AIDS is a social problem affecting our lives and I do not think it is wise to disclose one’s health status. In life we should have boundaries because there are certain things we can discuss and others not. For instance, how would I tell learners that teacher D is infected. Will they respect him/her again? Will they accept him/her? Will they listen to him/her? These are the questions that we should think about particularly when we talk about the disclosure”.

The same pattern of uncertainty was heard among learners and teachers. The reflection shown above by different respondents indicate that there is a need for a strategy on how to approach the question of disclosure. It also reveals a general lack of understanding on what the legal implications are on this matter. Unlike in other countries, such as the Netherlands and Uganda, where there is a systematic and unified approach to deal with disclosure, and where learners and teachers are free to talk openly about these matters, South African schools seem to be still groping in the dark (Paulussen et al 1995; Juma, 2001).

6.3.11 Strategy to support those who are affected and uphold their rights in education

All the stakeholders agree that they would encourage or advise the infected teachers or learners to go for counselling since they are not experts in this field. However, there was a general feeling that much counselling by a professional person should precede that step. For example, one teacher in School C said:

“I would like to see those people (the infected) being supported like any other person. As long as they are still leaving in this planet they form part of human species. Therefore, it important that schools, government department, non-government organizations and other structures have room for them. They should be treated with respect and they have rights like any other person”.

Literature does not indicate what other countries are doing to support those affected by this. It would appear that the idea of attaching a nurse or counsellor or social worker to a school, as practiced in most European, American and UK schools, seems to be a noble idea to support those affected (Casey and Thorn, in Fransen and Willot, 1999). This is still lacking in most rural and some urban South African schools. But the more progressive and pragmatic way seems to be that of prevention is better than cure in disseminating HIV and AIDS information (Juma, 2001).

When asked what they would do with those infected, the feeling was that they should not be discriminated against and must be allowed to continue with their learning or teaching activities.

6.3.12 Support of the Department of Education

In answering the question as to whether or not the Department of Education is doing enough to support schools in the fight against HIV and AIDS, all the respondents in the three schools maintained that the DoE was not doing enough. The principal in School A said:

“The major problem confronting schools is that the DoE is doing nothing to support schools in the fight against HIV and AIDS. The DoE has shifted all the responsibility to us (stakeholders). The only contribution the DoE is helping school with is on policy level, but on daily basis the DoE is doing nothing”.

In School B, the principal maintained that the DoE was doing something by supplying schools with placards and policy documents. Since stakeholders in schools indicated that the DoE is not doing enough in supporting schools against HIV and AIDS. This is in line with what Coombe (2000) indicated when saying that there is a general lack of management capacity between schools and the provincial government in this regard.

6.4 The government’s position

6.4.1 The involvement of the Department in schools

In answering the question as to what measures the DoE had put in place to support schools in the fight against HIV and AIDS in the Limpopo Province, one of the officials had the following to say:

“I think there are several measures that the DoE has taken to support schools in their fight against HIV and AIDS. Firstly, the DoE drafted Tirisano programme (Working Together) in an attempt to raise awareness about HIV and AIDS for both learners and teachers in particular. Secondly, that they had introduced the national policy on HIV and AIDS, which serves as guidelines for schools. In this regard, the DoE laid foundation for schools on how to develop their own policy on HIV and AIDS. Thirdly, the DoE supplied schools, particularly those in lower grades (4-10), with Life Skills and HIV and AIDS programme. The problem we are experiencing at the moment is that schools are reluctant to implement the government policies”.

In the researcher’s opinion, there seems to be a problem between the DoE and schools. This is caused mainly by lack of information on matters relating to the HIV and AIDS issue, as well as the policy.

6.4.2 Training of teachers

When asked whether or not the DoE provides a special training for teachers or equips them with necessary information so that they could be able to impart their knowledge to learners, the officials had the following to say:

“The DoE had already started training teachers on HIV and AIDS related issues. For now the DoE is working with those (teachers) in foundation phase and they would be followed by senior phase. Due to large numbers of teachers we have in the country we find it difficult to train them all at once. We decided to look at the foundation phase teachers and they would be followed by senior phase teachers”.

In the researcher’s opinion, the pace in which the DoE moves is slow. Therefore, there is a need for a clear strategy on how to deal with problems efficiently. In response to HIV and AIDS, the government of Uganda responded by introducing new teacher training

approach and through these new approaches the HIV and AIDS prevalence decreased (The World Bank, 2002).

6.4.3 Sending of HIV and AIDS programme managers at schools

In answering the question as to whether or not the Department of Education supplies schools with HIV and AIDS programme managers to communicate the policy issue on HIV and AIDS to all staff, the officials said that:

“This is a complex issue. However, as the DoE we are working towards that direction”.

This indicates that there is a lack of communication between the schools and the provincial department. However, one of the objectives of the Department of Education (1999) is that the Department of Education should provide schools with HIV and AIDS programme managers to communicate to all staff about the policy issue.

6.4.4 Supply of condoms in schools

In answering the question as to whether or not the DoE supplied schools with condoms, the officials had to say:

“It is not the responsibility of the DoE to supply schools with the condoms. As the policy says, this matter is entirely in the hands of stakeholders or the school governing body to decide whether condoms should be made accessible to learners or not”.

This seems to indicate that the South African provincial government and schools in particular focus on prevention rather than on pro-active control. In Botswana, the ministry of education recommended that condoms be made available at schools as means of controlling the disease (Bennell et. al., 2001).

6.4.5 Supply of First Aids kit to schools

When asked if the Department of Education supplies schools with First Aid kits, the officials indicated that it is the responsibility of each school to have those facilities at schools. This revealed confusion in that schools expect provincial government to provide or supply them with First Aid kits while the officials indicated that it is the responsibility of the schools to have those facilities.

6.4.6 Support of the Department to those affected

On the question of those who are infected and affected, the officials indicated that the DoE had a support-based group for those who are affected. They said that the DoE, in conjunction with the Department of Health (DoH), provided counselling to the victims. They maintained that since the DoE does not have specialists in this field, they arrange with the DoH to conduct such activities for the affected learners and the teachers.

6.5 Summary

The study revealed that in some schools principals and teachers are fully aware about the Department's policy on HIV and AIDS, although in some schools parents and learners indicated that they are not aware of such policy. From the result of this study, it is clear that there are constraints that inhibit proper management of HIV and AIDS in some schools.

In the next chapter the presenter researcher focuses on the findings, recommendation and the conclusion of the study.

CHAPTER SEVEN

FINDINGS AND RECOMMENDATIONS

7.1 Introduction

This chapter deals more specifically with the findings made by the researcher and it also proposes recommendations for future research.

7.2 Major findings

According to the present researcher's findings, two policy frameworks appear or apply to this research, namely, policy adoption and policy avoidance.

Policy adoption

The researcher's finding shows that only one (1) of the three (3) schools did not adopt the National Policy on HIV and AIDS. For instance, Schools A and B adopted the National Policy on HIV and AIDS. It was easy for the schools to adopt the policy because all stakeholders regard the policy as being important because they think that it would help learners to make informed decision regarding matters concerning their lives, and also teaching others as well on how to prevent the spread.

Policy avoidance

Although the three selected schools see the introduction of National Policy on HIV and AIDS as an important step in educating learners about the pandemic, two schools avoided it. In School C, a copy of National Policy on HIV and AIDS was found but avoided. The reason for avoiding the policy was because of lack of clarity on ways of operation.

The contextual issues covered in Chapter 4 such as location, socio-economic status and medical facilities, show that School C has the capacity to deal with the epidemic. On HIV and AIDS related issues, the school has not adopted the National Policy on HIV and AIDS. In the case of Schools A and B, the contextual issues covered, such as location, socio-economic status and health facilities, show that the schools do not have the capacity to deal with HIV and AIDS related issues since it is difficult for the community and schools to get information on HIV and AIDS related issues. On HIV and AIDS related issues, the schools have adopted a national policy on HIV and AIDS.

There are other factors that adversely affect how schools respond to and manage HIV and AIDS in schools. These include:

- **Policy issues**

The question of policy seems to be a major problem affecting the management of HIV and AIDS in schools. Stakeholders lack knowledge about policy issues regarding HIV and AIDS, and that makes it difficult for schools to implement and/or come up with their own policies on HIV and AIDS. Stakeholders are not well informed about how to deal with HIV and AIDS issues.

- **The inclusion of HIV/AIDS in the school curriculum**

The inclusion of HIV and AIDS education in the school curriculum also poses as a challenge affecting the management of HIV and AIDS. Although the majority of the

stakeholders support the inclusion of HIV and AIDS education, teachers and parents find it difficult to discuss sexual issues with the learners. This affects how schools respond to and manage HIV and AIDS. The Department of Education recommended and stressed that HIV and AIDS education be included in the school curriculum. It indicated that the inclusion of HIV and AIDS education in schools could play a prominent role in teaching learners about the danger of the pandemic.

- **Lack of communication between the schools and the Department of Education**

A lack of communication between schools and the Department of Education is another factor affecting the effective management of HIV and AIDS. It seems as if there is a communication breakdown between the provincial government and the schools. The cause of this problem could be that the Department of Education does not send delegations to schools to make presentations and discuss with parents about issues relating to HIV and AIDS and also how these can be taught at school levels. Therefore, the decisions are made without consulting the parent component at schools.

- **Lack of commitment on the side of the community**

A lack of commitment on the side of the community inhibits the effective management of HIV and AIDS in schools. Responses show that parents do not take part on matters affecting their kids, and on the other hand the responses show that there is some form of negligence from the parents. This is based on the fact that parents indicated that they were not aware whether or not HIV and AIDS education was included in the school curricular, and whether there was any distribution of condoms at schools or not.

- **Constraints that inhibit proper management of HIV and AIDS.**

Teachers, parents and the community at large lack proper training on how to deal with issues relating to HIV and AIDS in schools. It appears from the responses that all stakeholders needed some form of training.

7.3 Recommendations

In the light of the problems and issues raised with regard to how schools respond to and manage HIV and AIDS, the following recommendations are suggested:

- The provincial government should arrange workshops/seminars to inform all stakeholders about policies and laws governing schools so that each and every member must be well informed about the changes;
- The provincial government should send experts (counsellors, nurses and doctors) to schools to teach learners about the pandemic. This could help influence members of the community to consider better ways on how to protect themselves against the disease;
- Those who are affected should be encouraged to come forward in order to help spread the message about the pandemic. Their experiences in this regard would help others;
- A better communication strategy between schools and the government department should be adopted. The department should send delegates to schools, at least after one or two months, as means of communication. Officials from the government should be sent to schools for parents' meetings. Sending delegates would facilitate effective ways of communication between the government department and the schools;

- Schools in particular should also be encouraged to participate in awareness campaigns to teach every member of the community, affected or not affected, about the disease and ways of dealing with it, including condom-use;
- Teachers must be trained in how to handle information of those affected, including the legal implications on this matter. Training of teachers would not only help them handle information of those affected, but it would also prepare them mentally to talk about HIV and AIDS to their learners; and
- All the stakeholders must be encouraged to participate fully in the education of their children. In order to meet the needs and the development of the ever-changing world, a shift in learning is required. New roles for all stakeholders should be developed. To achieve all this, all the stakeholders should be involved in the policy (HIV and AIDS) formulation of the school as well as in learning and teaching about HIV and AIDS. Since schools are well placed within the society or community, it is imperative that a joint approach be adopted in schools and by so doing that could help in the management of HIV and AIDS.

7.3.1 Aspect for future research

- Further research is suggested to investigate all the possible factors that could affect the management of HIV and AIDS in schools.
- The study may be replicated or conducted in different parts of South Africa and among different schools (private schools). This would help to understand, and perhaps explain, how these schools differ in terms of the management of HIV and AIDS.

7.4 Limitations of the study

This study had some limitations, and these are:

- This investigation has been an attempt to explore how schools respond to and manage HIV and AIDS in the province. It must be stressed that the insight gained are limited to the perceptions or views of a small group. There are legitimate doubts as to the extent to which the selected sample represents the population being investigated.
- Some participants may have given answers that they believed are what the researcher wanted to hear, thus making it difficult for the researcher to draw valid conclusion without some reservations.

7.4 Conclusions

Despite these limitations, this study has prompted critical introspection about certain pertinent issues regarding the management of HIV and AIDS at schools. From the result of this study, the presenter researcher concludes that schools are faced with major problem regarding the management of HIV and AIDS. Among others the problem is caused by lack of management capacity to deal with HIV and AIDS issues and this is caused by poor communication between schools and the provincial department.

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Appendix A

This study is intended to enable the researcher to check on how schools respond to and manage HIV and AIDS in the Limpopo Province. Therefore, the following interview schedules were used to collect data from stakeholders.

1. Interview schedule used to interview teachers, parents, learners, and the principals from three selected schools in the Limpopo Province.

- a) Does your school have a policy in place with regard to the management of HIV and AIDS?
- b) What could be the policy of the school in case one learner or a teacher is HIV and AIDS positive upon disclosure?
- c) Do you think the affected learner or teacher should be expelled from the school because of their HIV and AIDS status?
- d) What would you do to support the affected teacher or learner in this regard?
- e) How knowledgeable are stakeholders about HIV and AIDS?
- f) Are there any constraints in trying to manage HIV and AIDS?
- g) Is HIV and AIDS education included in the school curriculum?
- h) Does the school have a First Aids facility?

- i) What is your opinion regarding the inclusion of HIV and AIDS in the school curriculum?
- j) Do you think schools have a role to play in teaching people about HIV and AIDS?
And why?
- k) Is school supplied with condoms?
- l) Is the school involved in an HIV and AIDS awareness campaign?
- m) Is the Department of Education doing enough to support schools in the fight against HIV and AIDS?

Appendix B

2. Interview schedule to be used to interview government officials in the Limpopo Province

- a) What measures, as the Department of Education, have you put in place to support schools in the fight against HIV and AIDS?
- b) Does the DoE provide special training to teachers with skills on how to deal with learners in this regard?
- c) Do you supply schools with condoms?
- d) What would the DoE do, if anything, to support teachers or learners who are HIV and AIDS positive?
- e) Does the DoE supply schools with First Aids kits?

Appendix C

CONSENT FORM

Information about the research and the researcher

This research takes an in-depth look at how schools respond to and manage HIV and AIDS in the Limpopo Province. The main goal is to gain understanding on how schools respond to, and manage, HIV and AIDS. In order to accomplish this, the researcher would like to conduct a face-to-face interview with all stakeholders involved. This is an opportunity for you to report your views on how schools respond to, and manage, HIV and AIDS.

If you agree to participate, there are a number of steps that will be taken to protect your identity. For example:

1. Your name will not be recorded in the data;
2. Only the researcher and my supervisor will examine the data;
3. Your location will be kept secret;

4. You will not be cited as the sole example in any formal write-up; and
5. Care will be taken to keep your involvement in this study secret or confidentiality as promised by the researcher.

There are a few other points the researcher want to convey to you as well, about himself. I am a Masters student at the University of Limpopo. The information you provided me with will be used to complete my Masters Degree dissertation and to write essays for publication and presentations.

If you have any question or concern, the researcher will be kin to talk with you in more detail, and to provide answers as best as I can. Thank you.

Respondent agreement form to participate

I hereby consent, freely and by my own choosing, to participate in this project. I acknowledge that I have been informed about the purpose of the research project as well as my rights as a human being in a statement that was read to me or that I read. I acknowledge that I was given the opportunity to ask any question I had about the research before participating and that these were answered to my satisfaction. I also understand that I am not obliged to participate in this study for any reason and that I can terminate my involvement at any point. I also understand that this interview will be confidential, and that any publication of it will respect my anonymity.

Signature: -----

Date: -----

Name of stakeholder: -----