

CHAPTER 3

THE PRIMARY SCHOOL LEARNER AND HIV/AIDS

3.1 INTRODUCTION

This chapter focuses on the impact of the epidemic HIV/AIDS on primary school learners. It also describes the urgency and need for primary schools in Mpumalanga Province, with specific reference to Mgwenya Circuit, to respond to the challenges of the negative impacts of HIV/AIDS. "Primary schools have an essential role to play in reversing the very pandemic that threatens it. Young people, especially the primary school learners, offer a window of hope in stopping the spread of HIV/AIDS, if they have been reached by life skills programs" (Kelly 2000: 68). The researcher believes that in the absence of a cure, the best way to deal with HIV/AIDS is through prevention by developing and/or changing behaviour and values. This idea is supported by Williams (2000: 7), when she states: "It is the primary schools that are the principal channel through which messages about HIV/AIDS can reach South Africa's window of hope, the 7 -14 year olds". This means that primary school learners must be empowered to internalize age appropriate information about HIV/AIDS and demonstrate that they have learned this. Primary school learners must be supported in forming personally held values and attitudes that will enable them to behave in ways that will protect them from risky behaviour and HIV infection. The primary schools will have to take on a more explicit role in behaviour formation, and educators will have to play a more active role in facilitating (Louw 2002: 69).

3.2 THE SIGNIFICANCE OF LIFE SKILLS PROGRAMS TO PRIMARY SCHOOL LEARNERS

The researcher has observed that there are life skills programmes that are being implemented in primary schools. Some primary school learners, as they mature and become sexually active, face serious health risks with too little factual information, too little guidance about sexual responsibility, few skills about how to protect themselves from adult coercion, and too little access to health services. This is supported by Jackson (2002: 69) when he states: "Some primary school learners are not yet sexually active. These learners need support and skills to postpone sexual activities. Some suffer from sexual abuse and they need protection and care. Some start sex before marriage and change sexual partners several times before they marry. They need help to either abstain from sex or use condoms to prevent pregnancy and STI's, particularly at this critical time when there is a threat of death from AIDS". The researcher believes that life skills programs is one way to offer the information and skills that primary school learners need to deal with these issues.

Sikiti in Louw (2002: 18) indicates that: “There are five key psycho-social aspects that are included in life skills programs which aim to influence health and social behaviour”. These areas are:

- Self-awareness (self-esteem) and empathy;
- Private communication and interpersonal relationships;
- Decision-making and problem-solving;
- Creative thinking and critical thinking;
- Coping with emotions and coping with stress.

Furthermore, Caesar (2003: 14) emphasizes that: “Life skills programs aim to foster positive behaviours across this range of psycho-social skills, and to change unacceptable behaviours learned early which may translate into appropriate and risky behavior at a later stage of life”. This indicates that life skills programs are one way of helping learners to respond to situations requiring decisions that may affect their lives. Such skills are best learned through experiential activities, which are learner centered and designed to help young people gain information, examine attitudes and practice skills.

Therefore, life skills education programs promote positive health choices, taking informed decisions, practicing healthy behaviours, and recognizing and avoiding risky situations and behaviours. Louw (2002: 89) emphasizes that: “Life skills programs provide a variety of exercises and activities in which learners do something and then process the experience together, generalizing about what they learned and ideally, after much practice in the program, attempt to apply it to future real situations. This implies that life skills help young people to deal effectively with the demands and challenges of everyday life and to respond to the difficulties encountered in everyday life. In fact, the life skills programs help children to become socially and psychologically competent and to function confidently and competently with themselves, with other people and with the community. McGeary (2001: 13) emphasizes that: “Life skills programs are more effective when educators:

- Explore their own attitudes and values, and establish a positive personal value system;
- Establish an open and positive classroom climate;
- Place education about STIs/AIDS within the context of a general program on personal development, health and living skills;
- Use a positive approach, which emphasizes awareness of values, assertiveness, relationship skills, decision-making and self-esteem”.

From what has been said above, it seems as if life skills programs do not lead to more frequent sex or to earlier onset of sexual activities. They do not lead young people to promiscuity, but help young people to delay the initiation of sexual activity (Kelly 2000).

3.3 WHY DO WE NEED TO INCLUDE LIFE SKILLS IN HIV /AIDS PROGRAMS?

“The subject of HIV/AIDS cannot be taught in isolation; life skills should always be included. Any program about HIV/AIDS prevention should always be presented in the context of life skills” (Edwards 2002: 3). This implies that the teaching programmes go by a variety of names, such as HIV/AIDS education and life skills. Although there is a difference between these, the essential concern of them all is to communicate relevant knowledge, engender appropriate values and attitudes and build up personal capacity to maintain or adopt behaviour that will minimize the risk of becoming infected with HIV (Maree 2000). According to Manaka (2002: 92), “HIV/AIDS programs need to be taught in schools. The school is the right place where learners can learn more about sexual matters rather than getting this information from the streets, friends and neighbours”. This is true. If children are not taught about sexual matters in schools, they will get the wrong information and this might lead to sex information that are dangerous. In supporting this idea, Louw (2002: 69) mentions that: “Sexuality education involves more than teaching sex, and is always accompanied by norms and values. Sex information on the other hand is transmitted for the sake of imparting information without having education and moulding as an aim. Values and norms are absent. Sex information can lead to permissiveness and promiscuity”. This implies that educators need to understand and know the difference between sex information and sexuality education so that they can provide accurate information to the learners regarding HIV/AIDS programs.

Louw (2002: 10) indicates that: “The function of sexuality education is to encourage the development of pride in every adolescent and his/her chosen lifestyle. This includes:

- P - preparing the individual for the physical changes of adolescence; protecting him/her against guilt and exploitation by providing the necessary information and skills;
- R - removing fears and misconceptions regarding sexuality;
- I - informing and providing insight into one’s sexuality attitudes, beliefs and values;
- D - developing positive self-esteem;
- E - education about responsible sexual relationships, sexual decisions and the choices available.

In the Vergani & Palmer source in Louw (2002: 11), it is emphasized that sexuality education should aim to:

- Make young people to like and respect themselves;
- Help learners see sexuality as a natural and positive part of life;
- Teach the skills needed to make informed and responsible decisions regarding sexual relationships;

- Teach learners how to protect themselves from exploitation and how not to exploit others;
- Explore different values and attitudes in order to help each learner develop his/her own moral framework;
- Teach understanding, tolerance and respect for different sexual needs, orientation and values;
- Teach learners how to communicate and express their needs and feelings;
- Teach learners how to use health services, and how to find the information they need.

The researcher has observed that some parents are against the teaching of sexuality education in schools. They argue that there is no need to teach their children about sexual matters. Some parents feel that if their children are taught sexuality education, the educators will be giving them information on sex and permission to engage in sexual activities. Some parents even fear that their children may then become pregnant or suffer sexual exploitation. Most of the parents believe that sex is something which should not be discussed across ages, between adults and the young, but only between the young themselves as equals (Edwards 2002). This is not true. As parents they need to talk to their own children about sexual matters. The researcher believes that through sexuality education, learners will receive accurate information about sexual matters. Sexuality education pertains to educators teaching about life skills that will help learners to cope with life and especially with difficult situations. Sexuality education is a sensible approach that will not harm the learners. Rather, it will guide learners to become responsible young men and women and will help them in the prevention of HIV infection (Jackson 2002).

3.4 HOW PRIMARY SCHOOL LEARNERS GET INFECTED WITH HIV?

According to UNAIDS (June 2003 Report: 10), learners could be infected in three ways, namely:

- Mother-to-child transmission;
- Infection due to sexual activity and sexual exploitation;
- From unsafe practices.

3.4.1 MOTHER-TO-CHILD TRANSMISSION

In a Department of Health Report (June 2003: 10), it was indicated that: “In most cases, all infection in learners below the age of 13 are the result of transmission from an infected mother to her child during pregnancy or from breastfeeding”

3.4.2 INFECTION DUE TO SEXUAL ACTIVITY AND SEXUAL EXPLOITATION

Louw (2002: 4) indicates that: “The highest rates of HIV infections are found amongst young people. Girls and young women may be susceptible to HIV infection because they are less able to control the situations in which they have intercourse, and also because their reproductive tract is easily damaged and provide less of a barrier to the virus”. This idea is supported by Van Zyl (2002: 89), when he states that: “Sexual harassment and exploitation of learners by older men is considered one reason for the high vulnerability of school girls to HIV”. McGeary (2001: 10) indicates that: “Teachers in Southern Africa have one of the highest group HIV infection rates, a problem embedded in the exploitative nature of teacher-student sexual relationships in many schools”. This is true, because some of the young girls, especially in rural areas, need extra cash often to pay school fees and female learners know they can benefit from a teacher’s favour. Apart from profiting directly by trading sex for high marks, some learners also consider it an honour to sleep with their male educators, and even boast about it to their peers. Partly, as a result of these practices, some learners are infected with HIV at a higher rate than their male counterparts. The researcher has observed that the other crucial factor pushing up HIV rates in young girls is age mixing. If the girls’ sole sex partners were boys of their own age, they would run little risk of becoming infected with HIV. The girls may be infected with HIV because they sleep with older men who may have had an infected partner. While there are many cultural and economic reasons for this kind of cross-generational sex, the fear of HIV seems to be prompting some men to seek out partners they believe are less likely to be infected, e.g. young girls (UNAIDS Report, June 2000: 66). Another deeply entrenched form of exploitation of young girls is their trafficking into prostitution and sexual slavery. In some cases, primary school learners, especially girls, contract HIV after being raped (Kelly 2000).

3.4.3 UNSAFE PRACTICES

Edwards (2002: 55) indicates that: “Learners can be infected with HIV from unsafe practices. These practices include:

- Traditional health practices (such as scarification);
- Cultural practices such as circumcision;
- Unscreened blood products;
- The use of contaminated medical instruments, e.g. used needles.

From what has been said above, it is clear that educators have a special responsibility to guide learners and encourage them to stay away from unsafe practices.

3.5 HOW CAN HIV INFECTION BE PREVENTED IN PRIMARY SCHOOLS?

The researcher has observed that HIV/AIDS is spreading like a veld fire, and that prevention is the only way to defeat the disease. Edwards (2002: 10) writes that: “AIDS is the most democratic thing in South Africa. It takes no sides. Anyone can get it, but the good news is everyone can prevent it by being careful, informed and aware”. This implies that, although there is no cure for AIDS, the disease can be prevented.

3.5.1 THE ROLE OF EDUCATORS IN DECREASING THE SPREAD OF HIV IN PRIMARY SCHOOLS

There are several things that educators need to do in decreasing the spread of HIV in primary schools. The HIV/AIDS Emergency Guidelines for Educators (2000: 1) call for a concerted “struggle” against the pandemic by all organs of society, for openness, for recognition of the dignity of those who are infected, and care for those who are affected by HIV/AIDS. It sets out the role of educators, namely:

- Exemplifying responsible sexual behaviours;
- Spreading correct information on HIV/AIDS;
- Leading discussions on HIV/AIDS among learners and parents;
- Creating a work environment that does not discriminate against those who are infected or affected;
- Supporting their ill colleagues and learners; and
- Making the school a center of hope and care in the community.

The HIV/AIDS Guidelines for Educators (2000: 2) target male educators especially and stresses that male educators have a special responsibility. It is mentioned that: “There must be an end to the practice of male educators demanding sex with school girls or female educators. It shows selfish disrespect for the rights and dignity of women and young girls. Having sex with learners betrays the trust of the community. It is also against the law. It is a disciplinary offence”. This implies that educators have to be role-models to their learners. It is their responsibility to help the young ones protect themselves from becoming infected. Educators are supposed to play their part in the struggle against HIV/AIDS and secure a shining future for this and the next generation.

Edwards (2002: 89) mentions some of the guidelines that will help educators in ensuring that all learners (HIV infected or not) are not exposed to unnecessary HIV infection. These are:

- Making sure that all learner’s immunizations are up to date;
- Making sure that water is safe for drinking and food preparation;

- Making sure that universal precautions (means and ways of preventing HIV infection) are implemented in the school;
- Keeping the school environment in clean and hygienic conditions; and
- Maintaining optimal health and hygiene.

Manaka (2002: 110) argues that HIV/AIDS can be prevented in primary schools by avoiding sexual abuse in children. This can be done by teaching them:

- To stay away from situations where they feel uncomfortable;
- Never to go to the home with a stranger or walk in the street alone, nor to go to the fields with a stranger and not to get in the car of the stranger;
- To report cases on sexual abuse;
- Never to allow anyone to touch their genitals;
- Skills on how to protect themselves from sexual abuse/rape; and
- To avoid dangerous places that might lead to rape.

In the light of the above, it can be argued that educators have a great responsibility of making sure that those learners who are not infected with HIV remain uninfected. It is also their responsibility to teach primary school learners not only facts about HIV/AIDS, but also survival, protective and behavior skills that will protect them from STI's and HIV infection. The researcher suggests that all primary schools should implement the HIV/AIDS programs. Learners who have already been sexually abused or infected with HIV must be assisted to prevent further abuse or infection

3.5.2 IMPLEMENTATION OF UNIVERSAL PRECAUTIONS AS A WAY OF PREVENTING HIV IN PRIMARY SCHOOLS

The researcher contends that principals have to ensure that universal precautions are applied in their schools. The National Policy Act (No.27 of 1996) provides for the implementation of universal precautions in schools. Professor Kader Asmal emphasized that: "The MEC's should make provision for all schools and institutions to implement universal precautions to eliminate the risk of transmission of all blood-borne pathogens, including HIV, effectively in the school or institution environment". Universal precautions are summarized as follows:

3.5.2.1 No-one should have direct contact with another person's blood or body fluids

- Every first aid kit should contain rubber gloves and these should be worn at all times when attending to a person who is bleeding from injury or nosebleed;

- Anyone who cleans blood from the floor should wear gloves;
- If there are no gloves available, plastic shopping bags can be put on the hands as long as they have no holes;
- All learners should be taught not to touch blood and wounds, but to ask for help from a member of staff if there is an injury or nosebleed.

3.5.2.2 Stop the bleeding as quickly as possible

- 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.
- If the learner has a nosebleed, he or she should be shown how to apply pressure to the bridge of his/her nose himself/herself.

3.5.2.3 Cleaning wounds

- Once the bleeding has been stopped, the injured learner should be helped to wash their grazes or wounds in clean water with antiseptic;
- Wounds must then be covered with a waterproof dressing or plaster; and
- Learners and educators must learn to keep all wounds, sores, grazes or lesions covered at all times.

3.5.2.4 Managing accidental exposure to another person's blood, or exposure during injury

- Skin that becomes exposed to blood must be cleaned promptly;
- Cleaning should be done with running water; and
- The area should be cleaned with antiseptic.

3.5.2.5 Cleaning contaminated surfaces and materials

- Educators must ensure that contaminated surfaces or floors are cleaned with bleach and water;
- Bandages and cloths that become bloody should be sealed in a plastic bag and incinerated (burned to ashes);
- Any contaminated instrument should be washed, soaked in bleach for an hour and dried; and
- Educators must ensure that toilets are clean, hygienic and free from blood spills.

3.5.2.6 Disposing of sanitary towels and tampons

- Every school must ensure that there are arrangements for the disposal of sanitary towels and tampons. All female staff and learners must know of these arrangements so that no other person has contact with these items.

3.5.2.7 Prevention of HIV during sport

- First-aid kits with rubber gloves should be available during every sport session;
- No-one should play a sport with uncovered wounds or flesh injuries;
- If a graze or injury occurs during play, the injured player should be called off the field, given first aid, and only allowed back with their injury clean and covered;
- Blood stained clothes should be changed; and
- Educators and learners with HIV are advised to discuss with a doctor any possible risks to their health and of transmission during sport.

The researcher is of the opinion that educators should emphasize the fact that HIV is never transmitted through casual contact. They are supposed to teach learners on how HIV/AIDS cannot be transmitted to alleviate fears among primary school learners. Educators need to explain that it is difficult for learners of any age to get HIV from everyday social contact at school. Therefore, the risk of infecting other children cannot be used as a reason to exclude children with HIV from a school. The researcher also suggests that peer education strategies in the prevention of HIV should be implemented in primary schools. School children should also be encouraged to play dramas in AIDS education that will spread messages of HIV transmission and prevention. Learners should always be reminded not to play with razors or injections, and also not to touch someone's wound/s or blood.

3.6 PRIMARY SCHOOL LEARNERS WHO ARE INFECTED AND AFFECTED BY HIV/AIDS

Edwards (2002: 99) indicates that: "In the context of HIV/AIDS, learners fall into two main groups, infected learners and affected learners". According to UNAIDS (2003: 13), infected learners are those learners who have the virus in their bodies. Affected learners include one or more of the following:

- Learners from households with infected family members; or
- Learners orphaned as a result of HIV/AIDS.

3.6.1 LEARNERS LIVING WITH HIV/AIDS

Mather (2002: 15) points out that: “Care and support within the school environment would entail a holistic approach to the disaster caused by the HIV/AIDS epidemic and the impact it will have on learners who are infected with HIV/AIDS”. This implies that principals, educators and parents should join hands and ensure that all children are protected against infection with HIV and understand the illness.

The researcher suggests that plans will have to be made so that the infected learners are kept as healthy as possible in a clean, safe environment and that they are not discriminated against. It is also important that the infected learners are looked after with love and understanding and are assisted with the barriers of learning that they may experience. In supporting this idea, Kelly (2000: 61) points out that: “HIV/AIDS being a major threat to the good health well being of school children, infected learners should be encouraged and helped to carry the weight of their circumstances. They have to be emotionally “picked up” so that they will not fall or sink back and give up on life”. This is supported by Mather (2002: 30) when he states: “Learners living with HIV/AIDS in any way will have to cope with repercussions. If such learners are still further traumatized by e.g. discrimination or neglect of any kind in the school situation, the problem will be exacerbated considerably”.

3.6.2 CARING FOR AND SUPPORTING LEARNERS INFECTED AND AFFECTED BY HIV/AIDS

Louw (2002: 36) states that: “Never, never, give up on a learner ... she or he may be the next president”. This means that all learners, even those who are infected and affected by HIV/AIDS, should be encouraged and motivated to participate in school activities and with school tasks. This could enhance their self-esteem and give meaning to their lives, especially in situations or circumstances that are very difficult/negative and appear to be hopeless. Even learners who have the virus in their bodies are expected to reach adulthood and to study further or start a career. The researcher is aware of the conversation between learners when they talk to their peers about their dreams, desires and aspirations. For example, some used to say that:

- “When I am grown up I want to become a pilot”;
- “When I am big, I want to work on computers”;
- ”My dad works on computers, that is what I want to do one day”;
- “I want to travel”;
- “I want to go to America”.

Learners infected and affected by HIV/AIDS have the same dreams; desires and aspirations as any other learners. Edwards (2002: 77) writes that: “HIV positive children, as long as the child is attending school, he

or she is part of the world of his or her peers. Sometimes, these learners must expend great energy and courage to get to school and then more to get through the day. To have their teachers regard their presence as meaningless is insulting". This opinion is supported by Louw (2002: 9), when he writes that: "Educators should constantly keep in mind that children infected with HIV/AIDS have unexpected ability, reserved power, untapped strength, unused success, dormant gifts, hidden talents, latent power, latent excellence, etc. and should make a concerted effort to ensure that this is developed. This will certainly contribute to enhance their self-esteem and ultimately provide quality and meaning to their lives." The researcher suggests that educators must be able to recognize and identify aspects that could act as barriers in learners with regard to learning and development. Educators should bear in mind that every learner is unique and will learn and develop at his/her own pace. It is also the educator's responsibility to provide learners living with HIV/AIDS with the necessary academic support that they will need in their daily lives.

Van Zyl (2002: 16) writes that: "It is in the classroom that most support can be given to learners who are in distress. Care and support lives within the power of each educator. By displaying a willingness to assist, even if it is only by giving emotional support, the educator can alleviate a lot of stress". Van Zyl (2002: 16) suggests the following guidelines for educators:

- Assure the learners that they are available if they want to talk to them;
- Communicate with learners in a sensitive way (establish a relationship of trust);
- Build positive self-esteem by giving honest feedback;
- Make time to talk to learners having problems;
- Never tell a learner's secret(s) to the class;
- Call the parent/caregiver and social worker to support and establish the learner's well-being;
- Don't make infected and affected learners conspicuous by giving them too much attention; and
- Be willing to give learners medicine according to prescription, if they are too young to take the responsibility.

From what has been highlighted above, it can be argued that the needs of learners infected with HIV/AIDS extend far beyond drugs and health care. Those who suspect or learn that they are infected, need psychological support to cope with the implications of having a life threatening disease. At the same time, those learners affected by the epidemic need social support to alleviate the many consequences of HIV diagnosis, repeated bouts of illness and ultimately, death.

3.6.3 CARING FOR THE HEALTH OF HIV POSITIVE LEARNERS IN PRIMARY SCHOOLS

The researcher believes that good health for any learner is a combination of preventing unnecessary risk and illness, as well as promoting the general emotional well-being and holistic development of the learners. To do

this in the school situation, the educator needs to create a caring atmosphere with a particular focus on good health and nutrition, practiced in a space free from environmental hazards. According to Nourse (2000: 40), “it is widely recommended that the comprehensive care of HIV infected learners include:

- The prevention of unnecessary infections through the maintenance of a hygienic environment;
- The prevention of common illness through immunization;
- Regular medical follow-up of learners for developmental, nutritional and growth monitoring. This is recommended:
 - Every six months for learners with no symptoms;
 - Every three months for learners who are symptomatic;
 - Every two to three months for learners with AIDS;
- The early recognition, diagnosis and treatment of any illnesses or complications; and
- Prophylaxis (i.e. preventative medication) for some common problems such as pneumocystis carinii pneumonia (PCP)”.

Manaka (2002: 126) writes that: “Good nutrition is important for everyone and also for HIV positive learners. Optimal nutrition optimizes immune function, maintains health, ensures normal growth and development and improves quality of life. The effects of malnutrition are more severe for learners, because they are still growing and a poor nutritional state increases the risk of infection and the time it takes to recover from acute illness.” This indicates the importance of providing good care for learners living with HIV/AIDS. Nutritional and growth monitoring should be regularly done, and nutritional problems should be avoided.

According to Edwards (2002: 54), there are six main types of nutrients needed for HIV infected learners, namely:

- Proteins: body-building foods such as meat, fish, chicken, eggs, dairy products, nuts, beans, peanut butter and soya.
- Carbohydrates: energy foods such as mealie-meal, meali-rice, samp, rice, bread, cereal and porridges;
- Fats: concentrated energy foods such as oil, butter, margarine and avocado;
- Vitamins and minerals: micronutrients found in fruits, vegetables and other foods;
- Water: must be pure and drinkable.

From what has been said above, it is clear that learners living with HIV/AIDS need a high energy and high protein diet so that the immune system is supported and muscle wasting is avoided. The researcher’s opinion is that educators must provide correct nutritional information to learners and parents, and help them to

understand the importance of selecting nutritious food. Educators also need to be aware of those learners and families who, due to poverty, are unable to provide sufficient food for their children. These children should be included in school food programmes or any other community facilities and organisations providing nutritional support (Maree 2000).

3.6.4 HOW CAN THE SCHOOL ASSIST PARENTS LIVING WITH SICK LEARNERS?

It is the opinion of the researcher that schools are supposed to support sick learners at all cost. Learners are expected to attend classes in accordance with legal requirements for as long as they are able to function effectively, and pose no medically significant risk to others in the school. According to the National HIV/AIDS Policy Act (No 27 of 1996), “learners and students with HIV have the right to attend any school or institution. The needs of learners and students with HIV/AIDS with regard to their right to basic education should as far as possible be accommodated in the school or institution”.

In supporting the above, Nourse (2000: 110) states that: “Learners, if and when they become ill or pose a medically significant risk to others, should be allowed to study at home and academic work should be made available for this where possible ... parents should be allowed to educate them at home”. This implies that schools have a great responsibility of supporting sick learners so that they can also actualize their potential, irrespective of their illness. At the same time, schools need to be empowered to take care of and support HIV positive learners. Stewart (2002: 19) points out that ways to support sick learners in schools include:

- Discouraging learners from participating in strenuous sporting activities because they are weak and tire easily;
- Establishing a place of rest within the school;
- Putting a system in place where learners who need to take medication can do so in a private and confidential place;
- Developing home programs for learners to complete, should they be in hospital or recovering at home for lengthy periods of time;
- Protecting learners with HIV/AIDS from exposure to HIV negative learners;
- Developing a different set of outcomes and expectations for sick learners in terms of the amount of work that they can realistically complete; and
- Working with social workers to help the learner in his or her situation.

Van Zyl (2002: 116) mentions important things that the school can do in assisting parents living with HIV positive learners. Summarised as follows, schools should:

- Visit the parents of sick learners, to ask whether the school can assist in any way;
- Establish support groups for parents, so that parents with the same kind of problems can get together regularly to try and solve some of their problems;
- Invite social workers to explain social welfare assistance and support grants available; and
- Establish prayer groups in co-operation with religious institutions.

In the light of the above, it is clear that education is for all, even for those learners who are infected and affected by HIV/AIDS. Schools must ensure that all children have access to basic education of good quality. This implies creating an environment in schools in which learners are both able and enabled to learn. Such an environment must be friendly and welcoming to learners, healthy for learners, effective with learners and protective of learners (Louw 2002).

3.7 PRIMARY SCHOOL LEARNERS ORPHANED AS A RESULT OF HIV/AIDS

The researcher has observed that many children are orphaned due to their parents dying of AIDS. These children are negatively affected because they are grieving the loss of parents and may be stigmatized by society because of their association with HIV/AIDS. They are often plunged into economic crisis and insecurity and struggle without support systems or services within an impoverished community. They cannot pay school fees or afford school uniforms. Sometimes, they drop out of school early because of the financial burden. Kelly (2000: 91) writes that: “Large numbers of traumatized, malnourished and stunted AIDS orphans live outside community control and drop out of school”. This is true. In most cases, the parents are the breadwinners within the family, and the loss of the parents might mean loss of financial support for the children’s education. Absenteeism is also higher among orphans than non-orphans. The main reasons for the absenteeism ranges from attending funerals, attending to sick family members, needed at home, sent back home by school, lack of clean clothes to wear to school and lack of school fees (Kelly 2000). Some of the reasons for absenteeism suggest that HIV/AIDS could be impacting on school attendance of the children. Evian (2000: 70-71) points out six things to be done by schools in order to support needy children and orphans, namely:

- Keeping records of orphans and to monitor their home situation;
- Training educators in counseling and providing pastoral care to orphans;
- Providing a free school meal so that the nutritional needs of children are met;
- Providing free basic education and assistance to meet essential schooling costs for orphans;
- Designing a curriculum that is more relevant to employment needs; and
- Provide additional boarding facilities for orphans and other children who cannot be properly cared for.

Regarding caring for and supporting orphans, Jackson (2002: 12) mentions that “there are mechanisms that can be implemented to assist orphans”. They are summarised as follows:

- Promoting informal foster care for orphans by:
 - Mobilizing foster caregivers in the community;
 - Obtaining community agreement for volunteers to foster care;
 - Providing training, support and supervision for caregivers;
 - Helping to obtain the necessary resources;
 - Facilitating guardianship arrangements.

- Support foster parents or the extended family with:
 - Training, support and supervision if necessary;
 - Assistance with poverty relief and other resources;
 - Asking sponsors to pay the learner’s school fees and uniform, to give cash grants, food aid and blankets;
 - Facilitating guardianship arrangement.

- Support learner-headed households by:
 - Involving social workers and nurses who will provide food, health and financial assistance.
 - Providing developmental, emotional, spiritual and social support. This can be done by inviting pastors, occupational therapists and psychologists;
 - Ensuring that education, training and recreational needs are met; and
 - Providing more flexible opportunities for learning if they are often absent

- Protecting the property and inheritance rights, especially those of girls.

Stevens (2002: 22) also mentions other ways of assisting orphans, namely:

- Ask volunteers in the community to make their uniforms;
- Organize extra meals through religious organizations or NGO’s;
- Educate and train them so that they will not be exploited and will know where to find help;
- Teach parenting skills to teenagers who are looking after their siblings;
- Present vocational training programs in arts and crafts, hospitality and catering, so that they will be able to generate income;
- Establish a “buddy system” in which each learner has to take responsibility for other learners, talk about problems and establish each other in various ways; and

- Establish youth support groups, not larger than 6-8 learners. They should meet on a weekly basis for about 45 minutes and should be guided by an educator trained in counseling skills. For the sake of confidentiality, the group could be referred to as “the remedial enrichment group”.

From what has been mentioned above, it is clear that educators have a responsibility to show concern to the needs of primary school learners in difficult circumstances, including orphans. They should not send orphans home when they cannot meet some school requirements. The main problem facing orphans is that of basic survival - lack of basic needs, e.g. food, clothing, bedding, etc. Another problem facing orphans is that of discrimination by guardians. These have an impact on their schooling, in particular attendance, motivation and performance (Edwards 2002). The researcher believes that the starting point for responding effectively to the orphan's problems is to recognize them in different schools and know them very well. Another important thing is that orphans must have access to integrated prevention and support services that address their basic needs for shelter, health care, family care, information on HIV/AIDS education and protection from abuse and maltreatment. Orphans are not statistics or objects to be moved about at the will of adults. They are bereaved children who are likely to have experienced great trauma in ministering to their parents during a lengthy period of harrowing sufferings. But they remain aware of their own and welcoming family without separation from their siblings. It is essential that the community and other leaders ensure that orphans are given their rightful role in deciding how their needs should be met (Edwards 2002).

3.8 THE IMPACT OF HIV/AIDS ON THE EDUCATION SECTOR

HIV/AIDS is unlikely to stop population growth in Mpumalanga Province. Nor will it cause total population numbers to fall. It will slow population growth rates and alter the structure of the population. As the proportion of potential parents (20-40 years) declines, the number of orphaned children will increase and poverty will deepen, school enrolment rates will decline and dropout rates will rise. There may be negative school population growth in some places (Mpumalanga Department of Education Annual HIV/AIDS Unit Report: 2004). This is true. Dropout rates due to poverty, illness, lack of motivation and trauma are clearly set to increase in the Province. Absenteeism among children who are caregivers or heads of households, those who help to supplement income, and those who are ill, is bound to rise. There may be an increased demand among sick parents for early childhood education, and an increase in preschool intake. There may be greater demand for second-chance education by learners returning to education after absence from the system, or for more flexible learning opportunities for those who are ill, caregivers, or wage earners. On the other hand, these demands may be offset by fewer births and more deaths of under-fives, and the fact that the families will have less disposable income for school fees, voluntary funds, transport cost and uniforms (Department of Education 2004: 6).

The researcher predicts that in the next three years to come, fewer children will enroll in schools because of HIV positive mothers dying young and children dying of AIDS complications. Children who are ill, impoverished, orphaned, caring for younger children, or earning and producing, stay out of school. Kelly (2000: 66) indicates that: "Because of its many impacts, HIV/AIDS has adverse effects on the quality of education, since it is unlikely that learning achievement will remain unaffected by such factors as:

- Frequent educator absenteeism;
- Repeated bouts of educator's sickness;
- Increased reliance on less qualified educators;
- Sporadic student attendance;
- Low teacher morale;
- Considerable student and educator trauma;
- Inability on the part of both educators and students to concentrate on schoolwork because of the concern for those who are sick at home;
- Repeated occasions for grief and mourning in the school, in families and in the community;
- Fear by girls and young boys that they may be sexually abused or maltreated;
- Unhappiness and fear of stigmatization and ostracism on the part of both educators and learners who have been affected by HIV/AIDS; and
- Educator's uneasiness and uncertainty about personal HIV status".

The researcher contends that HIV/AIDS is eroding the supply of educators and thus increasing class sizes, which is likely to dent the quality of education. The disease is eating into family budgets, reducing the money available for school fees and increasing the pressure on children to drop out of school. This indicates that HIV/AIDS has a great impact on the education sector.

3.9 THE IMPACT OF HIV/AIDS ON PRIMARY SCHOOL LEARNERS

The HIV/AIDS epidemic is directly affecting learners in Mpumalanga Province. "Learners in primary school level are able to attend school, but those in 'child headed households', where the entire family is made of children, cannot manage to attend school. Sometimes the elder ones have to stay at home and look after the young ones" (Mpumalanga Newspaper, 13 June 2003). This indicates that fewer learners will be able to complete their education due to the disease HIV/AIDS. According to the Mpumalanga Department of Education HIV/AIDS Unit Desk Report (2003: 5), "girls in the age bracket of 7-14 are six times more infected by HIV than their counterparts the boys, because of the belief that they are HIV free. They face increased risk of sexual harassment on their way to and from school". This affects their access to schooling. At another level, this has led to increased defilement cases. Whereas most of all those impoverished by AIDS and the orphans are able to attend primary education, the majority cannot proceed to secondary level.

Some learners drop out of school to engage in income generating activities. Some may drop out of school to nurse sick parents or siblings. In a long-term perspective, this may reduce the hard-worn return on efforts to increase girls' education (Kelly 2002). This is supported by Jackson (2002: 230), when he states that: "Uneducated girls will themselves become vulnerable to HIV/AIDS due to lack of or reduced income possibilities. If the breadwinner of the family is taken ill, some children leave school because of financial crisis". The researcher has observed that the underlying reason for this dropout rate is the inability to pay school fees. This inability is AIDS related. In most cases, AIDS causes the loss of an extra dependable source of income to take care of the sick members of the family (Kelly 2000).

In supporting this idea, Manaka (2002: 78) writes that: "In some of the rural areas, AIDS illness in the family demanded greater participation from children in seasonal agricultural work. Children are kept at home in these periods, missing out on weeks of schooling". The researcher has observed that most of the learners from AIDS affected families are under constant emotional strain, worrying about their sick family members, or the family's financial situation, etc. These are not optimal conditions for learning. In addition to this, prejudice and stigma may cause social exclusion. This in turn can deprecate their emotional well-being and thus interfere with their ability to learn. Manaka (2002: 90) stresses that: "Some learners from families affected by AIDS see little value in education as a way of surmounting their problems. This has tremendously increased the number of street children in the communities. Some of the learners orphaned by HIV/AIDS have left schooling, and joined risk undertakings like prostitution and theft in order to earn a living".

Most primary school learners that are being abused, may live in families that are over-extended and are under pressure to contribute to family incomes as poverty deepens. This is supported by Kelly (2000: 150), when she states that: "Children are loosing parents and siblings due to HIV/AIDS and may have to travel long distances to find new homes. For others there are no homes at all. They are increasingly absent from school and distracted". This implies that HIV/AIDS has an impact on learners.

3.10 THE IMPACT OF HIV/AIDS ON ORPHANS

The researcher has observed that orphans are likely to experience many problems, some of which will be more acute in certain circumstances. These may include access to education and school performance. According to the World Health Organization Report (2003: 13), problems of the orphans are classified into the following categories:

- Inability to provide school equipment and clothing;
- Reduced capacity for individual families to provide their own food and other needs;

- Susceptibility to health risks and vulnerability to HIV infection with high morbidity conditions; and
- Loss of property due to unclear and cumbersome inheritance procedures.

In supporting the above, Kelly (2000: 89) mentions some of the sources of psycho-social problems encountered by orphans. These include:

- Anxiety about abuse from adults;
- Witnessing the slow, miserable death of one, and possibly both parents;
- A move to an unfamiliar home and pattern of life, with no choice in the matter;
- School teachers unsympathetic to their difficulties and often too ready to punish them for being late or ill equipped, without looking for explanations;
- Experiencing relatives haggling over the division of their dead parent's property, sometimes immediately after the funeral;
- Multiple losses, first of parents and then of the caregivers who had taken them in; and
- The prospects for some of having to live by themselves.

On the quality of care received, Nourse (2000: 108) has observed that:

- Foster children suffer from a lack of affection, exploitation of labor, denial of food or other necessities of life, and lack of educational opportunities;
- Some caretakers take on orphan-caring responsibilities in the expectation of material gain, inherited property, or the relief items donated by AIDS service organizations.

In the light of the above, it is clear that HIV/AIDS has a great impact on orphans. It can be argued that orphans are more vulnerable to psychological problems soon after the loss of parents, such as depression, withdrawal and low self-esteem. Such conditions have long-term effects on child development and active participation in the school. The researcher has observed that orphans are sometimes difficult to care for by their fostering parents, because they display antisocial behaviour due to their underlying feelings of anger and resentment. Social and emotional conditions of orphaned children sometimes become worse upon losing their parents, for example the loneliness and financial crisis. Orphans, for example, fail to develop positive attitudes and relationships with other learners in the school (Manaka 2002).

3.11 THE IMPACT OF HIV/AIDS ON EDUCATORS

Educators are also affected by the epidemic. It has affected the supply of education due to increased death and sickness of educators. Productivity of particularly the sick educators has decreased, and the quality of teaching and learning reduces (Mpumalanga Department of Education HIV/AIDS Unit Desk Report 2003:4).

This is true. Educators infected and affected by HIV/AIDS will sometimes be absent from work or become exhausted during the day and need to lie down for some time. During these times, other members of staff will have to cover for them, and this will have an impact on their work and well-being. Educators often feel overburdened already and find it hard to do more work. In an article in the Department of Education HIV/AIDS Publication (2000: 8), Professor Kader Asmal states that: “Many schools will be crippled by the impact of the disease on educators, learners and their families”. This is true, since due to this reason, the education system will lose experienced educators and this will affect teaching and learning in schools. In supporting the above statement, Manaka (2002: 99) writes that: “AIDS cases and deaths among teachers have had various perceived negative impacts”. These are summarised as follows:

- Teachers have become concerned about their health and therefore become nervous and depressed;
- Teachers are frequently absent;
- Teachers’ attitude to work deteriorates, and they become unable to perform well;
- Teachers have a lot of stress; and
- They become unconfident and unmotivated.

People living with HIV/AIDS are often periodically ill. When educators are absent due to illness or medical treatment, the learners are often left without schooling due to teacher replacements (Kelly 2000). When an educator dies from AIDS, he/she is seldom replaced immediately due to cumbersome administrative structure and general teacher shortage. This will diminish the pupil’s returns from schooling and reduce the quality of education as such. This reduction of quality will, in a longer-term perspective, reduce parents’ willingness to enroll their children (Department of Education Report 2003). The researcher has observed funeral ceremonies in the communities, which are other dimensions that claim educators’ time. This may be more serious if the rates of deaths are a result of HIV/AIDS increases.

From what has been said above, it seems as if HIV/AIDS have a traumatic impact on educators. Stigmatization of infected educators is a deeply rooted response, although discrimination is illegal.

3.12 MANAGING THE SPREAD OF HIV INFECTION IN PRIMARY SCHOOLS

3.12.1 HEALTH ADVISORY COMMITTEE

It is the opinion of the researcher that primary schools should try by all means to manage the spread of HIV infection by establishing health advisory committees. According to the National Policy on HIV/AIDS for Educators and Learners Act (No. 27 of 1996), Section 13, the following important facts regarding health advisory committees are stipulated. The committee should:

- Be set up by the School Governing Body and should consist of educators and other staff representatives, the parents of learners, representatives of learners and representatives from medical or health care professions;
- Elect its own chairperson and should be a person with knowledge in the field of health care;
- Advise the School Governing Board on all health matters, including HIV/AIDS;
- Be responsible for developing and promoting a school plan of implementation on HIV/AIDS and review the plan from time to time; and
- Be consulted on the provisions relating to the prevention of HIV transmission in the code of conduct.

Evian (2000: 77) argues that: “All schools should establish the problem solving team also known as the school based support team”.

The main focus of the school is learning and development. The school has a responsibility towards all its learners, to care and support those in need. It is therefore imperative to establish systems that will assist learners with problems. The team should consist of the following members: the principal, two heads of departments, three educators and two School Governing Board members. Evian (2000: 77) emphasizes that these people should be chosen for their experience, wisdom, expertise, empathy and dedication.

The duties of the team are as follows:

- To meet once monthly, and class educators should provide information regarding learners who need assistance, beyond what has been initiated by the class educators;
- To identify and help learners who are experiencing learning barriers in their classrooms;
- To support orphans and learners who are caregivers; and
- To help HIV positive learners to continue with learning if possible and encourage them to go on with schooling and never give up in life.

The researcher is supporting the idea of health advisory committees by encouraging all primary schools to establish such a committee. If the school does not know who the infected or affected learners are, then the school will have to devise a system of identification in order to help, care and support learners living with HIV/AIDS, and also those orphaned by AIDS.

3.12.2 PRIMARY SCHOOL LEARNERS' RIGHTS AND HIV/AIDS

The researcher is aware that learners have rights that protect them from any form of discrimination, including those living with HIV/AIDS. The South African Resource Manual on HIV/AIDS and the law (1997: 67),

identified legislations and regulations providing protection for children's rights threatened by HIV/AIDS.

They are as follows:

- **Access to education:** A child cannot be excluded from any school because of his/her HIV status;
- **Right to sexuality education:** The Children's Rights Charter states that a child should have access to information that will help develop his/her physical and emotional wellbeing;
- **Testing of children and confidentiality:** The Childcare Act protects the rights of children, including their medical treatment. At the age of 14, a child can legally consent to an HIV test and she/he has the right to keep the results private;
- **Adoption:** Child Welfare requires that future parents be told if a child is HIV positive;
- **Right to contraception and reproductive health:** Children have the right to protect and control their reproductive health.

The South African Law Commissions Consultative Paper on children infected and affected by HIV/AIDS (1998: 63) specifies that:

- Learners with HIV/AIDS should not be unfairly discriminated against;
- No learner should be denied access to schools on the basis of his or her HIV status;
- Testing of learners for HIV for admission to or attendance at a school is prohibited;
- Needs of learners with HIV should be accommodated within the school environment;
- All learner's HIV status is confidential and may not be disclosed without consent;
- All schools should implement universal precautions to eliminate the risk of transmission of blood-borne pathogens, including HIV, in the school environment; and
- HIV/AIDS education programs should be implemented at all institutions for learners, educators and other staff.

The researcher believes that children's rights are also human rights. It is the responsibility of educators to make sure that children's rights are not violated in schools, and to make sure that learners exercise their rights over their bodies. The researcher has observed that sometimes, children are discriminated against on the basis of their age, their race, their sex and sexual orientation, their indigenous or minority status or their disability.

3.12.3 SCHOOL POLICY ON HIV/AIDS

It is the opinion of the researcher that children should be taken on board on issues around HIV/AIDS school policy. Louw (2002: 69) writes that: "Schools or institutions should develop their own policy on HIV/AIDS, in order to give operational effect to the national guidelines. Such a policy must be consistent with the

constitution and the law". This implies that all the schools should have an HIV/AIDS policy. The school policy should be in line with the national policy on HIV/AIDS for learners, students and educators, which are stipulated in the Government Gazette No. 20372 (August 1999).

Kelly (2000: 100) also writes that: "The school has a responsibility to be a center of information and support on HIV/AIDS in the community it serves". This indicates that major role-players from the broader community, for example religious and traditional leaders, local health workers or traditional healers, should be invited to take part in developing a school policy on HIV/AIDS. It is also very important that the school policy on HIV/AIDS be reviewed as new scientific information becomes available, including advice from the national or provincial health or education authorities.

The researcher supports the idea of a school policy on HIV/AIDS that needs to be drawn up for educational institutions. In primary schools, HIV/AIDS policies can help prevent discrimination against learners living with HIV/AIDS and can also assist in prevention campaigns. For a HIV/AIDS policy to be effective, the researcher suggests that there should be consultation with all people concerned. Parents, principals, educators, learners and School Governing Boards should be involved in drawing up the policy. This will help prevent future conflict. All the principals in schools are responsible for the implementation of an HIV/AIDS policy. School Governing Boards are expected to take reasonable measures to supplement government allocations of health and safety equipment.

3.13 STAKEHOLDERS THAT CAN ASSIST PRIMARY SCHOOL LEARNERS IN THE BATTLE AGAINST HIV/AIDS

The researcher believes that primary schools cannot function alone or in isolation in the battle against HIV/AIDS. Schools need other stakeholders that are interested in education so that the school can function effectively and fight HIV/AIDS. This idea is supported by President Thabo Mbeki (9 October 1998), who stated: "The power to defeat the spread of HIV and AIDS lies in our partnership: as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as farmers and farm workers, as the unemployed and the professionals, as the rich and the poor - in fact all of us. Today, we join hands in this partnership against HIV/AIDS, together we pledge to spread the message". This implies that everyone should be involved in the struggle against HIV/AIDS. If that is not the case, then we will be fighting a losing battle. There are several stakeholders that are greatly concerned with the HIV/AIDS epidemic: the Government of National Unity, the Department of Education and all other Departments, parents, educator's organizations, student's organizations, universities, colleges, high schools and primary schools. For the purpose of this research, the focus will be on the primary schools, the parents, the Department of Education and other Departments, NGO's (Non-Governmental Organizations) and medical doctors.

3.13.1 THE PRIMARY SCHOOL AS A CENTER OF HOPE AND CARE IN THE COMMUNITY

The researcher believes that the school occupies a central position in the community with regard to everything that influences cultural development and change. It is for this reason that the school should be involved in a partnership with parents, families, caregivers, as well as the broader community, in order to ensure that learners receive effective education. Caesar (2003: 62) points out that: “Many principals and educators may despair, when they think of having learners in their school who are infected and affected by HIV/AIDS”. This is true, since the principals may think that the problems will be too much to handle. It is therefore very important to admit that the school cannot and should not do it alone. There is a lot of potential support that needs to be mobilized. Systems and programmes are already in place to address the problems, for example the Health Promoting Schools Project, which has a holistic approach to health issues. There are also laws and policies in place that ensure the rights of learners. “The school needs to find out who its available partners are, and in which creative way learners who are infected and affected by HIV/AIDS can be cared for and supported (Louw 2002: 89)”. Kelly (2000: 72) supports this when she states: “In the school system, the learner who is infected and affected by HIV/AIDS should be accepted as a learner like any other learner in school”. This implies that the learner living with HIV/AIDS may not be identified as a learner with special educational needs, unless it becomes obvious that she/he is experiencing problems that are influencing his/her learning development. These problems may range from problems with schoolwork or homework, to health problems (i.e. absent a lot due to illness), emotional problems (i.e. crying a lot, unusual aggression), relationship problems, alcohol and drug abuse or prostitution. Each learner will react differently to his or her circumstances (Jackson 2002).

3.13.2 PARENTS AS SCHOOL PARTNERS

Parents also have a role to play in the promotion of HIV/AIDS awareness. According to Van Zyl (2002: 98), “The parents are primary educators of learners. The school is the secondary educator”. This implies that the parents and the school form part of a larger community that surrounds the school geographically and should support it in every possible way. Learners can only be cared for effectively if the school, parents and other major role-players in the community form a partnership, establish a network, take hands, join forces - in short, do everything possible to ensure that each learner in the school develops normally and is educated according to his or her ability. The researcher has observed that, even though the parents are the primary educators and have to take responsibility for their children, many parents are not prepared for parenthood and cry out for help. The researcher suggests that principals and educators as professional people can assist parents with basic parenting skills. The educators who are trained for life skills and HIV/AIDS programmes can guide parents regarding sexuality education. The school has to take responsibility for making sure that parents will be effective sexuality educators, so that they can play their part in the prevention of abuse, rape,

teenage pregnancies and HIV infection. Manaka (2002: 79) mentions that: “In order to care and support learners infected and affected by HIV/AIDS, parents will have to be acknowledged and assisted, as we do not know which learners are infected, and as all learners are affected by HIV/AIDS in some way. All the parents should be incorporated into the partnership. They should be encouraged to take up their responsibilities”. This is true, since parents are naturally good educators and should be praised for that. Educators should respect them, so that they respond positively to the school. In the battle against HIV/AIDS, the researcher believes that parents need to be involved; they can help curb the disease and deal with its effects. Parents can be of great help in guiding their children towards responsible sexual behaviour, by helping them to practice skills, and by establishing attitudes and values that will protect them against pain, hurt and even death.

The researcher suggests that schools must ensure that there is a multi-disciplinary network in the community. The activities are co-coordinated in order to pool resources and to avoid duplication of services. Kelly (2000: 101) mentions some department partners that need to work in collaboration with schools. They are:

- The Department of Education;
- The Department of Social Welfare and Child Welfare organization;
- The Department of Health; and
- The Department of Safety and Security.

3.13.3 THE DEPARTMENT OF EDUCATION: REGIONAL OFFICE

According to the Education Policy White Paper 6 (2001: 20), the functions of the regional-based support teams are to:

- Evaluate and thoroughly support teaching and learning;
- Build the capacity of the schools and other learning centers;
- Recognize and assist in addressing severe learning difficulties and learning needs;
- Help educators in the management of HIV/AIDS in schools;
- Promote the implementation of universal precautions in schools; and
- Promote the full personal and academic development of learners infected and affected by HIV/AIDS.

3.13.4 THE DEPARTMENT OF SOCIAL WELFARE AND CHILD WELFARE ORGANIZATIONS

Nourse (2000: 27) indicates that: “The Department of Social Development and Child Welfare Organizations focuses on learners and families in distress, and can assist the schools in the following ways:

- Assessing the family situation in which the learner with HIV lives;
- Placing learners in foster care;
- Being responsible for adoption of learners;
- Counseling learners and their families;
- Assisting poor parents to apply for pension or other welfare grants;
- Assisting and counseling abused learners;
- Presenting prevention programs to parents and learners; and
- Training educators to identify, handle and report abuse”.

3.13.5 THE DEPARTMENT OF HEALTH

Kelly (2000: 102) stresses that: “The Department of Health renders excellent service to schools, for example:

- The school health service can provide information on HIV/AIDS, including testing and counseling at schools, better nutrition, etc.;
- Learners with health problems can be referred to the department’s local clinics; and
- Sexually active learners can be informed regarding STI’s and the prevention of HIV infection”.

3.13.6 THE DEPARTMENT OF JUSTICE

Edwards (2002: 110) emphasizes that: “The school should have good contact with the local police, Child Protection Unit, the office of the family’s advocate and the Commissioner of the Children’s Court in order to ensure that learners suffer the least possible harm if they are involved in the judicial process”.

3.13.7 NON-GOVERNMENTAL AND COMMUNITY-BASED ORGANIZATIONS, WHICH COULD ASSIST THE SCHOOL

Edwards (2002: 110) mentions that: “All schools should try and find out if there are some of the following organizations in the area who could also render an invaluable service regarding learners infected and affected by HIV/AIDS:

- The Mental Health Society for emotional support, counseling and prevention programmes;
- SANCA (South African National Council of Association) for prevention programmes on alcohol and drug abuse and treatment for addicts; and
- HIV/AIDS organizations in the community, i.e. AIDS training, information and counseling centers”.

3.13.8 PRIVATE MEDICAL DOCTORS, PSYCHOLOGISTS AND COUNSELORS

Nourse (2000: 220) indicates that: “The private medical doctors, psychologists and counselors are the people who could assist on a voluntary basis to examine, treat and counsel learners from poor families who do not have medical schemes, and they can also help learners who have been sexually abused or raped”.

3.13.9 VOLUNTEERS IN THE COMMUNITY

Van Dyk (2001: 71) indicates that: “Parents, housewives or other volunteers could assist in various ways, i.e. preparing food for orphans, providing spiritual and pastoral care for learners, parents and educators who experience illness or death of a loved one”.

In the light of the above, it can be argued that promoting a positive interaction between the school and the community is fundamental to the success and sustainability of any school improvement process. Community partnerships engender a sense of collaboration, commitment and communal ownership. Such partnerships also build public awareness and strengthen demand. Within the school health component of such improvement processes, parental support and cooperation allows education about health to be shared and reinforced at home. The involvement of the broader community can enhance and reinforce school health promotion and resources. These partnerships, which should work together to make schools more child-friendly, can jointly identify health issues that need to be addressed through the school and then help design and manage activities to address such issues. It seems as if schools alone cannot address all the problems surrounding learners infected and affected by HIV/AIDS. The necessary support can be brought in from somewhere (outside the community). It is therefore essential to mobilize the whole community regarding HIV/AIDS. All the primary schools have to take the initiative and make sure that there are support structures for learners and parents who need assistance.

3.14 STRATEGIES FOR BRINGING ABOUT HIV/AIDS AWARENESS IN PRIMARY SCHOOLS

In bringing about HIV/AIDS awareness in primary schools, Louw (2002: 116) stresses that: “HIV/AIDS programs should:

- Target children at an early age, from the day they enter school;
- Be linked with life skills programs that are primarily concerned with equipping learners with skills such as decision-making, problem-solving, effective communication, assertiveness and conflict resolution from Grade One until these learners reach proper adulthood;
- Be appropriate to the learner's age and phase of development;
- Be presented in a language learners can understand; and
- Be meaningful and relate to everyday experiences and to the life world of learners".

Louw (2002: 63) states that: "HIV/AIDS programs will encourage learners to:

- Abstain from or postpone sexual activity;
- Change their lifestyle, if sexual activity and/ or sexual intercourse has taken place;
- Practice responsible behaviour if sexual activity is continued or embarked upon, in other words the correct and consistent use of condoms".

Van Zyl (2002: 123) indicates that educators must teach learners about the disease so that they can be aware of the dangers and effects of HIV/AIDS. Van Zyl (2002: 123) emphasizes that: "HIV/AIDS education programs should:

- Involve learners in program design and delivery, with a firm focus on promoting peer education;
- Involve community members, especially local and religious leaders;
- Use participatory methods and experiential learning techniques;
- Provide more of a challenge to the idealism of young people (including making abstinence cool);
- Develop a learning climate that firmly and frequently re-affirms the principle of respect, responsibility and rights".

In promoting HIV/AIDS awareness in primary schools, Kelly (2000: 16) also stresses that: "HIV/AIDS programs need to:

- Make learners aware of the existence of HIV, and how it is spread, without stigmatizing the behaviour that lead to its transmission;
- Facilitate discussions about an individual or community's own vulnerability, and how to reduce it. This involves dissipating fear and prejudice against people who are already living with HIV/AIDS;
- Impart knowledge, counter stigma and discrimination, create social consensus on safer behaviour, and boost AIDS prevention and care skills".

According to a Department of Education Report (2000: 12), HIV/AIDS programs in primary schools should:

- Provide basic, accurate information about the risks of unprotected sex as well as methods of contraception;
- Enhance self-efficacy among the youth;
- Be implemented at an early age, before participants commence sexual activity;
- Be developed and evaluated in close consultation with the target community. HIV/AIDS programs should also be culture sensitive;
- Include the reinforcement of individual values and group norms against unprotected sex;
- Continually be evaluated with a view to discarding, improving or adapting them; and
- Involve learners as active participants in experiential activities. A variety of teaching-learning strategies are used, such as integrated role-playing, discussion, facilitation, classroom coaching, stress reduction techniques, decision-making techniques, refusal skills, assertiveness techniques and parent involvement.

According to the above, it seems as if HIV/AIDS programs can bring about significant and positive adolescent reproductive health benefits and behaviours, with the information and skills that can be acquired by primary school learners helping them to delay the initiation of sexual activity.

3.15 CONCLUSION

The researcher believes that the education sector is by its nature a unique tool for spreading HIV/AIDS information and awareness. The education sector often receives the lion's share of public revenues, and is usually the major employer of public staff in a country. If the education sector is effectively used as a channel for promoting HIV/AIDS awareness, one can reach a very large audience. Not only can educators and administrative staff in the education sector be reached, but also learners at all levels, their parents and extended families. The researcher suggests that educators need to be appropriately trained for the successful integration of life-skills and HIV/AIDS education programs, as well as working with peer educators. In order to get the message through to people, there is a need for governmental commitment both in terms of planning and advocacy. Support from the parents, community and non-government organizations is vital, but this cannot be obtained on a broader basis without substantial government effort.

In Chapter Four, the research methodology will be discussed.