

**Experiences of educators in managing the implementation of school-based  
HIV/AIDS policy in Limpopo Province**

by

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## DECLARATION

I, Solomon Nzama Rikhotso, hereby declare that this study, entitled: ***Experiences of educators in managing the implementation of school-based HIV/AIDS policy in Limpopo Province***, that is being submitted for the degree of Master of Education in the Department of Education Management and Policy Studies at the University of Pretoria has not been previously submitted by me for any other degree or examination at any university. It is my own work and the information from other sources has been acknowledged by means of appropriate references.

SOLOMON NZAMA RIKHOTSO

August 2016

## DEDICATION

I dedicate this study to my beloved mother, Miluva Annah Rikhotso, and my father, Majukutani Wilson Rikhotso. As “education starts at home” they are influential, supportive and loving parents; they are my counsellors and teachers; and they taught me how to behave when I am among people and to respect and value others as I am the face of the family when I am in public. Their inspiration and motivation influenced my commitment to study further.

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## ABSTRACT

The purpose of this study was to explore the views of principals and educators regarding the impact of HIV/AIDS in their schools; to identify the aspects of the National Policy related to HIV/AIDS that are relevant to the management of school-based HIV/AIDS policy in selected schools; to determine how school-based HIV/AIDS policy is implemented in those schools, to explore how principals and educators experience the management of the implementation of school-based HIV /AIDS policy; and to identify the challenges experienced by the principals and the educators as well as the strategies they use in implementing school-based HIV/AIDS policy. The main research question was: *What are the experiences of principals and educators in the management of school-based HIV/AIDS policy implementation?*

The study focused on four high schools in the Klein Letaba Circuit in the district of Mopani in Limpopo Province. In order to investigate the experiences of educators and their views about present-day HIV/AIDS school-based policies and their implementation, the researcher used a qualitative research approach that is phenomenological in nature. The research design was a multi-site case study involving two participants from each of the four selected schools; a total of eight participants were involved in the study. Purposive sampling was used to select a principal and one Life Orientation educator from each of the schools. Semi-structured interviews and document analysis formed part of the data collection process.

The findings of the study revealed that the management of school-based HIV/AIDS implementation is a challenge in schools in the Klein Letaba Circuit. The researcher found that HIV/AIDS impacts negatively on learners' abilities to attend school; on effective teaching and learning; the performance of learners; the behaviour of orphaned learners; and the responsibilities of educators. The study further revealed that schools included factors, such as discrimination, admission, voluntary testing, the exemption of compulsory school attendance for learners with ill-health and learner safety during sporting activities in their school-based policies.

In terms of the implementation of school-based HIV/AIDS policy, the study revealed that all stakeholders need to know the contents of the policy, and be involved in its formulation and implementation. Life orientation and classroom rules support for affected learners and Health Advisory Committees may be used to communicate information about HIV/AIDS. The study also revealed that awareness; respect; trust; talking openly about HIV/AIDS; the involvement of the wider community in managing HIV/AIDS; and increasing the knowledge of educators on issue related to HIV/AIDS are strategies that work well in managing the implementation of HIV/AIDS policy. The study identified ignorance; denial; lack of awareness; and educators' extra workloads as challenges which hinder the effective implementation of a school-based HIV/AIDS policy.

## ACRONYMS

AIDS – Acquired Immune Deficiency Syndrome

DoE – Department of Education

HIV – Human Immunodeficiency Virus

HOD – Head of Department

NACOSA – Networking HIV/AIDS Community of South Africa

SASA – South African Schools Act

SGB – School Governing Body

SMT – School Management Team

UNAIDS-United Nations Programme for HIV/AIDS

UNESCO -United Nations Educational Scientific Cultural Organisation

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## CHAPTER 1

### INTRODUCTION AND BACKGROUND TO THE STUDY

#### 1.1 Introduction

In 1996 the Minister of Education, Professor Kader Asmal, published the National Policy on HIV/AIDS for learners and educators in public schools as well as students in Further Education and Training institutions. This policy was drawn up in acknowledgement of the seriousness of the HIV/AIDS pandemic by the Government of South Africa. The development of the policy was motivated by the realization that the Department of Education had the ability to promote preventive measures to curb the spread of HIV/AIDS and to provide care within the context of the public education system (Section 3(4) of the National Education Policy Act No. 27 of 1996). In order to realise this goal, the Department of Education developed guidelines for educators to assist them in managing HIV/AIDS issues in public schools (Department of Education, 2002).

The literature shows that there are many schoolchildren who are affected by HIV/AIDS as a result of family members or other care-givers being HIV positive or having AIDS (Mulaudzi & Mavhundu-Mudzusi, 2006). While some learners are orphans as a result of HIV-related deaths, others are born HIV positive (Taylor, Dlamini, Kagoro, Jinabhai, Sathiparsad & De Vries, 2002). Researchers believe that orphaned learners do attend school like other learners and are, at times, subjected to discrimination due to the stigma attached to the disease. Incidents of orphans being stigmatized by their peers and educators in some schools has been reported in many studies (UNESCO, 2003). The National Policy on HIV/AIDS and school-based HIV/AIDS policies contain strategies to reduce the stigma attached to HIV/AIDS through education. Section 12 of the National Policy on HIV/AIDS outlines school and institutional implementation plans for managing the effects of HIV/AIDS. Other initiatives geared towards managing the effects of HIV/AIDS include the introduction of school-based HIV/AIDS policies and HIV/AIDS education in the Life Skills subject.

## 1.2 Rationale for the study

The researcher of this study is an educator currently working as a head of department in a rural primary school in the Mopani District of Limpopo Province in South Africa. He has been a teacher in the school for the past 19 years and in recent years he has had to care for, and provide support to, many children infected and affected by HIV/AIDS on a daily basis. In some instances parents of the learners who are infected with HIV come to the school to ask for permission for their children to go to the nearest clinic for routine check-ups and to obtain their medication. A further concern that motivated the researcher's interest in this study was his experiences as a representative of the School Governing Body (SGB) in matters related to HIV at the school. The researcher is aware that some schools do not have an HIV/AIDS policy and that in the school where he works, a school-based HIV/AIDS policy has been developed but it has not been updated since its inception. It seems that there is a general lack of concern about HIV-related issues at the school. People do not discuss HIV/AIDS and yet there are still learners who lack care and support as a result of HIV/AIDS.

This study was based on the experiences and personal interest of the researcher; the background of the study is discussed in this introduction. The aim of the study was to explore the experiences of educators in terms of the management of HIV/AIDS in their schools and the implementation of school-based HIV/AIDS policies. A further reason for undertaking this study was that there appears to be little known about the extent to which care and support - related to HIV/AIDS - has received attention in schools in recent years (2010 to date). The researcher's interest in conducting this research was generated by a quest to determine whether schools were implementing school-based HIV/AIDS policies and the relevance of the policies in managing learner behaviour at schools. By means of this study the researcher hoped to shed some light on the experiences of educators concerning the impact of HIV/AIDS in their schools and the implementation of their school-based HIV/AIDS policies.

### 1.3 Problem statement

Since the early responses to HIV/AIDS in the 1980s, education has been recognized as a most powerful tool in curbing the spread of the disease (Coombe, 2000). The complexity and challenges that people face who are affected by, and infected with, HIV/AIDS have serious repercussions in schools. The study by Ogina (2003) on how school principals understand and implement HIV/AIDS policies in schools found that the majority of participant schools had few educators with HIV/AIDS training, despite the fact that 90% of the schools had time allocated for Life Orientation on their timetables. The findings of her study suggest that school principals, in co-operation with educators and School Governing Body members, should draft school-based policy on HIV/AIDS so that when faced with problems they are able to refer to the policy for guidance. Apart from educators being familiar with the school-based policy, there is also a need to educate them on HIV/AIDS during pre-service or in-service training (Dawson, Chunis, Smith & Carboni, 2001).

Public perception, social norms, rights of parents and management obligations are factors that should be considered when drafting a school-based HIV/AIDS policy (Joubert & Prinsloo, 2001). According to Joubert and Prinsloo (2001) the drafted school policy on HIV/AIDS is expected to address issues, such as the rights of HIV positive learners and educators; HIV management and prevention; and creating a caring environment. The need to strengthen the management of HIV/AIDS within schools has become an important issue as the effect of the HIV/AIDS pandemic has threatened the education system as a whole. In recent years studies on HIV/AIDS have declined and there is uncertainty about the extent to which HIV/AIDS affects education in schools and the implementation of a school-based HIV/AIDS policy. The fact that there are many orphaned learners in schools as a result of HIV/AIDS implies that there is need to explore the extent that a school-based HIV/AIDS policy is still valid and how learners are cared for in terms of the policy.

## 1.4 Purpose of the study

The purpose of this study was, essentially, to

- explore the views of the principals and educators regarding the impact of HIV/AIDS in their schools.
- identify aspects of the National Policy on HIV/AIDS that are relevant to the HIV/AIDS school-based in the selected schools.
- determine how school-based HIV/AIDS policy is implemented in the selected schools.
- explore how principals and educators experience the management of implementing school-based HIV /AIDS policies in schools.
- identify the challenges experienced by the principals and the educators and the strategies they use in the implementing school-based HIV/AIDS policies.

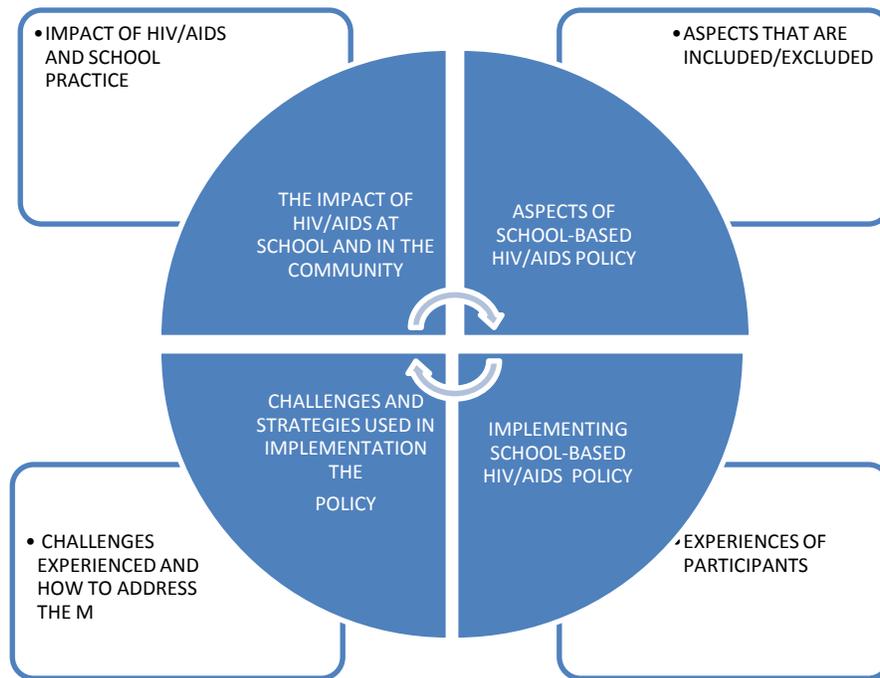
## 1.5 Research questions

The primary research question was: *What are the experiences of principals and educators in the management of school-based HIV/AIDS policy implementation?*

The secondary research questions that were deemed to be of value in answering the main question were the following:

- *What are the views of principals and educators regarding the impact of HIV/AIDS in their schools?*
- *What aspects of the National Policy on HIV/AIDS are relevant to their school situation?*
- *How is school-based HIV/AIDS policy implemented in the selected schools?*
- *How do principals and educators experience the management of the implementation of school /AIDS policy?*
- *What are the challenges experienced and the strategies used in the implementing school-based policy on HIV/AIDS?*

## 1.6 Conceptual framework of the study



**Figure 1.1: Conceptual Framework for the Study**

The point of departure for this study was the current state of HIV/AIDS in education. Research has reported that the effect of HIV/AIDS on the lives of the learners and educators is a negative one; changes within the homes of learners, who are affected in some way, have impacted negatively on their school attendance. HIV/AIDS also has a negative impact on effective learning and teaching where educators and learners are infected and affected by the disease. This study involved eight participants from four different high schools; the researcher compared the data received from school principals and educators concerning their perceptions of HIV/AIDS, its status and the implementation of their school-based HIV/AIDS policies.

The negative impact of HIV/AIDS has led to the formulation of policies related to issues, such as the voluntary testing of learners and educators for HIV/AIDS, which is advocated in both the national policy on HIV/AIDS (1999) and school-based HIV/AIDS policies. The exemption from compulsory school attendance for learners with ill-health;

learner safety during sporting activities; and the non-discrimination of learners in terms of admission are included in school-based HIV/AIDS policies. Mathews and others (2006) are of the opinion that in many schools educators are compliant with directives from the Department of Education rather than purposely fulfilling their roles in implementing the HIV/AIDS curriculum; this seems to suggest that schools experience challenges in the effective implementation of the school-based policies. This study, therefore, investigated the aspects of the National HIV/AIDS policy that the participants involved in the study considered relevant to their school contexts.

School principals, SGB members and educators constantly interact within the teaching and learning environment and with other role-players in the formulation and implementation of school-based HIV/AIDS policies. This means that school-based HIV/AIDS policies should be relevant to the contexts of particular schools. In this study the researcher explored the participants' experiences concerning the management of HIV/AIDS in their schools and the implementation of their school-based HIV/AIDS policies. Stakeholders should be familiar with the content of the school-based policy and, therefore, training is deemed necessary for a better understanding and implementation of it. Spillane, Reiser and Reimer (2002) maintain that for policy implementation to be effective, policies need to be known, understood and accepted by the people who are affected by them. Newly developed or revised policies should be circulated in an open, consistent and timely way to ensure that interested parties, both within and external to the school environment, are made aware of them.

The conceptual framework of this study also covered the challenges experienced in schools where there are learners and educators who may be affected and infected by HIV/AIDS. According to Gachuhi (1999), educator absenteeism increased and that there was a loss of school inspectors and educators due to AIDS-related deaths; these factors have had a negative impact on education planning, management, policies and programme implementation. Pillay (2012) believes that educational institutions are likely to be affected by the absenteeism of orphaned learners who are pressed for time to provide for the needs of their siblings. HIV/AIDS also negatively affects orphaned

learners in terms of unacceptable emotional behaviour which is due to a lack of parent ability to care for them because of ill-health.

Studies have identified ignorance, denial and certain beliefs of people in the community as factors that hinder the implementation of HIV/AIDS policies. UNESCO's International Institute for Educational Planning (IIEP) suggests that the implementation of HIV/AIDS policy is a challenging task due to inadequate resources and coordination among different stakeholders. This study has explored the challenges experienced by selected participants.

## **1.7 Summary**

In this chapter, the background to the study was given as well as the research problem, rationale for the research and the research questions. The theoretical framework underpinning this study was discussed. The next chapter, Chapter 2, explores the relevant available literature on the management of HIV/AIDS policies; the impact of HIV/AIDS on education; and the implementation of school-based HIV/AIDS policies.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 Introduction

In the preceding chapter the research topic was introduced, the rationale for the research was stated and the research problem and the purpose of the study was explained. The research questions were formulated. In this chapter the state of HIV/AIDS in South Africa is discussed and research done on the impact of the pandemic on education is explored. A review of the available literature related to HIV/AIDS policy implementation is the main focus of this chapter as it enabled the researcher to gain knowledge of what had been written on the research topic; to identify gaps; and to determine the need for further research on the topic (Wallen & Fraenkel, 2001). In this study the literature review was undertaken, particularly, to establish what had already been researched and to explore the finding of studies related to HIV/AIDS school-based policy implementation. The literature review included journal articles, press releases, books, reports, speeches and conference notes relevant to the research topic.

#### 2.2 HIV/AIDS in South Africa

According to Coombe (2000), at the turn of the century South Africa had the highest percentage of people infected by HIV/AIDS and a fast infection rate compared to countries worldwide. Coombe (2000) predicted that half the learners in South Africa who were 15 years old would be infected with HIV and die of HIV/AIDS. At least 20% of the South African population was infected by HIV/AIDS in 2000; of the eighteen million children in South Africa, 10.8 million (60%) lived in poverty. A fifth of these learners - about 3.6 million - did not live with their mothers (Coombe, 2000). Tylor and others (2002) maintain that KwaZulu-Natal had the highest percentage of HIV infections when compared to other provinces in South Africa. They suggest that the high rate of HIV infection was in younger women between 15-29 years of age (Morrel, Unterhalter, Moletsane & Epstein, 2001) which implies that educators and learners were included in

the vulnerable group (Berold, 2000). In 2004 the World Bank reported that HIV/AIDS was a major cause of death in South Africa.

Coombe (2000) believes that the education sector can play a role in disseminating information that could reduce the HIV infection rate and protect people infected by HIV/AIDS. The National Policy on HIV/AIDS stipulates that schools should formulate school-based HIV/AIDS policies and that such policies must be consistent with the national HIV/AIDS policy. The aim of school-based HIV/AIDS policy is to address issues, such as the rights of HIV positive learners and educators; HIV management; prevention; and creating a caring environment. The study by Nagesar (2008) on the challenges associated with the implementation of primary school-based HIV/AIDS policy reveals that many primary schools do not have Health Advisory Committees and that educators lack the necessary skills and expertise to deal with HIV/AIDS-related problems.

Developing the South African National Policy on HIV/AIDS for Educators and Learners in Different Public Schools and Educators and Students in Higher Education and Training Institutions (Department of Education, 1999) was one of the steps taken to assist children who were made vulnerable by the HIV/AIDS pandemic. However, the lack of institutional resources to implement policy negated the positive effects of the National School Policy on HIV/AIDS (Department of Education, 1999; Raniga, 2006). The government also introduced Life Orientation or Life Skills and the HIV and AIDS education programme for schools in terms of the Department of Education document (1999) Section 2 (10) that stipulates that learners must be educated about HIV/AIDS and abstinence must be emphasised as part of the subject content of Life Skills and the HIV/AIDS Education programme. In South Africa the school system is an extension of the wider society and should, therefore, embrace the community and assist the community with problems like HIV/AIDS, poverty and crime.

Despite attempts made to end the prevalence of HIV/AIDS in the past years, it still seems to be a serious health issue in South Africa. According to UNAIDS (2011), South Africa remains among the countries with the highest number of HIV positive people - about 5,6 million with 270,000 HIV/AIDS-related deaths.

### **2.3 Factors contributing to the high prevalence of HIV/AIDS in South Africa**

South Africa, like many other countries, has many factors that contribute to the continued prevalence of HIV/AIDS, such as a high level of sexually transmitted diseases, social instability, inequality, poverty, high mobility, limited access to quality medical care, sexual violence, low status of women, poor management and leadership (UNAIDS, 2011). Research shows that people have an extensive knowledge of the ways in which HIV/AIDS can be transmitted and that they are familiar with methods of prevention. However, it seems that this does not result in HIV/AIDS preventive behaviour. Behaviour and social change are considered to be long term processes and factors that influence the infection of people, which include illiteracy, inequality and poverty, must be addressed in the long term. Exposure to, and the impact of, the HIV/AIDS pandemic is proving to be most problematic in schools and in communities (UNAIDS, 2011).

Research on the impact of HIV/AIDS on education has followed several routes. As schools are social organisations, they cannot ignore or underestimate the continuing prevalence and complexity of HIV/AIDS and its impact on education, learners and educators; as the HIV/AIDS epidemic continues to grow, schools have a significant role to play in combating it. The responsibility of schools is to provide education on HIV/AIDS and to deliver the curriculum with respect to relevant learning areas. Schools must provide appropriate education for children with HIV/AIDS in an atmosphere that supports their special needs and is conducive to learning. This, therefore, requires schools to have clearly defined written policies and some schools that have faced lawsuits over the placement of HIV-infected children have subsequently formulated more enlightened policies (UNAIDS, 2011).

### **2.4 The impact of HIV/AIDS on educators**

A decade ago, in 2005, the Educator Labour Relation Council (ELRC) predicted that, more than any other occupations, educators in South Africa were likely to be infected and affected by HIV/AIDS in different departments. Vass (2003) reported that educators in South Africa were considered to be a high-risk group in respect of HIV and AIDS. In a

still earlier study by Gachuhi (1999), it was found that educator absenteeism had increased and that there was a loss of school inspectors and educators due to AIDS-related deaths which had a negative impact on educational planning, management, policy and programme implementation. It was predicted that there would soon only be a limited number of qualified educators as experienced and trained educator's positions were being taken up by young and unqualified or poorly trained educators (Gachuhi, 1999).

In recent years there has been a paucity of statistics on HIV-related deaths of educators and the effect of HIV/AIDS on their performance in South Africa and in other countries. In 2000 Crawley reported a high rate of HIV/AIDS-related deaths among educators in sub-Saharan Africa compared to other continents. A survey undertaken in Malawi, Botswana, Mozambique, Uganda and Tanzania reveals a drastic decline of educators due to HIV/AIDS deaths (Aduda & Khouri-Dagher, 2000). Crawley (2000) believes that at least four educators died per month in Nairobi and Kenya from AIDS. It was reported that the number of Zambian educators dying of HIV/AIDS was more than the number of educators that the teacher training colleges were producing. According to the Zambian Education Ministry, six hundred and eighty educators died in 1996 and it was predicted that the number was likely to rise by about 2000 every year until 2005. The Education Sector Strategic Plan First Annual Review Meeting (1999) reported that the Namibian occurrence of HIV infection amongst the teaching fraternity could be between 20 and 25 % of the population. It was also predicted that 3,500 Namibian educators may die by 2010, but this number was expected to rise to 6,500.

The South African Education Service is the biggest occupational group of all public service departments in the country with 375,000 educators, 5,000 inspectors and advisers and 68,000 managers and support personnel (Department of Education, 2000). It was reported that 12% of all educators were infected by HIV/AIDS (ABT Associates, 2000). In Southern Africa HIV/AIDS-infected people do not live long if they are unable to access anti-retroviral drugs (ARVs) which indicates that more than 53,000 educators would have lost their lives by 2010 or between 88,000 and 133,000 if prevalence reached 20-30%. It was predicted that many educators would be seriously ill

while others would be absent, dying or grieving over the deaths of family members and there would be a decline in school effectiveness. The highest death rate of educators due to HIV/AIDS was reported in Kwazulu-Natal. Betton (2002) concludes that in Africa HIV/AIDS was regarded as a leading cause of death among educators in the early 2000s which may not be the current rate of HIV-related deaths. Due to a lack of recent statistics on educator deaths caused by HIV/AIDS, there are no predictions of its effect on the educator workforce by 2020 and beyond.

Apart from death as a result of HIV/AIDS, there is high rate of educator absenteeism due to HIV-related illnesses or for the purpose of caring for sick family members (Crawley, 2000; Mwase, 2000). Infection in schools may have psychological consequences and lead to sickness and death. There have been cases of discrimination against, and isolation of, educators and learners who are infected or affected by HIV/AIDS (Crawley, 2000). Teaching and learning time is lost in some schools where educators fail to attend to their classes. In some countries, there have been some efforts made to replace the deceased educators with untrained and inexperienced educators - resulting in the quality of education declining in the process (Betton, 2002). The quality of education continues to decline as more countries adopt policies that aim at reducing the budget for education which implies cuts in training and the replacement of educators who are too ill to work and those who have died (Betton, 2002; Crawley, 2000). Ogot (2004) suggests a decline in performance of the Kenyan economy as a result of the ill-health of its workforce. Consequently, it is difficult for the state to provide funds for the development and provision of expected quality education because of economic instability; the provision of learning facilities and resources in schools will be difficult, if not impossible. This means that due to HIV/AIDS deaths there is a lack of personnel who are able to make a difference in the development of education in their communities. However, in difficult circumstances, principals are still expected to manage HIV/AIDS and its impact on South African public schools.

## **2.5 The impact of HIV/AIDS on learners**

Although several research studies on the effect of HIV/AIDS on education have been undertaken, statistics are still unavailable on learner deaths due to AIDS. Despite the

unknown number of learner deaths from HIV/AIDS, Aduda and Khouri-Dagher (2000) report a decline in learner enrolments and an increase in dropouts rates in schools because of the pandemic. A report of the World Bank (2000) indicates that research from different countries confirms considerably lower enrolment rates in orphans when compared to non-orphans and identifies some factors which include girl orphans; learners orphaned by HIV/AIDS; rural or poor families; orphans living in families headed by men; and double orphans.

It has been said that in several African countries with low enrolment rates, the most important enrolment rate of orphans, particularly double orphans, is usually lower than that of non-orphans. In Zambia Foster (2002) found that the number of orphaned learners was increasing steadily and over-stretching the extended family system which is known to care for orphaned learners who are unable to attend school regularly. Abebe and Aase (2007) believe that in Ethiopia the lack of care for orphaned learners has impacted on the education of the learners. Operario *et al.* (2008) are of the opinion that orphans experience lower school attendance than non-orphans. In an earlier study done in Kenya by Conroy *et al.* (2000) it was found that the school performance of learners orphaned by HIV/AIDS was significantly lower than other learners while a more recent study in Kenya by Ombuya, Yambo and Omolo (2012) shows that concern is more about orphaned girl-child taking up family responsibilities which leaves them with no time to do homework. Some orphaned learners in child-headed families leave school to take care for their siblings (Operario *et al.*, 2008).

Moletsane (2013) maintains that orphans who are adopted are anxious about starting new lives in unfamiliar environments in new places and schools with unfamiliar educators as well as about where or how HIV/AIDS may strike the family again. This means that HIV/AIDS impacts negatively on families as it breaks up once united families and families have to share the orphaned learners. These young ones may find themselves in new environments with unusual lifestyles compared to those that they were use to and without the psychological and material support which is normally provided by parents. This development severely affects the learning process of learners in schools. Family Health International (2001) suggests that learners who do not receive

proper support upon the deaths of their parents experience a sense of loss, fear, grief, hopelessness and anxiety.

In South Africa Pillay (2012) found that educational institutions are likely to be affected by the absenteeism of orphaned learners who require time to provide for the needs of their siblings. This is often a result of the responsibility placed on learners, particularly girls, to care for the sick and very young siblings. Earlier studies on HIV/AIDS show the direct impact of HIV/AIDS on the school attendance of the affected learners (Giese, 2002). Giese (2002) further suggests that the education of learners is interrupted when their parents become ill and are unable to care for them; in some cases learners take up the role of care-giver by assuming the tasks and responsibilities expected of adult family members. The responsibility of taking care of the sick is extended to learners who are also expected to work to earn a living to sustain their families (Mwase, 2000; Crawley 2000; Betton, 2000).

Carr-Hill (2000), Cluver (2007), Ebersohn and Eloff (2002) and Foster (2002) all confirm that this situation impacts negatively on the lives of learners; it results in an increasing occurrence of physical, social, emotional, economic and human rights problems. Foster and Williamson (2002) and Wood (2009) emphasise that a low concentration span, level of anxiety, discrimination, stigma, trauma and increased poverty experienced by learners hinder the effective learning and teaching process. Foster and Williamson (2001) further suggest that HIV/AIDS orphaned learners are usually silent about their parents' illness for fear of stigmatization. Oxfam (2002) reports that well-motivated and competent educators deliver quality education and that in a situation where the educator is unmotivated the opposite will happen.

Researchers, like Morrell, Moletsane, Abdool, Epstein and Unterhalter (2002) and Raniga (2006), acknowledge that there are many factors contributing to the vulnerability of young people to the infection: they are social and sexual beings who experiment and take risks and they seek independence from their parents to submit to peer pressure. Teenagers rely on their peers for information on HIV/AIDS; Raniga (2006) argues that HIV/AIDS prevention strategies fail because parents shy away from discussing sex with their children. It is obvious that the gradual decline in enrolment in several countries in

the eastern and southern African regions is already a fact of life. The inability of orphaned learners to attend school is a school management matter and there should be a policy in place to address the issue of non-school attendance to promote the best interests of the learners.

## **2.6 The impact of HIV/AIDS on curriculum and classroom teaching**

In 2007 UNESCO reported on the negative impact of HIV/AIDS on education. The education system is required to meet the needs of all learners; the needs of orphaned learners, street children and abandoned children are challenges that need to be solved. The South African National Department of Education mandated HIV/AIDS education to Provincial Department of Education. In many schools educators respond to directives from the Department of Education for the sake of compliance rather than to fulfil their expected responsibilities in implementing the HIV/AIDS curriculum (Mathews *et al.*, 2006). The diverse nature of the vulnerability of learners and the challenges educators encounter in the process of teaching in such a context have changed teaching styles and added new subject content to fulfil the needs of learners. According to UNESCO (2007), in order to provide for the diverse needs of children there is need to change curricula and teaching methods so that there is flexibility to care for vulnerable learners. The education system should provide a school environment that is sensitive to the needs of learners experiencing illness or coping with the death of a family member. In addition, social structures should be in place to provide guidance and counselling for learners and their families; reduce stigma and discrimination; provide vocational training; and integrate life and livelihood skills. Schools are expected to emphasize HIV/AIDS and sex education in the curriculum.

In South African schools, Life Orientation (LO) was introduced as a compulsory life skills subject in all public schools in the senior phase which includes sexuality and HIV/AIDS education in its syllabus (Department of Health, 1999). The Life Orientation curriculum is a prescribed formal HIV/AIDS programme although there are other informal extramural education programmes on HIV/AIDS in some schools (Department of Health, 1999). The subject, Life Orientation, expects that educators should be able and willing to influence the behaviour of learners in an effort to reduce the risk of infection.

Mathews *et al.* (2006) found that the awareness of educators of the impact and the implementation of HIV/AIDS education could be improved by training educators to respond to the emerging needs of both educators and learners affected and infected by HIV/AIDS. Teaching learners to be aware of, and reduce the rate of, infection is only one aspect of what schools can do to care for the learners; they are also required to identify learners and families in need of support and manage welfare and referrals to other departments or services.

Apart from identifying the learners who are in need of support, it is necessary to change the attitudes of educators towards HIV/AIDS education. Matthew *et al.* (2006) believe that educators who adopt a learner-centred approach in their teaching are more likely to provide support for learners in terms of HIV/AIDS education and identifying their needs. The findings of their study suggest that the availability of a school HIV/AIDS policy encourages the implementing HIV/AIDS education (Matthew *et al.*, 2006). In another study done in the United States (US) Blake *et al.* (2005) maintain that HIV prevention education policy at state level can influence the quality of HIV education at school level.

## **2.7 Policy formulation and implementation**

Policies are broad statements of intention that need to be supplemented with implementation documents, such as operational policies, strategic plans and implementation plans, to ensure the effective implementation of the policies (USAID, 2003). In the field of education, a Department of Education (DoE, 2009) document states that a policy is comprised of plans of actions which are intended to persuade and determine decisions, actions and other matters related to the curriculum. It consists of rules and regulations that are intended to guide or plan how the set goals may be achieved. The South African Schools Act (SASA) No. 84 of 1996 was formulated to regulate the *modus operandi* of schools, i.e., the plans or protocols of schools. This act allowed for the professional functioning of schools under the guidance of the principal and school governance by the Schools Governing Bodies (SGBs). SASA provides for the foundations of the functional operation of different structures and organizations within the school (Department of Education, 2007). It may, therefore, be deduced that a school's policy is a tool that guides the everyday functions of a school in terms of the

expected behaviour of learners, educators and parents whilst clarifying the expectations, goals and values of the school.

The term 'policy' is used in different ways and varies from institution to institution, organization to organization and, sometimes, within institutions and organizations as well. In this study policy refers to the implicit or precise requirements of courses of purposive action being followed or to be followed by a school in dealing with a recognized challenge or issue of concern as well as being aimed at the accomplishment of curriculum goals (Maluleke, 2008). In South Africa most education policies, generally, require governors and managers to work in a democratic and participatory way to build relationships and to ensure the effective delivery of educational goals. The translation of policy into practice remains a mammoth challenge, especially in poor communities where there are limited information, resources and decision-making abilities amongst concerned stakeholders. Social services are also limited despite the urgent need to address social issues related to HIV/AIDS (Maluleke, 2008).

Part of the priorities of the new post-1994 government was the institution of various policies and acts to deal with the impact of HIV/AIDS on the education sector. One such policy was the National School Policy on HIV/AIDS (Department of Education, 1999) which each province was required to implement. The provinces instructed schools to implement the national policy and recommended that every school should have a school-based HIV/AIDS policy – to be drafted in accordance with the principles of the national policy, universal precaution procedures and those that suited the specific institutions (Department of Education, 1999). The purpose of the policy was to provide opportunities for people infected and affected by HIV/AIDS to be treated in a humane manner and their right to dignity to be protected. It was expected that schools would be made safe environments in which effective teaching and learning could take place.

The three management instruments put together by the Department of Education which were intended to guide various stakeholders in the department to effectively respond to the pandemic was a result of decisions taken at a conference on HIV/AIDS and the education sector in 2002. The management instruments that included adequate knowledge and developing a reasonable vision were aimed at anticipating, and even

dealing with, the harm of the HIV/AIDS pandemic (Department of Education, 2002). The main focus of this study was to establish how school-based HIV/AIDS policy is developed and implemented in line with the expectation of the national policy.

### ***2.7.1 The roles of the School Governing Bodies (SGBs) and School Management Teams (SMTs) in HIV/AIDS policy formulation***

The democratization of school governance through the enactment of the South African Schools Act (SASA) No. 84 of 1996 (South Africa, 1996a) was a most significant milestone towards the provision of quality education in South Africa. SASA is an instrument intended to redress exclusions of the past; to facilitate the required changes; to support the ideas of representation; and to participate in schools and communities as well as the whole country (Karlsen, 1999). SASA gave birth to structures called School Governing Bodies (SGBs) through which stakeholders are able to participate actively in the affairs of schools in pursuit of tolerance, discussion among different cultures and collective decision-making.

In terms of the South African Schools Act 84 of 1996 (South Africa, 1996a), school governance in public schools has been placed in the hands of SGBs which replaced school committees. The scrapping of school committees and their subsequent replacement by democratically elected SGBs was hailed as significant in improving school governance and the general management of public schools (Nyambi, 2005). School governance was introduced instrumentally to democratize schooling; to regulate governance responsibilities; and to accommodate various school contexts. The act empowers SGBs to engender vibrant learning institutions that provide progressively high quality and meaningful education for all learners. In school governance SGBs are expected to carry out specified functions reflected in SASA, one of which is policy development and implementation.

As legal structures SGBs are mandated to carry out functions in terms of Section 20 of SASA. Such mandatory functions include policy development issues related to developing school-based policies in consultation with other stakeholders; SGBs are empowered to develop school policies that they may deem necessary, such as a code

of conduct for learners; admission policy; management of school funds; language policy; religion policy; and HIV/AIDS policy, among others. The preparation of the SGB to effectively assume their mandatory governance functions remains a problem for both the Department of Basic Education as the controlling body and the schools as governance sites (Maluleka, 2008).

SGB functions are not restricted to the development of policies; they are also required to monitor and evaluate the implementation of the policies. For effective implementation to take place, SGBs should ensure that the policies developed are comprehensible, reliable and reasonable. However, facilitating SGB capacity to become acquainted with policy development and implementation is crucial (Maluleka, 2008). The contribution of the SGBs in the performance of their legal responsibilities is handicapped by their lack of knowledge and skills to develop and implement school governance policies effectively. This can be attributed to the Department of Education's inability to organize adequate capacity development opportunities and workshops for SGBs (Maluleka, 2008).

Section 2.11 of the National School Policy on HIV/AIDS (Department of Education, 1999) indicates that SGBs, councils and parents of the learners should be included in an HIV/AIDS education partnership. It mandates SGBs to carry out their responsibilities under SASA (1996) and Councils of Further Education and Training Institutions to meet their responsibilities in terms of the Further Education and Training Act of 1998 and any other provincial law; they should give operational effect to the National Policy on HIV/AIDS by developing and adopting an implementation plan.

In 2003 the Department of Education developed guidelines to assist School Governing Bodies, management and educators in drafting school-based HIV/AIDS policy. Some school principals believed that their school were safe and did not pay attention to developing a school-based HIV/AIDS policy. In her study Ogina (2003) indicates that there are some principals who regard their schools free from HIV/AIDS infection and suggests that in most schools policies and strategies for managing HIV/AIDS are not in place. The national and provincial education departments expect every school to have its own policy on HIV/AIDS. It is a function of SGBs, school principals and other

members of school management teams to develop school-based policy on HIV/AIDS. School Governing Bodies are expected to formulate and implement school-based policies in consultation with educators according to guidelines issued by the Department of Education. The guidelines provide an example of an action plan to develop and implement policy; they are intended to update, equip and persuade educators to use their positions to play a major role in reducing the effects of HIV/AIDS in their schools and in the community.

The Department of Education issued a booklet, *HIV/ AIDS in Your School: What parents need to know* (2004a), to inform parents about the new programme concerning the prevention of HIV/AIDS being implemented in their schools. This programme provides information related to the need to talk about HIV/AIDS and offers information about responding to relevant questions. The Department of Education is certain that the booklet will be helpful if the content is known to parents and they support it.

School principals are expected to call on the professional competency of educators, build unity among them and strengthen the belief that they can make a difference by changing the impact which HIV/AIDS has in schools and in the community (Ogina,2003); they should investigate and institute HIV/AIDS management strategies and practices that are of value. The only resource which can grow, develop and be motivated is the human resource or people to attain set goals (Maluleke, 2008). School principals have to mediate the introduction of HIV/AIDS policy in the local cultural setting as in its implementation with different racial groups conflicts may be experienced between local native traditions and tenets and the practicalities of the policy - depending on the management capacities of the school leader (Dimmock & Walker, 2000). The leadership role of principals is to establish strategies to integrate the three management tools, staff and responsibilities of the parents at school level; their roles and responsibilities are unique and depend on the approaches to be taken and the needs of their particular schools. The initial action of a school involves setting up a structure that implements the school-based HIV/AIDS policy (Department of Education, 2003). The structure consists of five critical priorities that should form part of the policy of each school and should be addressed: prevention, support and care for learners, support and

care for educators, protecting the quality of education and managing a coherent response. SMTs are required to attend particularly to the following four areas (Department of Education, 2003):

#### *2.7.1.1 Prevent the spread of HIV*

The responsibilities of SMTs in preventing the prevalence of HIV/AIDS include developing practical means to prevent further infection; understanding issues that make learners vulnerable to the infection at school; discovering ways to creatively and effectively respond; finding unique solutions to deal with HIV/AIDS; and identifying ways to take action.

#### *2.7.1.2 Provide care and support for learners and educators*

SMTs should learn more about how learners and educators are affected by HIV/AIDS; realise the needs, rights and functions of learners and educators infected and affected by HIV/AIDS; take action in terms of the needs of learners and educators; and create a compassionate and supportive environment at school.

#### *2.7.1.3 Provide quality education*

Ways in which HIV/AIDS impacts negatively on quality education should be identified as well as threats to quality education at school. SMTs should establish ways to protect the quality of education and administer absenteeism by entering into partnerships with districts.

#### *2.7.1.4 Manage a coherent response*

SMTs should establish a sustainable school vision that will understand, and find ways to implement, policy; explore examples of effective policy implementation; and integrate the HIV/AIDS policy into the school development plan.

Schools should also link the action plan and HIV/AIDS policy to the school development plan (Department of Education, 2003). According to the department's guidelines, compassion, openness, local support teams, the right information and coherence are

important for successful policy implementation (Department of Education, 2003). The guidelines also enable managers to critically explore their own assumptions, their own contexts, and the problems that the HIV/AIDS pandemic brings to their work. They are guided to cautiously consider how to plan strategically, using planning instruments or templates, and to respond effectively to different problems. The School Governing Body and the School Management Team are expected to work in partnership with staff members to ensure ownership of the policy.

### **2.7.2 *The role of educators in HIV/AIDS policy formulation and implementation***

A study by Matthews *et al.* (2006) suggests that the availability of a school-based HIV/AIDS policy provides for the possibility of a higher chance of implementing some aspects of the policy compared to schools with no school-based policy on HIV/AIDS. The school-based HIV/AIDS policy aims at creating a positive teaching and learning environment for educators and learners who are affected by the disease (Matthews *et al.*, 2006). The national policy recommends that every school should have a HIV/AIDS policy, drafted in line with the principles of the national policy, universal precaution procedures and what suits the specific institution (Department of Education, 1999). The policy's intention is to assist educators on what is expected of them and to encourage them to focus on influencing learner behaviour. Factors associated with the confidence of educators and the successful implementation of school-based HIV/AIDS programmes suggest that the implementation of this programme could progress with educator competency (Helleve, Flisher, Onya, Kaaya, Mukoma, Swai & Klepp, 2009). The development of policies and their effective implementation in schools are intended to reduce high rates of HIV/AIDS infections. For school policy to be implemented effectively, educators need to be trained (Mathews *et al.*, 2006). The guiding principles of the national policy include the creation of a suitable environment for people affected and infected with HIV/AIDS in order to treat them in a humane and fair manner. Public perception, social norms, rights of parents and the management of obligations are other factors that should be taken into account when drafting policy (Joubert & Prinsloo, 2001).

Previous research has addressed the influence of educators on the implementation and effects of sex education interventions to reduce the spread of HIV/AIDS (Helleve *et al.*, 2009; Kinsman *et al.*, 1999). The studies identify structural issues which include the policy of the school; ethos of the school, organizational culture; leadership; and school management factors as influencing the implementation of HIV/AIDS policy in schools. Both the national and the international literature indicate that contextual factors from within and outside the school, such as lack of principals' support; educators who are not disciplined; low status of sexual education; and unavailability of resources, can hinder effective implementation and render interventions unsuccessful in changing behaviour (Visser *et al.*, 2004; Mathews *et al.*, 2006).

### **2.7.3 Policy monitoring and evaluation**

Monitoring and evaluation are key components of any policy process as they play a major role in determining whether the expected goals are being achieved; they also assist in identifying the risks of implementation and inform future action (Burke, Morris & McGarrigle, 2012). According to Sanderson (2000), policies need to be evaluated and feedback should be provided in terms of the social systems and expected goals or objectives. Capacity-building is needed in policy formation, implementation and evaluation as the different stakeholders should have some knowledge of the policy and be motivated to ensure its effective implementation. In order to effectively monitor and evaluate policies, policy-makers must first understand the premises on which governance policy development and implementation are based. Governance policies are based on macro policies, such as the SASA No. 84 of 1996, the Constitution of South Africa Act No. 108 of 1996 and education regulations that have been passed in terms of enabling legislation as well as regulations and measures promulgated by Provincial Departments of Education (Van Wyk, 2014). It is, therefore, imperative that SGBs, SMTs and educators develop mechanisms to monitor the effective implementation and evaluation of such policies.

The responsibilities of policy-makers are not restricted to the development of policies; they should also ensure that policy implementation is monitored and evaluated. Monitoring entails the systematic collection of information during the implementation

process about the appropriateness of the implementation towards goals and the extent to which goals are being achieved to determine what further action needs to be taken (Mathula, 2004). Evaluation, on the other hand, may be defined as a time-conscience and period exercise that seeks to provide valuable information regarding how projects, programmes and/or policies are implemented. The evaluation of policies entails discovering to what extent they have accomplished what they set out to achieve (Syomwene, 2013). Monitoring is an activity in the policy-making process that involves the collection, reporting and analyzing of data on activities, input, output, outcomes and impact of a programme that is being implemented whereas evaluation is a time-conscience and sporadic exercise that is carried out at the end of project, programme and/or policy implementation.

Monitoring and evaluating policies that can be successfully integrated into policy implementation processes are crucial in order to measure progress made and problems encountered so that continuous change in activities can be introduced with a view to improving the effectiveness of policy development and implementation processes. Continuous monitoring and evaluation will ensure that progress in the policy development and implementation plan is regularly and systematically reviewed. This will give an indication of the progress being made and the levels of commitment of everybody involved.

## **2.8 Implementation of HIV/AIDS policy**

Policy development and Implementation are both essential parts of the strategic planning process. Whereas policy development dominates and builds the framework, implementation is a direct result of decisions made in the output of the development of policy. Policy implementation is a continuous, non-linear process that involves consensus-building, conflict resolution, the participation of key stakeholders, contingency planning, compromise, resource mobilization and adaptation (Stutton, 1999). Cloete, Wissink and De Coning (2008) are of the opinion that the implementation of policies is a direct result of the actions of individuals or groups that are aimed at the accomplishment of the set forth in policy decisions. Khalid (2001) believes that implementation is a mechanism for the translation of policy into practice. It is worthwhile

knowing whether or not a policy has achieved its intended purpose and, therefore, it is important that an assessment of policies, as a key component of the policy development process, is carried out. South Africa is a country with good policies, but it lacks delivery capability because policy assessment is not as effective as possible; the situation is exacerbated by the lack of structured policy implementation research. Graham (2008) defines policy implementation research as research to establish whether the intentions of a policy have been realized.

Effective policy implementation demands careful consideration of the resources required; the timeframe set for the delivery of the policy; and how the quality of the expected outputs is to be realised and sustained (Government of United Kingdom, 2001). Policy implementation cannot be carried out without human resource development initiatives aimed at empowering and capacitating staff with the necessary knowledge and skills. Information technology systems need to be adapted to support effective policy implementation. Policy implementers should make policy implementation an interactive process, particularly as piloting can significantly reshape policy, and implementation should automatically trigger policy review.

Policy implementers and other stakeholders should take cognizance of the fact that new policies often reconfigure roles, structures and incentives which has an impact on costs and benefits of implementation which, if ignored, could make the process difficult. According to Brinkenhoff (1996), an inwardly focused, business as usual approach could lead to the poor achievement of policy results. It is imperative for policy implementers to understand the nature of policy implementation so that they are able to ensure that policies are implemented as envisioned and achieve the intended results (Love, 2004). Clarke (2007) posits that a challenge that institutions, like schools, face is to develop a policy that meets the statutory requirements of all the acts applying to schools. In support of effective policy implementation, the Department of Education (2007) maintains that for policy implementation to be effective it is important that implementation details are made available in writing so that all stakeholders involved in the implementation process know what is required of them. Therefore, for policy implementation to be effective, policies need to be known, understood and accepted by

all role-players. When new policies are released or revised, they should be made available to all role-players in a transparent manner. Policies should be dated; a specific person should be tasked with responding to all enquiries relating to the policy; and they should be accompanied by an effective strategic communication plan. According to Spillane, Reiser and Reimer (2002), any failure to effectively implement policies could be attributed to the inability of policy-makers to formulate clear policy outcomes as well as the failure of implementing agents because of their limited capacity and vested interests.

Policy formulation and implementation requires adherence to the principle of openness and transparency by all role-players (Moja & Hayward, 1999). Van der Walt, Van Niekerk, Doyle, Knipe and Du Toit (2001) also suggest that policy formulation requires communication that will take the form of public presentations, such as meetings, workshops and conferences, which they further believe will play a major role in improving the understanding and effective interpretation of policies and, consequently, policy implementation will be carried out effectively.

Section 12.4 of the National Policy on HIV/AIDS (1996) advocates that the implementation plan of a school should pay attention to the needs and the values of the particular school and community it serves as every school and each community is a unique entity. Consultation between the school and community should address issues, such as mandatory sexuality education and the availability of condoms within the school, as being preventive measures. This suggests that SGBs should be consulted when implementing school-based HIV/AIDS policy to avoid challenges from parents.

The National Policy on HIV/AIDS for Educators and Learners in Public Schools (Department of Education, 1999) takes into consideration the past injustices within society and provides School Governing Bodies with the opportunity to develop implementation plans with respect to HIV/AIDS - giving them ownership of, and empowerment to implement, the National Policy on HIV/AIDS (Department of Education, 1999). To further assist schools, in 2003 the Department of Education, developed guidelines for SGBs, SMTs and educators; one of the department's expectations is that schools use the guidelines as a support mechanism in conjunction

with the National School Policy on HIV/AIDS. Furthermore, Section 12.2 of the provincial education policy on HIV/AIDS, mandated by the National Policy, also provides guidance for SGBs when they compile an implementation plan. Traditional and religious leaders, medical doctors and other health practitioners should be involved in developing a HIV/AIDS implementation plan in schools and institutions. The aim of the policy guidelines is to enable School Governing Bodies and School Management Teams to effectively implement school-based policy on HIV/AIDS. The School Governing Body should lead the process and frequently meet with staff members to sustain interest. The guide indicates that honesty, consideration, the right information, local support teams and consistency are important for the successful implementation of policy (Department of Education, 2003).

### ***2.8.1 Challenges in the implementation of HIV/AIDS policy***

The history of the implementation of HIV/AIDS policy shows that in South Africa it was slow and hesitant (Rosenbrock, 1993). The aims of the HIV/AIDS policy and plan were not attained in the expected period of time; little attention was given to issues, like HIV/AIDS discrimination, as more was given to the re-introduction of traditional public health measures (Van der Linde, 1997).

The plan for HIV/AIDS policy, which was characterized by many challenges, over-estimated the implementation competence of the new government which came to power in 1994. Hildebrand and Grindle (1994) list five critical requirements in their framework for understanding public sector capacity which are considered to be key aspects in the successful implementation of the policy; one of these was an enabling social, political and economic context. Although an infrastructure for the implementation of HIV/AIDS policy was in place in 1994, it still needed alignment in coordinating activities – as required by the National HIV/AIDS Plan. The role of government was to co-ordinate action and to define what could reasonably be achieved at each level of government.

According to Schneider and Stein (1997), in South Africa a lack of political will or dedication is a factor that has contributed to major problems in implementing HIV/AIDS policy. Political commitment is considered to be influenced by a number of aspects

associated with dominant politicians, such as personal and public identification with the HIV/AIDS policy; their willingness to organize sufficient resources; and to rapidly implement it. The Ugandan president, Museveni, is one national figure who prioritized attention to HIV/AIDS issues as core function of his government. The Uganda government created ministerial committees within government departments to develop and manage the implementation of HIV/AIDS policies.

However, political obligation is not a tool that will simply solve difficulties experienced with the implementation of the policy. Reich (1995) believes that political involvement leads to the assumption that decisions made by politicians are essential and adequate for changes in policy. In South Africa provinces, districts and schools inherited the challenges of implementing HIV/AIDS policy from the national government. In her study Raniga (2006) shows that 9 of 74 primary schools established a Health Advisory Committee; secondary schools found it difficult to form one. The National Policy on HIV/AIDS (Department of Education, 1999) was presented in 1999. The government, however, should have conducted an audit with respect to the capacity of governing bodies regarding the implementation plans before doing so. It is important that school implementation plans should be collected, evaluated and the necessary recommendations made to protect vulnerable members of society.

The implementation of school-based HIV/AIDS policy faces some challenges. With respect to challenges associated with the formulation and implementation of primary school-based HIV/AIDS policies in the Umgeni North Ward, Nagesar (2008) cites two main concerns: the first is that educators are not equipped to deal with their changing roles as educators in the area of HIV/AIDS and the second is the ineffectiveness of the methodology used by the Department of Education to re-skill educators and empower School Governing Bodies. According to UNESCO (2007), schools did not have any knowledge of the existence of policies developed by the Ministries of Education and, therefore, they failed to implement HIV/AIDS policy effectively. The UNESCO (2007) report indicates that the gap which existed between policy and practice was exacerbated by the failure of departments to circulate policy to schools; an absence of policy; a lack of guidelines for educators and learners; and the ineffective training of

School Governing Bodies. SGBs are required to be informed about the existence of policies and legal issues related to HIV/AIDS as well as the laws that forbid discrimination in the work place.

South Africa is not the only country that faces challenges in the implementation of HIV/AIDS policy and curriculum; in her study Wildish (2006) reports that the Kenyan education ministry implemented a national curriculum on HIV/AIDS in primary and secondary school in 2000; HIV/AIDS education was integrated in the content of several subjects taught in school. The Ministry of Education provided implementation guidelines for the HIV/AIDS syllabus which educators were required to use in teaching their regular subjects. The challenge experienced with this approach was inadequate training of educators on the integration of HIV/AIDS knowledge and skills in teaching their different subjects. The negative attitude of the educators towards this approach and a lack of confidence affected the effective implementation of the national HIV/AIDS curriculum. Educators did not give the required attention to the national HIV/AIDS curriculum due to the fact that at the time of its launch it was not an examinable subject. Some educators used the time allocated for teaching the national HIV/AIDS curriculum to teach subjects that they consider more important to achieve success in the national examination (Wildish, 2006).

### ***2.8.2 Factors contributing to the ineffective implementation of HIV/AIDS policy***

The implementation of HIV/AIDS policy has been challenging due to inadequate resources and little coordination among the different stakeholders. The early phase of denial of the pandemic proved to be a barrier to initiatives that were instituted in terms of policy implementation. In schools there was resistance and inadequate leadership and, therefore, no progress in the implementation of the policy. A lack of research and relevant data on the impact of HIV/AIDS on the sector magnified the problem as well as a lack of capacity among educational planners and administrators to support and encourage school management to develop and implement the policy. Additional factors which contributed to the ineffective implementation of HIV/AIDS policy include limited finances, human resources and lack of political will (UNESCO, 2003).

In many countries little attention has been given to the assessment of the education sector's response to HIV/AIDS and the strategies it used. Studies conducted by UNESCO's International Institute for Educational Planning (IIEP) in countries, like Zimbabwe, Swaziland and South Africa, look to understanding of the factors that drive the responses of the education sector to HIV/AIDS and evaluate strategies that are effective in the implementation of different policies. Its 2005 report synthesizes the conclusions reached from studies of the three countries (Nzioka, 2005). It appears that inadequate resources hinders effective implementation by the education sector in most countries which confirms the need for schools to have school-based HIV/AIDS policies to ensure consistency in treatment by all stakeholders; principals, management teams and educators would not, then, act in an uncoordinated fashion to deal with crises.

## **2.9 Summary**

This chapter focused on a review of the relevant available literature concerning the effects of HIV/AIDS on education in South Africa and in other countries. The literature review explored SGBs' legal mandate to develop and implement HIV/AIDS policies. It suggested that policy development and implementation requires integrating activities into a broader continuum that includes both policy monitoring and evaluation. The process itself is a complex course of action that requires coordinated efforts for it to be accomplished effectively.

The research approach, design and methodology are discussed in the next chapter as well as data collection instruments, the data analysis process, credibility and trustworthiness, limitations and ethical considerations.

## CHAPTER 3

### RESEARCH APPROACH, DESIGN AND METHODOLOGY

#### 3.1 Introduction

A review of the relevant literature on the effects of HIV/AIDS on educators and learners was discussed in the previous chapter. The roles of the SGB and SMT in terms of HIV/AIDS policy formulation and policy implementation were also explored. In this chapter the research approach and paradigm, research design, sampling of sites and participants as well as research method are presented. Justification of the decisions made in the research process is given in detail. The strategies used to ensure credibility and trustworthiness of the study are described and ethical issues are highlighted.

#### 3.2 Research approach

The research approach adopted for this study was a qualitative one as it is a naturalistic inquiry method (Leedy & Ormrod, 2005; Lichtman, 2012). Since this study aimed at gaining a comprehensive understanding of the experiences of educators in managing the implementation of a school-based HIV/AIDS policy in the Mopani District of Limpopo Province, a qualitative approach was deemed appropriate for this study. The reason for choosing a qualitative approach was that it allows the researcher to interact with participants in a face-to-face situation and this helps to obtain in-depth data which can be analyzed to explain the phenomenon (Creswell, 2007; Marshall & Rossman, 2011). By means of the qualitative approach the researcher was able to analyse individuals' beliefs, experiences and perceptions regarding the implementation of HIV/AIDS policy. Qualitative research methods also give participants an opportunity and flexibility in responding to the questions; they are able to share personal feelings, attitudes and thoughts with the researcher. The atmosphere is also less formal when compared to quantitative methods. In adopting a qualitative approach for this study the researcher believed that knowledge about school-based HIV/AIDS policy implementation could be generated from the experiences of the participants.

The advantage of qualitative research is that the researcher interprets the lived experiences of the participants (Leedy & Ormrod, 2005; Lichtman, 2012). Qualitative research is based on the use of words; the researcher describes, attaches meanings, interprets or tells a story about a particular phenomenon. It also encompasses the analysis, interpretation and description of individual and group behaviour, attitudes, perceptions and convictions (Johnson & Christensen, 2012).

### **3.3 Research Paradigm**

A research paradigm is a set of philosophical assumptions researchers' use when doing research (Myers, 2009). According to Creswell (2009), these philosophical assumptions are ontological, epistemological and methodological. Ontological assumptions are interested in what is perceived as reality regarding a given occurrence and what contributes to reality (Grix, 2001). Qualitative researchers believe in a multiple reality that is constructed by the researcher and the participants. The ontological perspective of researchers has an effect on the kind of knowledge they seek and the type of consideration that influences what the researchers regard as knowledge about the phenomenon which also determines the research procedure (Creswell, 2009). This study was based on an ontology that believes in multiple realities which are revealed through interaction between the participants and the researcher. According to Wahyuni (2012), the reality of a phenomenon is determined by the perceptions and experiences of the participants, while what contributes to acceptable knowledge is the subjective meaning of social phenomenon. In this study the researcher's ontological assumption was based on the belief that educators are in a better position to give an account of the implementation and management of HIV/AIDS policy in their schools. As educators have different experiences and school contexts differ, multiple realities exist which means that the knowledge about the management of the effects of HIV/AIDS differs from one school to the next. Similarly, the knowledge of policy implementation strategies also differs depending on the school context and the experiences of the participants. In the analysis of data in this study, the researcher explored common experiences in terms of knowledge and compared them.

Epistemology, on the other hand, is the theory of knowledge and feasible ways of constructing knowledge about social reality which influences the methodology and justifies the knowledge produced (Grix, 2001; Schwandt, 2001). The purpose of this study was to gain knowledge on the perceptions of educators regarding what is happening in their schools as a result of HIV/AIDS and the implementation of school-based HIV/AIDS policy. The researcher's epistemological stance was that the up-to-date knowledge of the effects of HIV/AIDS in schools and how school-based HIV/AIDS policies were implemented have to be obtained from the educators working in the school environment. The subjective meanings that the educators attach to their experiences provide knowledge about the phenomenon. The researcher used a probing and open data collection method - in these case interviews - to gain an in-depth knowledge of how the participants make sense of their experiences (Maree, 2007).

This study was located within an interpretive methodological paradigm which is a humanistic approach that focuses on how people manage their practical affairs on a daily basis. Researchers who adopt an interpretive research paradigm assume the existence of multiple realities and the generation of knowledge through the subjective meaning that participants attach to their experiences (Cohen, Manion & Morrison, 2007). Interpretive researchers believe that reality consists of the subjective experiences of people of the external world; hence, they may assume an inter-subjective perspective which is multiple. This type of paradigm is intended to focus on the holistic perception of people and their environment (Weaver & Olson, 2006). The interpretive paradigm is considered to be more closely related to the methodological approach that affords an opportunity for the voice, concerns and practices of research participants to be uncovered (Cole, 2006; Weaver & Olson, 2006). Cole (2006) further argues that qualitative researchers are more interested in revealing knowledge about the feelings and the thinking of people in situations in which they find themselves, than making judgements on the validity of their thoughts and feelings.

### **3.4 Research design**

The research design was that of a case study which may be described as a research design that seeks to gain an in-depth understanding of a the research topic in a

bounded and actual everyday life situation (Merriam, 2009; Yin, 2009). Creswell (2007) suggests that a qualitative case study is a bounded system that involves in-depth and multiple data sources to describe, and make sense of, a phenomenon. Gray (2009) describes a research design as a plan for collecting, measuring and analysing data. The research design for this study was a case study. A case study is an experimental inquiry into a modern phenomenon, working in a real life context (Amaratunga & Baldry, 2000; Merriam, 2009). A case study design is a logical investigation of particular circumstances, incidences, events or situations with the intention of describing and explaining them (Yin, 2008). A case study can also be described as a unit of analysis of a particular organization (Maree, 2010). This researcher chose a case study research design because it allows for the use of a diversity of methods to capture the reality being explored; in this case, the experiences of educators concerning the implementation and management of their school-based HIV/AIDS policy. The case study design meets the needs of this small scale research and collecting data from different schools enabled the researcher to compare the different experiences of the participants to obtain an in-depth knowledge of the phenomenon.

Data can be generated using different strategies, such as the examination of documents; observing the case; interviewing the people involved; and observing physical artefacts (Yin, 2008). A case study is more concerned with understanding the dynamics present within a single or multiple settings and, generally, refers to a relatively rigorous analysis of a single instance of a phenomenon that is being investigated (Remler & Van Ryzin 2011).

The use of the case study was an advantage in this study because school-based policy implementation takes place in a school which is a natural setting and there are opportunities for in-depth exploration of the experiences of the participants related to what happens in the schools. Although the use of the case study has many advantages, it also has some disadvantages. The case study approach usually attracts criticism as a result of its inability to generalize conclusions due to its small sample size (Yin, 2008; Merriam, 2008). The unit of analysis in this study was the educators'

experiences of the implementation and management of HIV/AIDS policy-related issues in their schools.

### **3.5 Sampling**

This study involved eight participants; four school principals and four Life Orientation educators were purposely selected. The school principals were involved because they have a leadership role in policy formulation and its implementation in their schools while the Life Orientation educators are directly involved in caring for the orphaned learners. Sampling is a process of making decision about the choice of research sites, participants, events or behaviour to be observed or involved in the study (Christiansen, 2010). The sample may be selected from a large group or it can be a group of subjects from whom data is to be generated (Creswell, 2008). The purpose of sampling is to obtain particular and relevant cases that have the potential to provide detailed data on the social phenomenon being investigated (Neuman, 2006).

A purposive sampling technique was used in this study which is when the researcher makes particular choices about the research site and the sample (Creswell, 2008). Creswell (2007) describes purposeful sampling as a selection method used by researchers to select individuals because they have the potential to provide rich data that can be used to answer the research questions and provide a deeper understanding of the research phenomenon. This research was conducted in four high schools in a rural area of the Mopani District of Limpopo Province. The selected schools were those with the highest number of orphaned learners in the circuit. School records on learner population and learner profiles were used to identify the schools. A principal and one Life Orientation educator were sampled from each of the four selected high schools. The participants were chosen because they are responsible for school-based policy formulation and/or its implementation. Their knowledge of policy formulation and implementation made it possible to obtain detailed data used in identifying themes that answered the research questions (Ritchie & Lewis, 2003).

A total of eight participants were involved in the study. The principals and the Life Orientation educators chosen from the four schools are referred to as Principal A, B, C

and D and the educators are Educator A, B, C and D, respectively. The schools were assigned letters of alphabet (A to D) for the purpose of differentiation. Ritchie and Lewis (2003) indicate that qualitative samples are, generally, small because a phenomenon needs to emerge only once to be part of an analytic map. There is no point in increasing the sample size when no further new data can be generated.

### **3.6 Methodology**

The researcher generated data from interviews and document analysis. Maree (2010) defines an interview as a conversation that involves a researcher and participants where the participants are given an opportunity to share their ideas, beliefs, views and opinions regarding the research topic with the researcher. The aim of using interviews was to generate data through the eyes of the participants. Kvale (2009) asserts that in order to understand the world and the lives of the research participants, the researcher must talk to the participants. In this study the researcher used a set of predetermined questions for the interviews to generate data which enabled him to probe participant responses for a greater understanding of their experiences and for richer data. During the interview process, the researcher used a tape-recorder and jotted down additional notes on information that could not be recorded on tape, such as facial expression and other gestures.

The researcher also analyzed selected documents to generate data for this study - a process known as document analysis. Document analysis refers to making meaning of written texts which are rich in information as a source of data (Creswell 2008). According to Maree (2010), a researcher can use documents to shed light on the phenomenon that is being investigated. Documents analysis, as a data collection method, provides evidence that is not as subjective as data generated from interviews and it can be used effectively to verify and corroborate evidence collected during interviews and from other sources (Yin, 2009). The documents that were analyzed in this study included the national HIV/AIDS policy and school-based HIV/AIDS policies. The researcher also intended analyzing circulars from the Department of Education but they were not available in the four schools involved in the study.

The interview method was chosen because it enables the researcher to generate important information that cannot be created from observation; it is a flexible, interactive and generative tool used to collect in-depth and descriptive data (Ritchie & Lewis, 2003; Silverman, 2004). By using interviews the researcher was able to generate in-depth data that provided insights into the participants' experiences. Semi-structured interviews were used to give the participants an opportunity to give detailed answers and even add information beyond the parameters of the pre-set questions; they were able to reveal their thoughts and feelings about their experiences of the phenomenon under study. Researchers, like Ritchie and Lewis (2003) and Silverman (2004), maintain that semi-structured Interviews have the potential of providing an opportunity for participants to share their concerns with the researcher. A well-conducted semi-structured interview can produce in-depth data that may not be generated from using questionnaires. Interviews can also be used to generate data from different participants, such as illiterate ones or those who are too young to read or write.

The successful use of semi-structured interviews depends on the inter-personal skills of the researcher, including the ability to establish relationships and a rapport between the researcher and the participants. A challenge that researchers may experience, when using interviews, is that the participants' responses may be subjective and biased due to their eagerness to please the interviewers (Ritchie & Lewis, 2003). Similarly, interviewers may seek answers that support their own preconceived views by asking leading questions. Interviews are also time-consuming, labour intensive and expensive. The amount of time taken to conduct interviews limits the number of participants that are interviewed in a study when compared to other data collection methods, such as mailed questionnaires to a large number of people. Depending on the subject of the interview, the participants may be uncomfortable with the interviewer and unwilling to divulge their true feelings (Somekh & Lewin, 2005).

In order to address the challenges identified in undertaking interviews, the interview questions for this study were pre-tested in a pilot study to check their clarity and identify any threatening and sensitive questions. Appointments for interviews were done telephonically and the interviews were conducted in the principals' offices. The

researcher explained the purpose of the interview to the participants and asked for their permission to record the interviews. The advantages of using an audio-tape recorder is that it reduces the tendency to select data favouring the researcher's bias and interview content can be played back and studied thoroughly (Cohen, Manion & Morrison, 2007). The duration of each interview was approximately 30 minutes.

Data was also generated from documents obtained from school-based HIV/AIDS policies and other relevant documents. These documents assisted in providing a background to what was expected of teachers in implementing policy and incidents of policy implementation were recorded. The researcher analyzed written texts as a source of data. McMillan and Schumacher (2001) describe document analysis as examining documented knowledge, experiences, values and activities related to the phenomenon and the participants in the study. Data generated through the analysis of documents verifies and corroborates interview data (Yin, 2008). Findings from the document analysis were compared with the participants' responses in the interviews.

### **3.7 Data analysis and interpretation**

Data analysis involves processes and procedures used to structure data to make sense of it and give it meaning (Marshall & Rossman, 2011; Merriam, 2007). Generated data is made more manageable by organizing it into categories in search of frequent patterns to establish the significance of relevant information (Marshall & Rossman, 2011). It can be an ongoing and interactive process that involves back and forth data collection and data analysis. The process of qualitative data analysis requires the researcher to work inductively; it is a continuous and coherent collection and interpretation process (McMillan & Schumacher, 2010) Data is then placed in existing categories, modified or new categories are formed (Seale, 2004). The process of categorizing data leads to the identification of themes and sub-themes. The themes are compared, synthesized and interpreted to answer the research questions (McMillan & Schumacher, 2010).

Data generated was analyzed by reducing the accumulated data to a manageable size. Inductive thematic analysis was used because identifying the themes from the data was

based on the research questions; the process consisted of reading through textual data, identifying themes in the data that spoke to the research questions, coding those themes and then structuring the content of the themes (Guest, MacQueen, & Namey, 2012). In this study eight audio-taped interviews were used - four with the principals and the other four with the Life Orientation educators from the four schools. The audio-tapes were marked A to D, each letter representing a school. After recording the responses the researcher read through each question comparing the responses and making a summary of the key points. The interview transcripts were then coded and grouped into categories and themes. Coding is a strategy that researchers use to organize and conceptualize the detailed components of the data into patterns by using symbols and labels to identify and interpret the elements that will feature in the analysis (Payne & Payne, 2004). Coding helps researchers find patterns in the data. This researcher cross-checked the data from different sources and different participants for similarities and differences. Patterns were identified in all similar responses as well as in conflicting ones. Follow-up interviews were undertaken to confirm original data and to cross-check contradicting data.

### **3.8 Credibility and trustworthiness**

According to Cohen, Manion and Morrison (2007), in qualitative research the researcher has the responsibility of making the study credible by being honest and by providing in-depth and rich data. Collected data is also triangulated for the purpose of objectivity. The researchers add that the trustworthiness of a research study is determined by transferability, conformability, reliability, consistency, applicability and transferability (Cohen, Manion & Morrison, 2007). Transferability is the degree to which the research can be transferred to other similar contexts while conformability is the researcher's concern for objectivity in the study.

To increase credibility and trustworthiness in this study, the researcher did member-checking and kept an audit trail of the research process and the decisions made during the different stages. He demonstrated the extent to which data collected for the case study was similar or not; this is present in the findings to allow readers to determine its

applicability. The researcher also triangulated data collected from individual interviews with the data collected for document analysis.

To address the issue of transferability, the researcher has included an audit trail in the annexures that gives data collection instruments, extracts of interview transcripts, sections of the data analysis table and other documents that reflect the decisions taken by the researcher during the research process (Creswell, 2007). Memo notes and the tapes of the interview sessions confirm the authenticity of the data.

Engagements between the researcher and the participants were prolonged to develop relationships of trust and to ensure honesty in the collection of the data. In each interview session participants were requested to be honest with the researcher from the onset with an aim to establish a good relationship in the opening moments of the session. Researchers need to inform participants that it is important to be honest in answering the questions and that there are no correct or incorrect answers (Maree, 2010). The researcher was able to acquire thick descriptive data from the participants by establishing a rapport with them and by gaining their trust (Leedy & Ormrod, 2005). The interview sessions were iterative. Probes were used to draw out detailed data and iterative probing whereby the researcher returned to points raised earlier by participants and extracted additional related information. In cases where contradictions emerged and falsehoods were detected, the suspect data was discarded.

Regular consultation sessions between the researcher and his supervisor were useful in ensuring the credibility of the study. The collaborative sessions were used to discuss the data analysis and interpretation of the research findings. The researcher worked closely with his supervisor in order to identify flaws in the research process. Meetings with the supervisor and critical peers were also used as a sounding board for the researcher to test his ideas and interpretations. Critical comments from his supervisor helped him recognise his own bias and misinterpretations. Other educators who are colleagues of the researcher, peers and academic supporters provided feedback on the research process which increased the degree of research rigor (Onwuegbuzie & Leech, 2007; Scwandts, 2007). The perspective and critical comments from peers helped to enhance the quality of the study. Member-checking was done in this study (Creswell,

2007) whereby participants were asked to read and comment on the interview transcripts. Participants were afforded the opportunity to check that the recorded information from the interviews was actually what they intended to share with the researcher. Where possible, participants were asked to give additional information for greater clarity of the research findings.

### **3.9 Ethical issues**

According to Cohen, Manion and Morrison (2007), researchers are faced with a serious ethical predicament concerning what is expected of them during the research process and the rights of the participants. Participants should not feel threatened by the researcher. It is the duty of the researcher to make sure that ethical standards are observed and so certain procedures were adopted in planning and conducting this study to ensure that the rights and welfare of each participants were respected and protected and that nobody was harmed in any way during the research process:

The researcher adhered to the ethical principles of the Faculty of Education at the University of Pretoria. He applied for ethical clearance from the Faculty of Education, and obtained permission to conduct research from the Department of Education in Limpopo Province and the principals of the schools that were involved in the study. Permission to conduct the research was also requested from, and granted by, the circuit manager responsible for the selected schools. The researcher also asked the participants for their consent to participate in the study.

Basit (2010) explains that informed consent from participants who have some knowledge about the research topic means getting permission that indicates that they are willing to participate in the study voluntarily. Informed consent expects the researcher to meet with the participants and explain the purpose and the nature of the research to them before they consent to be involved in the research. The information provided by the researcher includes what will be done during data collection, voluntary participation, the duration of the interviews and their rights to withdraw from the research at any time without any penalty. The rights of the participants in terms of

anonymity and confidentiality are also discussed (Cohen, Manion & Morrison, 2007; Basit, 2010; Leedy & Ormrod, 2005).

In this study, the participants were not subjected to physical or mental discomfort during the study. The researcher concentrated on accuracy and attempted to reduce bias when the research findings were made available to all the respondents. In all research studies participants' rights to privacy must be respected and protected (Leedy & Ormrod, 2005). The researcher should avoid intrusive questions and the interviews should be done in a private place where the participants feel comfortable to talk to the researcher.

### **3.10 Summary**

In this chapter the research sites, participants, research method chosen and the rationale behind the choice of the research method were described in detail. Strategies used to ensure credibility and trustworthiness of the study were highlighted and the ethical issues were cited. The next chapter, Chapter 4, presents the research findings derived from the collected data. The findings are presented thematically according to the research questions. Verbatim expressions of the participants are included to enhance the credibility and trustworthiness of the findings.

## CHAPTER 4

### RESEARCH FINDINGS AND ANALYSIS

#### 4.1 Introduction

In the previous chapter, Chapter 3, the research approach design and methodology for this study were described. The credibility of the study and ethical issues were also discussed. This chapter presents the research findings from the collected data which are presented thematically according to the research questions. Verbatim quotes from participants' responses are included to enhance the credibility and trustworthiness of the findings. In the next and final chapter the research findings are discussed in relation to the literature as well as the theoretical framework of the study.

#### 4.2 Biographical Information of participants

The following table, Table 4.1, reflects the biographical information of the school principals and educators who participated in the study.

**Table 4.1: Biographical Information of School Principals and Educators Involved in the Study**

School	Participant	Gender	Grade	Age Group	Duration in the current school
School A	Principal A	Male	Master's	44-50	10 years
School B	Principal B	Female	B Ed. Hons	49-55	6 months
School C	Principal C	Female	B Ed. Hons and B A Hons	47-50	9 years
School D	Principal D	Female	B Ed. Hons	50-55	2 years
School A	Educator A	Male	Master's	47-50	9 months
School B	Educator B	Female	B Ed. Hons	44-50	20 years
School C	Educator C	Female	B A	51-55	11 years
School D	Educator D	Female	B Ed. Hons	49-55	10 years

### **4.3 Profiles of participating schools**

All four schools involved in this study are located in rural area of the Mopani District of Limpopo Province. Schools A, B, C and D are classified as Quintile 1 schools where learners are not required to pay school fees. The majority of parents in the communities where these schools are located are unemployed and, hence, most of the learners depend on the school nutrition programme. Most of them are also beneficiaries of the child support grants provided by the Department of Social Development.

#### **4.3.1 School A**

For the past ten years school enrolment at School A has fluctuated between 410 and 450. At the time of the study the enrolment was 434. According to the post establishment in 2016, the school was allocated 13 posts; it had 12 educators working at the school.

#### **4.3.2 School B**

The enrolment at School B was 216. The school had 8 permanent educators and 2 SGB paid educators - a total number of 10.

#### **4.3.3 School C**

In School C the enrolment of learners was 384. There were 13 permanent educators in the school. All the educators were employed by the Department of Education.

#### **4.3.4 School D**

The enrolment of learners at School D was 1100. The school had 30 permanent Department of Education employed educators.

### **4.4 Research questions and themes**

The research questions and the themes are reflected in the following table which is followed by a detailed explanation.

**Table 4.2: Research Questions and Themes**

<b>Research questions</b>	<b>Interview questions</b>	<b>Themes</b>
1. What are the experiences of principals and educators in the management of school-based HIV/AIDS policy implementation?	1. Tell me how long you have been at this school and your experiences as a principal/ an educator at the school?	The experiences of principals and educators in the management of the implementation of school-based HIV/AIDS policy
2. What are the views of principals and educators regarding the impact of HIV/AIDS in their schools?	2. In your opinion, what is the impact of HIV/AIDS in your school?	The views of the principals and educators regarding the impact of HIV/AIDS in their schools
3. What aspects of the National Policy on HIV/AIDS are relevant to their school situation?	3. What can you say about school-based HIV/AIDS policy?  4. What are some of the issues included in your school's HIV/AIDS policy?  5. What aspects of the policy are relevant to your school situation?	The aspects of the National Policy on HIV/AIDS that are relevant to the schools that were involved in the study
4. Why are these aspects relevant to the school situation?	6. Why are these aspects relevant to the school situation?	
6. How do principals and educators implement the HIV/AIDS policy in their schools?	7. How is school-based HIV/AIDS policy implemented?  8. What works well in terms of policy implementation? 9. What are some of the challenges experienced in	The implementation of school-based HIV/AIDS policy in the selected schools

	implementing the policy? 10. How are the challenges addressed?	The challenges experienced and the strategies used in the implementing the school-based HIV/AIDS policy
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## 4.5 Themes and sub-themes

### 4.5.1 Theme 1: Views of the principals and educators regarding the impact of HIV/AIDS in their schools

According to the findings of this study, school principals as well educators believe that HIV/AIDS affects both learners and educators in their schools. The participants cited different ways in which HIV/AIDS has affected the lives of the learners and the educators. The change that it brings with it in the home situation of the learners seems to have a negative impact on the learners' ability to attend school. The participants said:

*Mmhhh ....what I have noticed is that there are some parents who died because of HIV/AIDS. And learners that are being affected by that kind of death do experience problems at school. Sometimes you find that they isolate themselves from others or they absent themselves from school ... (Principal C).*

*You find that it is the responsibility of their children who are school learners at the same time to take care of the sick mother or the sick aunt or sick guardian who the learner is staying with. So the impact that it has is very tremendous in the sense that it affects the school work of the learners because they are usually away from classes due to this (Educator D).*

The participants also showed that the effects of HIV/AIDS are manifested in the form of the absence of parents who normally provide care, support and the school requirements of the learners. One educator explained:

*... sometimes you find that some learners in our school have lost one or both parents due to HIV/AIDS and it seriously affects their studies and you find that they are sometimes absent from school because you find that there is no one to wash their uniform or to push them to come to school and you also find that these learners do not have proper school uniform (Educator A).*

The views of the participants indicated that there are learners and educators who are HIV positive and who, as a result, experience certain challenges at their schools, such as the lack of effective teaching and learning. The participants had the following to say:

*...the impact of HIV/AIDS in our school is aaaa..... when we come to learners they don't attend classes because sometimes you find those that involve themselves in taking treatment they go out and follow treatment then it makes teaching not effective (Educator C).*

*So that is another impact. In educators who are HIV positive they don't come to school like learners, you find that educators take three, four months not coming to school. And then three, four months you can see is a long time. And then it makes teaching not effective. The department should make sure that may be another trained teacher is employed to teach the learners (Educator B).*

*HIV is also affecting us as teachers. We have many teachers who are testing HIV positive on daily bases. And also another imported issue many teachers are dying of HIV/AIDS may be because of the pressure of the profession itself so we losing many teachers due to the cause of this disease (Principal D).*

The findings of this study suggest that the effects of HIV/AIDS include not only school attendance but also the performance of the learners in schools. The participants commented in the following way:

*Although there is no statistics on the number of learners infected or affected by HIV/AIDS, one can tell that a learner is affected by looking at the performance of the learners and the school attendance (Principal C).*

*What is not clear with our teachers or learners is that in terms of infections we don't have a concrete statistics to say we have so many educators or learners who are infected or affected...but from a distance you can see that learners who have got parents at home who are infected by this kind of situation are affected very- very badly because their performance will drop and their school attendance is not that regular (Principal A).*

*Eehhh ... obviously again learners or learners' school work suffered and their grades or performance always decline because they are continuously absent there is no improvement that we will expect from what they are doing due to HIV (Educator D)*

With regard to the emotional effects of the impact of HIV/AIDS, the participants in the study expressed their frustration with the unacceptable emotional behaviour of orphaned learners. According to some of the participants, the reason for such behaviour

was the absence or inability of parents to care for the learners because of ill-health. The participants raised the following concerns:

*Learners without mothers or learners without both parents are angry; they are not taken care of, even when it comes to writing home works and doing things like that. It is like without parents they are not attended to. And also among teachers, let me say teachers are frustrated because of the impact of HIV/AIDS on learners because when you want to see the parent of the learner you find that the learner is staying alone (Principal B).*

*The impact as far as the learners is that most of them are having behaviour problems. They are aggressive in classes, they bully other learners only to find that oohh .. When we dig for information you find that the situation at home is bad. The parent is sick, so that particular learner becomes angry with other learners because something is not right at home (Educator C).*

Another effect of HIV/AIDS mentioned by participants is the stigma related the pandemic. One of the principals was particularly concerned that many people do not want to talk about HIV/AIDS because of the stigma attached to it. The non-disclosure of the HIV status of educators was linked to discrimination which could lead to isolation of the infected educator. Examples from the interviews are the following:

*... When someone is HIV positive that person is ashamed because people think that maybe you were promiscuous or maybe you were not taking care of yourself sexually that is why you find people don't want to talk about it (Principal B).*

*...teachers are afraid to disclose their status, being afraid of being discriminated that people may no longer want to relate with you and feel isolated (Principal D).*

The participants in this study reported that there were many child-headed families in this community where children are left alone when both parents die due to HIV/AIDS. According to the participants and the educators, the number of orphans has increased due to high death rate in the community. They said:

*It does affect us, let me start by learners, we have high rate of deaths cases in our communities which lead to many orphans and many child headed families (Principal C)*

*When we find that parent has passed away because of this HIV/AIDS the child remains an orphan. And then when he or she remains an orphan, the eldest child becomes the head of the family in the absence of an adult caregiver. The orphaned child must make sure that other siblings follow him or her to get food, shelter ... so*

*coming to school it will be just to ... how can I put it? .... Just to push time and say “aredzi” ... the child is the head of the family which is not good for that particular child (Educator B).*

A further effect of HIV/AIDS mentioned by the participants is the multiple and changing roles, expectations and responsibilities of educators; some of those identified included: counselling, identifying learners who need medical care, providing transport to enable learners to attend clinics, helping with homework, home visits and making-up lessons for learners who were absent from school - among other tasks. Evidence of educator performing multiple roles is evident from the following extracts:

*Sometimes we find these teachers use their cars to transport learners to clinics and sometimes we find that teachers act as counsellors who counsel the teachers and learners who are affected by HIV/AIDS (Educator A).*

*So we usually talk around it to say this is a sensitive issue if you find that the child is not well and you can already see that the child might be infected, better a write a note to the parents to say take a child to a check-up because the child is sick and stop there.(Principal D).*

*The absence of orphaned learners from school affect teachers because we find that, sometimes when they are absent teachers have to take extra miles to go and visit them after school so that they can give them lessons at home (Educator B).*

The findings of this study affirm that the role of educators in schools with orphaned learners goes beyond their call of duty. There is a lot of compassion and extra work done by the educator withing and after school hours.

#### ***4.5.2 Theme 2: Aspects of the National Policy on HIV/AIDS which are relevant to the schools that were involved in the study***

The participants recommended that the process of policy formulation and implementation should involve certain stakeholders, such as SMTs, SGBs and some community members. The participation of SGBs in school-based policy formulation is a function of SGBs stipulated in the South Africa School Act. The participants had the following to say in this regard:

*The SGB, teachers, learners and even the SMT they form part of the formulation of the policy (Educator C).*

*The stakeholders that are involved here are the parents, the educators, the parents in the form of those who are members of the SGB, we have got educators, we have got learners, and we have got some interested party from the community. They form part in the formation of the school-based HIV/AIDS policy (Educator D).*

Regarding discrimination, the participants in this study reported that people living with AIDs were not discriminated against but were given the same equal opportunities as other people in their schools. Evidence of this view is given in the following extracts:

*The issue of non-discrimination is also relevant because we are encouraging everybody to actually accept and support those that are infected (Principal A).*

*Another aspect is non-discrimination and equality, looking at the school attendance, admission, promotional post, termination of contracts, in all these aspects or in all those areas we don't have to discriminate against anybody even if an educator is HIV positive we still have to regard that educator as a valid one who is also legible for continuation or termination of service whatever is due during that particular period (Principal D).*

*In our policy we indicated that we must not discriminate against those who are having HIV/AIDS, immediately you do not know any who is having HIV/AIDS it remains a white elephant but we do believe that in the future we are going to use it one way or another (Principal C).*

This study's findings also show that the participants are aware of the right of learners to education and the practice of non-discrimination in their admission, regardless of their HIV status. The participants confirmed that non-discrimination of learners during admission was included in the school HIV/AIDS policy in the following quotes:

*...But then it has very good aspects, is a good policy if ever we were to implement it because it talks about admission, that no learner should refuse admission due to his HIV status and also that learners are not forced to disclose their status and also that learners can be given an opportunity to be tested if they want to (Principal B).*

*...our policy of HIV state that all learners must be admitted whether HIV or not HIV is. Admission should be done to that particular learner, admission to the school .... A learner must not be refused to be admitted to the school because is HIV positive and also eeehhh ... disclose of the HIV status of a particular learner is voluntary (Educator D).*

*The issue of school attendance is also relevant because we can't take away learner who is HIV positive, we have to enrol them at our school and give them the necessary support (Teacher A).*

Another aspect of the HIV/AIDS policy that seemed to be endorsed by most of the participants is the voluntary testing for HIV/AIDS status of learners and teachers which was included in their school-based HIV/AIDS policies. The participants had the following to say:

*We have situations in certain schools where learners before they are admitted have to bring a letter from a doctor to confirm that this particular learner has HIV/AIDS or does not have that kind of disease. In our case, we actually don't support the testing of HIV status of the learners before admission policy. This is one thing that we do not practice because it is unconstitutional (Principal A).*

*In fact I can say that all of the aspects that are there in the school policy they are relevant to the school situation but now we can talk more about testing which is voluntarily testing and counselling both educators and learners, they are not compelled to go and test and to receive counselling but they can test when they do it voluntarily (Educator D).*

Furthermore, in addition to voluntary testing the participants cited disclosure of HIV/AIDS status in their school-based policy:

*The issue around disclosure is also relevant because our members and learners are encourage to disclose but they should also know that it is voluntary and they are not forced to reveal their status if they don't want to inform us about it. Learners, parents and educators are not forced to disclose (Principal A).*

*Another aspect that is there on the ...eehhh ... HIV policy is a voluntary disclosure in terms of the infected person having to disclose their status but it should be done voluntarily (Educator D).*

As far as learner school attendance is concerned, the participants spoke about exemption of compulsory school attendance for learners with ill-health. This is what they said:

*The exemption of compulsory school attendance, this is another issue which is relevant because learners who are seriously ill can apply to be exempted to attend the school for a particular period depending on what the doctor advised. The issue of home schooling is also relevant because we have responsibility as educators to provide education to learners who are unable to come to school due to ill health (Principal A).*

*They are not the only once, we also have got another aspect where learners are exempted from compulsory schooling when we see that they are incapable of attending school regularly due to the severe (Educator D).*

Learner safety during sporting activities is another issue that the participants mentioned as an important aspect of their school-based HIV/AIDS policy. The following viewpoints reflect their support for health and safety measures during sports:

*The issue around sport .....when we engage learners in sporting activities, most of sporting activities are contact sport, contact sport in the sense that when learners are playing they have to come at one point or another in contact each other. So we have to teach our learners and our educators how to treat situations where sometimes one of the learners is injured during the process. They need to know how to treat that particular learner (Principal B).*

*The aspects which are covered in a policy is the Universally Safety Measures like the information that learners need to know that they don't have to touch the blood and things which might infect with the diseases. Taking all necessary precautions which they need to take, this is one of the things that is relevant because the learners play during breaks and in the sports grounds or fields (Educator D).*

An issue raised by one principal was regularly reviewing school-based HIV/AIDS policy to ensure that it remained relevant to the needs of the school, the learning situation and the educators. The participant said:

*The policy should be reviewed on yearly bases. After each year role-players should sit down and look at reviewing the policy by that we mean that the role-players should look at it and see if it is still relevant; if there are issues or aspects of the policy which are not or no longer relevant. Then those people are going to be able to include some aspects which are relevant to the policy (Principal A).*

#### **4.5.3. Theme 3: The implementation of school-based HIV/AIDS policy in the selected schools**

The participants in this study suggested that all stakeholders should know the contents of the policy and that training is necessary for the better understanding and implementation of the policy. One participant suggested that subjects, like Life Orientation, could be used as a means of communicating Information about HIV to the learners. Others added:

*...to make sure that everybody knows what to do because the policy stated very clearly the roles of the stakeholders which I mentioned here. So if they have the information in the form of letter, if it is parents letters and meetings, on educators in the form of discussions on staff meetings, training workshops (Principal D).*

*Everybody should be familiarized with the content of the policy so it will be owned by everybody so that when we implement it we don't have problems which may be from other role players (Principal A).*

*Training works well because in the first place educators and non-educators staff will improve their knowledge if they get the necessary training and on parents, discussions during meetings because if we engage them fairly well in meetings they get a chance to ask questions and get clarity on what they don't understand (Educator B).*

*And formal lessons in learners in the form of subjects which are offered at school which are very relevant in this school, Life Orientation and Life Skills. These are the things that can help learners to get the information about HIV/AIDS (Educator C).*

Another educator focused on a learner approach to the implementation of HIV/AIDS policy involves drawing up class rules that are based on the school's HIV/AIDS policy:

*And we also assist each other in implementing this policy and we have drawn classroom policy whereby some of the rules which are there in the classroom rules we find that they have been taken from the HIV/AIDS policy (Educator A).*

In terms of the implementation of school-based HIV/AIDS policy, one participant proposed that all stakeholders should be involved - not only in formulating it but also in implementing the policy. The collaboration of all stakeholders was perceived by the participants as an important aspect in policy implementation. The participants had the following to say:

*...implementing the policy like I said is not different from how it was developed. So when you develop it you include everyone and also when you implement the policy you include everyone so that this policy is easy to implement (Principal A).*

*We also have our Community Health Workers who are also the custodian of the policy; we also have our local clinic staff that has a hand in the development and the implementation of the policy. So all these role players have a role to play in terms of actually ensuring that this policy is effectively implemented (Principal B).*

One principal acknowledged that the content of the National Policy on HIV/AIDS was relevant to the school situation; the main problem was the silence on HIV/AIDS issues which hinders the implementation of the policy:

*Yes we do have HIV/AIDS policy but is not implemented, is not something which we talk about, it is just there because the department says we should have a policy but is not implemented (Principal B).*

*School based HIV/AIDS is just a white elephant according to my own opinion because as I have said we don't have learners and educators that are disclosing their status..... so we cannot say ... I can set an example ... We do have HIV/AIDS policy but we are not using it because there is no one affected by HIV/AIDS for now (Educator C).*

Another participant used the strategy of writing a weekly report to reinforce the implementation of the HIV/AIDS policy. The participant had the following to say:

*And also we have a committee which deals with HIV/AIDS and this committee writes weekly reports and these weekly reports are scrutinized to check if all the things which took place on HIV on that week are included in the report. So that's how the school policy on HIV/AIDS is implemented (Educator A).*

One principal maintained that as there were no cases of HIV/AIDS in the school, there was no need to implement policy although they did have a policy in the school. It may be because of such views that another participant talked of policies that are developed in terms of compliance only. Generally, the following views were expressed:

*In the case of our school even though we don't talk about it, we already have the policy of HIV/AIDS at hand in case we have incidents of HIV/AIDS we know how we are going to address them (Principal C).*

*But what I have observed in certain schools the policy is developed for compliance, we don't see the people implementing the policy at school level, nobody was involved because this policy may be was copied from another school because the Department wanted to see the policy when the officials visit the school (Principal A).*

The implementation of school-based HIV/AIDS policy involves supporting learners who are affected and infected by HIV/AIDS. According to Principal D:

*Our educators' ahhhhh .... are implementing the policy by making sure that if there is a child who is positive they support the child. That is why I have this information in*

*my office to say in this class there is a child ... in this class there are two (Principal D).*

Precautions to be taken to avoid infection seem to be relevant to most of the participants in this study. Strategies to be followed are included in the policy and implemented by the educators during sporting activities. Educator B had the following to say:

*We make sure that when a learner is hurt, first aid is there and then we treat it the way the policy of HIV tells us in sporting activities which means if the learner got hurt, got injured we must wear gloves to treat that wound because we don't know the status of that particular learner. (Educator B).*

The importance of a Health Advisory Committee regarding the implementation of the HIV/AIDS policy was emphasized. Principal A said:

*...it is also imperative to have the formation of the Health Advisory Committee because we can't implement this policy if we don't have the structure in place which will actually co-ordinate the activities of the policy (Principal A).*

Policy implementation seems to call for collaboration of different stakeholders and expertise. It is not only the responsibility of educators to ensure that school-based policy on HIV/AIDS is implemented but all stakeholders should be involved in implementing the policy.

#### **4.5.4 Theme 4: Experiences of principals and educators in the management of school-based HIV/AIDS policy implementation**

It was suggested by participants that one of the strategies of managing school-based HIV/AIDS policy implementation is creating an awareness of HIV/AIDS through formal classes, workshops and inviting special guests/speakers with a knowledge of HIV/AIDS.

Discussion included the following:

*.... Learners are taught about HIV/AIDS we find that sometimes we invite health personnel who come to workshop learners and teach them about HIV/AIDS, how one can get HIV, how to treat a person who has got HIV, and even teachers they sometimes talk about this things in their classes whereby they teach learners in subject like life skills, life orientation and we find that they teach learners about*

*HIV/AIDS, they talk to learners and teach them the causes and how to prevent HIV/AIDS (Educator A).*

*We also encourage in our policy to make learners to go and be tested at the clinic; we have their clinic nearby. They must go ... and we must encourage them that they must be confident when ... we must encourage them that ... is up to them... they must disclose or not disclose is up to them but if find that he is not confident let it be confidential like that ( Principal B).*

*They should know that this is a chronic disease like any other diseases, where they will learn to respect one another; they will also respect their own parents at home. It means we should come to a point where no one should be ashamed of this disease. That's how it can help us as a school and as a community (Educator B).*

In terms of managing school-based HIV/AIDS policy implementation, the participants indicated that discussion, collaboration and value-driven policies worked well in their schools and promoted the implementation of the policy. The participants commented:

*Consultation, teamwork, the issue around respect, the issue around honesty and the issue around trust, those are key elements that actually work very well when we have to come to implementing the policy. I said collaboration because we have to have the roles of different stakeholders being coordinated and being well harnessed in terms of who is responsible for what in terms of this policy (Principal A).*

*So the issue around inclusive of all stakeholders is another key element which helps us to have this policy well implemented and also respect the views and the manner in which other people are able to assist in terms of implementing the policy, we also have the issue around honesty (Principal B).*

Another participant mentioned that good interpersonal relationships among the stakeholders and values, such as respect and trust for each other, work well in managing the implementation of HIV/AIDS policy:

*Good relationship, we find that all stakeholders have got good relationship, so this assist in making sure that the policy works well. And also we respect each other. So when one reveals his/her status as we respect each other there are no way that we can go around gossiping about it (Educator A).*

Principal A was of the opinion that trust was important:

*And the issue around trust also plays a very important role because if we trust each other it is easy for us to tell our colleagues or tell educators about the status of my learner or the status of myself as an educator to other educators so that they can be able to provide necessary support to that particular educator and that particular learner (Principal A).*

Some of the participants believe that talking openly about HIV/AIDS helps in implementing some aspects of the policy:

*May be let me start from the management and the SGB, we tell them that guys we have this policy but then let's make it a point that we talk about this issue, let's take the issue to the educators and also to the learners and tell them that we are aware that HIV/AIDS is there and though it affects us negatively then people should not afraid to talk about it. And then now we can outline all the issues included in the policy where we need to tell our educators that they should not discriminate one another due to the HIV status (Principal B).*

*... So because we don't have those who are disclosing their status we find it very easy to talk about it because we don't offend any. So even if we can talk about it in class in LO lessons or in the staffroom we do it freely because we know that there is no one that is going to be offended (Principal C).*

Open talk about HIV/AIDS should also include parents if the implementation of the policy is to be effective. One of the participants gave the following example:

*Another one which parents do not actually talk more about is around participation in sports; we once had a situation where parents would not allow their learners to participate in sports because they know that amongst the learners who are participating in particular sporting codes one learner is HIV positive, so they will withdraw their learners not to participate in that particular... sporting code but they could not give that particular reason to us to say we are withdrawing our learners to participate because in that sport there is this particular learner who might.... you know ...infect our learner (Principal A).*

This quotations shows lack of knowledge on the transmission of HIV and a need to talk more about ways in which people may become infected by the virus. Ignorance of knowledge of HIV/AIDS could be could further fuel stigma associated with HIV/AIDS.

#### **4.5.5 Theme 5: Challenges experienced and the strategies used in implementing school-based policy on HIV/AIDS**

One particular challenge the participants cited regarding the implementation of HIV/AIDS policy is that learners are ignorant of the facts which results in acts of discrimination against other learners. The participants said:

*In sports we have got some difficulties whereby we find that if some learners suspect that this learner might be HIV positive they are not willing to play with that particular learner, they are not willing to take part in that sports, they sometimes refuse when they are ask to take part in certain sports (Educator A).*

*Sometimes when we say learners should not discriminate or they should not talk about someone's HIV status, but sometimes it may be difficult to find that even though the learner has not disclose but you find that other learners are aware that this child is HIV positive. And sometimes it may be difficult to tell the learners ...to convince the learners that they should respect that particular learner or to give him support (Educator B).*

The participants also held the view that some community members are ignorant, about HIV/AIDS; are in denial; and have certain misconceptions about HIV/AIDS - factors that hinder the implementation of HIV/AIDS policy. The participants had the following to say in this regard:

*Ehhh ... up to so far we cannot talk of any support because in our case in our communities there is still a lot of denial. In our culture when someone is sick, and is critically ill, we go to inyangas (witchdoctors). We don't accept even if someone can be tested by a doctor and get results from the laboratory, our people still deny that it is HIV/AIDS they think that is part of witchcraft. So that's the problem where we find that we don't talk about it (Educator B).*

*And one more other thing is that it is not easy to find the health personnel. If we invite them to come to school we find that they are busy or they have gone to other areas to workshop them (Educator A).*

The implementation of school-based HIV/AIDS policy places an extra workload on already overloaded educators. Mostly, although it relates to caring for the learners which is part of educators' duties, the nature of care required in the case of orphaned learners can be more demanding on the time, material resources and emotional well-being of educators. The participants made the following comments:

*Some feel that is not their duty, the Department must employ at least nurse to each school so that they can deal with this problem because is not only the problem of ehhhh ... HIV/AIDS, there are so many sicknesses that educators are requested to look after kids when they are sick. So some will say no that is not my responsibility, I am here to teach and I teach maths and nothing else ... nothing more (Principal D).*

*The problem is as educators we are not trained on how to support. Sometimes the problem can be how I support the learners. While sometimes I may support him or her by remanding him or her to take medication but there certain issues which we as*

*educators may not be able to assist. Sometimes you find that the learner is critically ill, sometimes it may be difficult for the school to can support the learner (Educator B).*

The participants in this study mentioned several ways in which identified challenges could be addressed. One approach suggested by the participants was to encourage and motivate parents in the community to be involved in managing HIV/AIDS related issues. The participants said the following in this regard:

*We encourage parents during our consultative meetings ...encourage them actually to disclose the status of their children. We also encourage parents to actually disclose their own status or status of those they are staying with them so that they can be helped (Principal A).*

*I encourage parents to allow learners to participate in different sporting codes and also to come to us in case they need support because we also believe that our presence as educators at our school is only not about curriculum delivery but about ... you know supporting our parents and learners or even educators in every way possible (Principal B).*

*Challenges ..... I think motivation is the best. I think people need to be motivated to do the right thing. Motivating all the stakeholders who are involved starting from the learners. So incentives in the form ..... we can talk of caps for an example, we can talk of T-shirts, we talk of juice bottles and so on. Something small which is of value for example a pen can be used to motivate a learner (Educator D).*

The involvement of the wider community in working with other stakeholders in the education was also considered to be a way of addressing the challenges experienced in schools and in the community regarding the impact of HIV/AIDS:

*Yes, there is, because I think principals, parents, teachers, learners and all involved in the community structures, still have a lot to do and engaging fully to make sure that we promote healthy environment in schools to make sure that implementation process is running effectively. All community structures are involved all relevant committees like Health community structures are formed, I think the information can eehhh....spread out quickly and I think in that way life can be served (Educator D).*

*...we also invite our Community Health Workers to educate learners and also make presentations during our parent's consultative meetings around this issues that are raised in the policy so that parents or even the learners themselves or even educators will become open about the disease (Principal A).*

Participants indicated that some challenges emerged in the community, such as ignorance, denial and a lack of awareness, among others, which are addressed by community-based HIV/AIDS projects. They commented:

*Fortunately, enough there are community projects that are in place, for instance we have the home base care, we have young people who are being trained to go to communities to conscientize them about HIV/AIDS and also to go around and support those who are already infected, those who are sick. So because of that community project at least we are a bit relieved because people are getting aware that HIV/AIDS is there and is not witchcraft is just a disease or sickness that is attacking us (Principal B).*

*Yes, there is, because I think principals, parents, teachers, learners and all involved in the community structures, still have a lot to do and engaging fully to make sure that we promote healthy environment in schools to make sure that implementation process is running effectively. All community structures are involved all relevant committees like Health community structures are formed, I think the information can eehhh....spread out quickly and I think in that way life can be served (Educator D).*

Apart from community-based organisations, the participants indicated the need for the Department of Education and the Department of Social Services to be more involved in working collaboratively with schools to help orphaned learners. It was felt that such collaboration would enable the implementation of school-based HIV/AIDS policy. The participants expressed the following sentiments:

*The department would send a social worker or a nurse to each school because educators are piled with problems that they solve each day of children who are left by parents, who are no longer... who are no more because of this epidemic (Principal C).*

*The Department of Education has relaxed in terms of organizing workshops where teachers will be trained and encouraged to develop this policies and to implement them (Principal A).*

*... I would like to support that view of saying there must be a nurse for each school. It is only that our school is structured in a way that everything is left in the hands of the educator and the educators are so fully loaded such that some of these things educators are just trying to throw them back to the department (Principal D).*

*I understand that these kids are at school but they are still also at home, they are also at home, that is why am saying if we had the nurses or the social workers, it would work better, it would work better and easier (Educator A).*

The participants were also of the opinion that for the effective implementation of the policy to take place, educators need to be committed to increasing knowledge and awareness of HIV/AIDS. The participants said:

*We encourage all stakeholders to attend workshops. Sometimes we arrange as educators to have what we call house to house campaign where we go from one house to the next making them aware on the issue of HIV/AIDS. The number of people who are infected on a daily bases are increasing instead of decreasing and education is a relevant platform through which this policy can be easily implemented (Educator A).*

*I address it by teaching them as a LO teacher, by stressing the issue of test, by stressing the issue of abstains, by stressing the issue of condomisation (Educator B).*

*We just talk generally about HIV/AIDS, inviting people to make them aware (Educator C).*

It seems that the successful implementation of school-based HIV/AIDS according to the participants in this study is limited by inadequate HIV/AIDS knowledge base of the stakeholders responsible for the implementation.

#### 4.6 Documentation from the selected schools

The following table reflects the availability and non-availability of documents in the selected schools.

**Table 4.3: Availability and non-availability of documents in the selected schools**

School	Availability and non-availability of documents		
	National policy on HIV/AIDS.	School based HIV/AIDS.	Circulars on policy implementation.
School A	√	√	x
School B	√	√	x
School C	√	√	x
School D	√	√	x

Table 4.4, below, indicates aspects of National Policy on HIV/AIDS that are included in the school-based policies of the selected schools.

**Table 4.4: Aspects of National Policy on HIV/AIDS Included in School-Based HIV/AIDS Policies of the Selected Schools**

School	Relevant aspects
School A	<ul style="list-style-type: none"> <li>• Voluntary Testing</li> <li>• Voluntary Disclosure</li> <li>• Non-discrimination and equality</li> <li>• The exemption of compulsory schooling</li> <li>• Home schooling</li> <li>• Education about HIV/AIDS</li> <li>• Safe school environment - universal precautions</li> <li>• Prevention of HIV transmission during play and sport</li> <li>• Health Advisory Committee</li> </ul>
School B	<ul style="list-style-type: none"> <li>• Non- discriminatory admission policy</li> <li>• Confidentiality regarding HIV/AIDS status</li> <li>• Voluntary Testing</li> <li>• Sick leave/incapacity due to HIV/AIDS related issues</li> <li>• Family members and members of the community involvement in implementing HIV/AIDS policy</li> <li>• Education about HIV/AIDS</li> </ul>
School C	<ul style="list-style-type: none"> <li>• Voluntary Testing</li> <li>• Voluntary Disclosure</li> <li>• Non-discrimination and equality</li> <li>• The exemption of compulsory schooling</li> <li>• Home schooling</li> <li>• Education about HIV/AIDS</li> <li>• Safe school environment - universal precautions</li> <li>• Prevention of HIV transmission during play and sport</li> <li>• Health Advisory Committee</li> </ul>
School D	<ul style="list-style-type: none"> <li>• Non-discriminatory admission policy</li> <li>• Voluntary Testing</li> <li>• Voluntary Disclosure</li> <li>• Support for teachers and learners who are infected and affected by HIV/AIDS</li> <li>• Non-discrimination and equality</li> <li>• Home schooling</li> <li>• Education about HIV/AIDS</li> <li>• Safe school environment - universal precautions</li> <li>• Prevention of HIV transmission during play and sport</li> </ul>

All the schools involved in this study had school-based HIV/AIDS policies. The contents of the policies reviewed in the document analysis affirmed what the participants had

said in the interviews. Common aspects in all the policies were: voluntary testing, voluntary disclosure, protection and support of learners and teachers who were infected and affected by HIV/AIDS. While the schools had exemption from compulsory schooling and home, some also had Health Advisory Committees. There was a noticeable absence of circulars from the Department of Education on issues regarding the formulation and implementation of school-based HIV/AIDS policy.

#### **4.7 Summary**

This chapter presented the finding of the study from the data generated in semi-structured interviews with four school principals and four Life Orientation educators from the selected four schools. The biographical data of the participants and the profiles of their schools were given. The findings of the study were discussed in terms of themes based on the research questions.

The next chapter presents a discussion of the findings in relation to the reviewed literature and the theoretical framework underpinning this study. Recommendation and suggestion for future studies are also made.

## CHAPTER 5

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

In this final chapter a summary of the findings of this study is presented in terms of the themes that aimed at answering the research questions; they are discussed in relation to the reviewed literature on the topic. The researcher draws conclusion and makes recommendations from the findings of the study.

The purpose of this study was to explore the experiences of educators regarding the management and the implementation of school-based HIV/AIDS policies. This study was motivated by the researcher's experiences of caring for, and supporting, many children infected and affected by HIV/AIDS. Another reason for undertaking this study was that there appeared to be little knowledge of the extent to which care and support related to HIV/AIDS has received attention at schools in recent years.

#### 5.2 Summary of chapters

Chapter 1 gave the background to the study; presented the research problem; described the rationale and purpose of the study and formulated the research questions. The conceptual framework was discussed and a brief description of the research methodology was given.

Chapter 2 was a review of the relevant available literature on the state of HIV/AIDS in South Africa as well as factors contributing to its high prevalence rate. The literature review also explored the impact of HIV/AIDS on educators and learners as well as the HIV/AIDS curriculum. The content of school-based HIV/AIDS policy and its implementation, along with the challenges experienced, were discussed.

In Chapter 3 the research approach used in this study and paradigm were described. The research design, sampling of sites and participants along with research method were discussed. Reasons for decisions made in the research process were given in

detail; approaches used to ensure the credibility and trustworthiness of the study were described; and there was a focus on ethical issues.

Chapter 4 presented the research finding from the collected data obtained from the four selected schools and in this final chapter, Chapter 5, the researcher gives a summary of the findings, reaches conclusions and makes recommendations. Suggestions for future studies are also made and the limitation of this study is cited.

### **5.3 Summary of research findings**

A summary of the research finding in relation to the literature is given in the following sub-sections.

#### ***5.3.1 Views of the principals and educators regarding the impact of HIV/AIDS at their schools***

The principals and the educators involved in this study had different views on the effects of HIV/AIDS on learners and educators in the selected schools. This study found that the changes within the homes of the learners, brought about by HIV/AIDS, had a negative influence on learners' school attendance. They were not able to attend school because they needed to spend time caring for their ill family members or for their siblings in child-headed families. A study undertaken by Foster (2002) in Zambia suggests that orphaned learners were unable to attend school regularly. Similarly, Operario *et al.* (2008) also found that orphans had a lower school attendance rate than non-orphans. More recently, Pillay (2012) maintains that educational institutions are likely to be affected by the absenteeism of the orphaned learners because they need time to provide for the needs of their siblings. Operario *et al.* (2008) confirm that some orphaned children in child-headed families give up schooling to take care of their siblings. The inability of orphaned learners to attend school, as reported in this study, suggest a need for more and different interventions or strategies to be put in place to ensure that orphaned learners attend school and benefit from possible educational opportunities - like non-orphaned learners.

Another issues cited by the participants as an effect of HIV/AIDS is stigma. Some participants reported that many people are silent about HIV/AIDS because of the stigma associated with the disease. The participants in this study were concerned about unwillingness of educators to talk about their HIV status due to discrimination against people affected by HIV/AIDS. This finding shows that there is a lack of comprehension of the value and need to protect the rights of the people affected or infected by HIV/AIDS. It also suggests that despite the inclusion of an anti-discrimination clause in the school-based HIV/AIDS policy, problems are still encountered in implementing this aspect of the policy. Mathews and others (2006) point out that the principles of the HIV/AIDS policy guideline should emphasize that a friendly environment should be created for affected people with an intention to promote practices that promote treating them as respected human beings. Crawley's (2000) study cites cases of discrimination and isolation of educators and learners due to their HIV positive status. Fitzgerald and Simon (2001) are of the opinion that the stigma attached to HIV/AIDS results in shunning, blaming, isolating and treating people with AIDS in a way that violates their human dignity. Another finding of the effect on HIV/AIDS in the selected school was the bad behaviour of orphaned learners due to a lack of any guiding adult figure in the family; the participants believed that the home environment of the learners influenced how they behaved in school.

The narrations of the educators in this study suggested that orphaned learners need more care than non-orphans. According to Moletsane (2013), orphan learners are not the same as with other learners because they are grieving after the loss of their parents and they usually suffer long-term psychological effects from emotional deprivation. She adds that learners who grow up without parents are deprived of parental love and care. The lack of a caring and loving environment experienced by orphaned learners may contribute to their undesirable social behaviour as they grow to adulthood (Moletsane, 2013).

The educators also spoke about their multiple roles in caring for orphaned learners. Crawley (2000) and Mwase, (2000) report on the high death rate of educators due to HIV-related illness; the increase in educator absenteeism; and the multiple roles

expected of educators in the absence of parent figures of the learners. The identified roles include counselling, identifying learners who need medical care, providing transport needed by the learners to attend clinics, helping the learners with homework, visiting the learners at their homes and making-up lessons for learners who are absent from school.

### ***5.3.2 Aspects of the National Policy on HIV/AIDS that were relevant to the schools that were involved in the study***

School-based policy on HIV/AIDS should be formulated in line with the National Policy on HIV/AIDS (1999) that recommends that members of the community within which the schools are located should be involved in the implementation of school-based HIV/AIDS policy. Religious and traditional leaders, medical and health care practitioners and social workers as well as other professionals should form part of the policy implementation team. The participants in this study suggested that the process of policy formulation and implementation should involve certain stakeholders, such as SMTs, SGBs and community members. The participation of the different stakeholders in policy formulation and implementation should be done accordance with the National Policy.

The National Policy on HIV/AIDS (1999) stipulates that “no learner or student may be denied admission to or continued attendance at a school or institution on account of his or her HIV/AIDS status or perceived HIV/AIDS status” which is an example of non-discriminatory practice. The participants in this study believed that educators, learners and community members living with HIV/AIDs should not be discriminated against, but given equal opportunities with others. Non-discrimination of learners during admission was included in the school-based HIV/AIDS policy of the schools involved in the study.

The participants also endorsed voluntary testing for the HIV/AIDS status of learners and educators in their schools. They indicated that the issue of compulsory disclosure or testing of HIV/AIDS to learners and educators is not advocated in both National policy on HIV/AIDS (1999) and the school based HIV/AIDS policies of the selected schools. The research findings revealed the inclusion of exemption of compulsory school

attendance for learners with ill-health in the school-based HIV/AIDS policies which is also in the National Policy on HIV/AIDS (1999). In this study there were several examples of cases in which educators undertook home visits to assist learners who were unable to attend school. Although this gesture shows that educators care for their learners, if it is not closely monitored it may be time consuming and cause educator burn-out. School schedules and school hours do not allow educators time for home visits to assist learners who are unable to attend school and the National policy is silent on alternative measures to reach out to learners infected and affected by HIV/AIDS.

A UNESCO (2008) study conducted in Namibia and Tanzania indicates the value of involving the Health Department, the Social Welfare Department and the Department of Education in the responsibility for care and protection of affected and infected learners. The study indicates that HIV positive learners and children need support in terms of health care, nutrition and the provision of an enabling home environment to attend school regularly and benefit from educational opportunities. It suggests integrated support from the different government sectors of education, health and social services.

Learner safety during sporting activities is another issue that the participants believed were an important aspect of their HIV/AIDS policy. The findings of this study reinforce the National Policy on HIV/AIDS (1999) which promotes the application of universal precautions to prevent HIV infections during sports events. The participants were aware of the Universal Safety Precautions and Measures to be taken to avoid infection through contact sports were part of their school-based policies. This implies that the selected schools adhered to the guidelines of the National Policy on HIV/AIDS (1999) when drafting their school-based HIV/AIDS policies. Ogina (2003) believes that principals and educators, acting *in loco parentis* positions by the authority delegated by parents and guardians, have a responsibility to create a safe, orderly and harmonious environment where education can take place and learners are free from danger. She adds that the National Policy on HIV/AIDS (1999), Section 14.2, stipulates that principals are obliged to supervise the physical welfare of learners by taking measures to ensure their safety in sporting activities, on the playground, in workshops and in the school as a whole.

### **5.3.3 Implementation of school-based HIV/AIDS policy in the selected schools**

The participants recommended that stakeholders should know the contents of the school-based HIV/AIDS policy and that they should be trained to implement the policy effectively. Spillane, Reiser and Reimer (2002) believe that for policy implementation to be effective, the policy needs to be known, understood and accepted by the people affected and by those responsible for implementing it. They further suggest that newly developed or revised policies should be circulated in an open, consistent and timely way to ensure that people, both within and external to the school environment, are made aware of them. SGB members are expected to play a significant role in policy formulation and implementation and although they did not participate in this study, the principals and the educators who were involved indicated that there is a general need for training in policy formulation and implementation. Maluleke (2008) argues that the contributions made by SGBs in the performance of their legal functions are handicapped by their lack of knowledge and skills to develop and implement school governance policies effectively. This can be attributed to the Department of Education's inability to organize adequate capacity development opportunities and workshops for SGBs.

Apart from collaborative buy-in in policy formulation and implementation, there were different opinions regarding the implementation of school-based HIV/AIDS policy. While some of the participants were reluctant to implement the policy, others seemed to be more pro-active in ensuring that the policy was implemented. Some of the participants in this study maintained that policies were developed for compliance and not, necessarily, to inform what should be happening in schools. This suggests the possibility of a general lack of understanding of the purpose and need for the school-based HIV/AIDS policy. It also proposes the existence of a gap between the reality of the impact of HIV/AIDS and the day-to-day experiences of educators in the school context. Although Matthews *et al.* (2006) assert that the school-based HIV/AIDS policy should aim to create a positive teaching and learning environment for educators and learners who are infected and affected by the disease, the participants in this study perceived school-based HIV/AIDS policy as a tool which was used for compliance with the implementation of Department of Education directives. According to Mathews *et al.*

(2006), in many schools educators respond to the directives from the Department of Education for compliance and not to fulfil the roles expected of them in implementing the HIV/AIDS curriculum.

In terms of policy implementation, pro-active participants talked of writing a weekly report on the strategies used to reinforce the implementation of the HIV/AIDS policy and of drawing up class rules that were based on the schools' HIV/AIDS policies. Another way in which participants implement the school-based HIV/AIDS policy is through the implementation of the Universal Safety Precaution against HIV Infections. According to the participants, the precautions listed in the policy should be taken into consideration to avoid more infections on HIV/AIDS as there is no school which is completely safe from HIV/AIDS infections. In an earlier study by Ogina (2003) it was found that some principals regard their schools as safe from HIV infection and many schools do not have policies and strategies in place for managing HIV and AIDS.

Participants emphasized the importance of Health Advisory Committees with regard to the implementation of the HIV/AIDS policy. Nagesar (2008) identifies challenges that inhibit the effective implementation of school-based policy on HIV/AIDS as: no Health Advisory Committees in many primary schools and educators lacking the knowledge and skills to manage HIV/AIDS-related issues. In her study Raniga (2006) confirms the lack of Health Advisory Committees in most schools; only 9 of 74 primary schools had established Health Advisory Committees and secondary schools found it difficult to establish them. It seems that schools with Health Advisory Committee are in a better position to implement school-based HIV/AIDS policy because they are responsible for developing and promoting school plans related to health issues.

#### ***5.3.4 Experiences of principals and educators in the implementation of school-based HIV/AIDS policy management***

Participants in this study talked of creating an awareness of HIV/AIDS by various means, such as formal classes, workshops and inviting special guest-speakers with a knowledge of HIV/AIDS. In the interviews they suggested the need for collaboration and value-driven policies as strategies that worked well in their schools in promoting the

implementation of policy. Good interpersonal relationships among the stakeholders and values, such as respect and trust for each other, apparently worked well in managing the implementation of the school-based HIV/AIDS policy. This finding agrees with Coombe's (2000) suggestion that the education sector should play a role in disseminating information that could reduce the spread of HIV/AIDS and promote and protect those who are at risk of the HIV infection.

In South African schools, Life Orientation (LO) was introduced as a compulsory life skills subject and learning area in all public high schools (Department of Health, 1999). The subject content of LO includes sexuality and HIV/AIDS education; the LO curriculum is a prescribed formal HIV/AIDS programme but in some schools there are other informal extramural education programmes on HIV/AIDS (Department of Health, 1999). The findings of this study concur with those of a study undertaken in Kenya by Wildish (2006) that indicates that educators are expected to incorporate HIV/AIDS education in their subjects' content knowledge in following the guidelines that are provided by the Ministry of Education. This approach has proved to be problematic due to a lack of teaching training on how to respond to the impact of the pandemic on education (Mathews *et al.*, 2006).

The participants in this study also reported that talking openly about HIV/AIDS helps in implementing some aspects of the policy. The guidelines from the National Policy on HIV/AIDS (1999) indicate that openness, compassion, the right information, local support teams and coherence are important for successful policy implementation (Department of Education, 2003). This implies that HIV/AIDS education, as part of subject content, can be a tool which will create a better awareness of HIV/AIDS in schools as well as in the community at large and which will result in the effective implementation of policy.

### ***5.3.5 Challenges experienced and the strategies used in the implementing school-based HIV/AIDS policy***

Ignorance, denial and certain beliefs of people in the community were identified by the participants in this study as factors that hinder the implementation of HIV/AIDS policy.

They were of the opinion that learners discriminate against other learners because of a lack of factual knowledge on the HIV/AIDS. Studies by Cree *et al.*, (2006), Dowshen *et al.*, (2009) and Wu *et al.*, (2008) suggest that HIV stigma and discrimination may result in isolation and depression among those affected and their families. Furthermore, efforts geared towards reducing the spread of HIV may be more effective if the issues of disgrace and the judgment of HIV/AIDS infected people are addressed (Ehiri, Anyanwu, Donath, Kanu, & Jolly, 2005; Kaplan, Scheyett, & Golin, 2005).

The experiences of the participants in this study indicate that the implementation of the school-based HIV/AIDS policy increases the workload of the educators; apart from their teaching and learning responsibilities, the policy suggests their care-giving of learners who are affected and infected by HIV/AIDS role. The policy is silent on the need for time, material resources and the ability of the educators to manage the emotional and social needs of the learners. The participants also spoke about the lack of involvement of parents and other community members in managing HIV/AIDS-related issues. The involvement of the wider community in working with other stakeholders in the education was considered as an important move in addressing some of the challenges experienced in school and in the community regarding the impact of HIV/AIDS. In Ethiopia there is a *Children, Communities and Care Programme which has been* highly successful in ensuring community engagement in the care of, and support for, orphans and other vulnerable children (Save the Children, 2013). Any programme needs to strengthen the ability of local organizations and government to improve the lives of orphaned learners and their families through capacity building, training, and mentoring and a greater integration of services.

The need for the Department of Education and the Department of Social Services to be more involved in working collaboratively with schools to help orphaned learners was also suggested. A team effort between the different departments was seen as enabling a strategy that has the potential to effectively implement HIV/AIDS policy. The participants further recommended that for better implementation of the policy to take place, educators should be committed to increasing knowledge and awareness of HIV/AIDS. They maintained that the implementation of the school-based HIV/AIDS

policy calls for educators to accept an extra workload. Although most issues related to caring for learners are part of an educator's duties, the nature of care required in the case of orphaned learners can be more demanding in terms of time, material resources and the emotional well-being of the educator.

#### **5.4 Conclusions drawn**

It may, generally, be concluded that

- HIV/AIDS affects the lives of the learners and educators.
- the changes brought about within the homes of the learners by the pandemic result in a negative impact on learners' school attendance.
- HIV/AIDS impacts negatively on effective learning and teaching as well as on infected and affected learners and educators.
- the lack of parental ability to care for the learners because of ill-health results in unacceptable emotional behaviour, such as school absenteeism.
- there are still elements of discrimination towards people affected and infected by HIV/AIDS.
- the non-disclosure of the HIV status of educators is linked to discrimination which may lead to isolation of the infected educator.

This study confirmed that educators, learners and community members living with HIV/AIDS are not discriminated against; they are given equal opportunities, like any other person. However, the participants reported that ignorance, denial and certain beliefs of people in the community were factors that hindered the implementation of the school-based HIV/AIDS policy.

It was recommended that policy formulation and implementation should involve certain stakeholders, such as SMTs, SGBs and some community members. The school-based HIV/AIDS policy endorses voluntary testing for the HIV/AIDS status of learners and educators. The study confirmed the inclusion of exemption of compulsory school attendance for learners with ill-health in the school-based HIV/AIDS policy. Learner safety during sporting activity is another issue that is included and emphasized as an

important aspect of school-based HIV/AIDS policy. Non-discrimination of learners during admission is included in the school-based HIV/AIDS policy. Although some participants were of the opinion that school-based HIV/AIDS policy was developed for compliance with Department of Education instructions, others strived to implement the policy.

According to the findings of this study, the implementation of school-based HIV/AIDS policy creates multiple and changing roles for, and expectations of, educators. Some of the identified roles include counselling, identifying learners who need medical care, providing transport to enable learners to attend clinics, helping with homework, home visits and making-up lessons for learners who are absent from school. This study identified the drawing-up of class rules a better understanding by learners of the schools' HIV/AIDS policy.

The writing of a weekly report was seen to be another strategy used to reinforce the implementation of school-based HIV/AIDS policy. Health Advisory Committees were suggested by the participants to be important bodies that should be involved in developing and promoting the implementation on school-based HIV/AIDS policies. The study also found that discussion, collaboration and value-driven policies work well in schools and promote the implementation of the policy. It highlighted good interpersonal relationships among stakeholders and values, such as respect and trust for each other, as factors that contribute to managing the implementation of HIV/AIDS policy. Talking openly about HIV/AIDS seems to be a strategy that helps in implementing some aspects of the policy. From the findings of this study, encouraging and motivating the parents in the community to be involved in managing HIV/AIDS-related issues also contributes to the effective implementation of the policy. Involvement of the wider community in working with other stakeholders in the education is also considered to be a way of addressing the challenges experienced in schools and in the community regarding the impact of HIV/AIDS. The research findings indicate the need for the Department of Education and the Department of Social Services to work more collaboratively with schools to help orphaned learners. The study has revealed that for

the effective implementation of the policy to take place, educators need to be committed to increasing knowledge and awareness of HIV/AIDS.

## 5.5 Recommendations

It is recommended that

- schools should facilitate regular counselling and supportive services for educators and learners infected and affected by HIV/AIDS.
- the active and meaningful participation of the parent community in policy development, leadership and implementation should be sought.
- schools should advocate more resources, training and workshops in respect of the implementation of policies.
- schools should establish Health Advisory Committees (HACs) as major support structures.
- the Department of Education should conduct more frequent workshops for educators, management teams and School Governing Bodies in different venues across the province for the effective management of school-based HIV/AIDS policy.
- the Department of Education, in collaboration with the Department of Health, should recruit social workers as part of the personnel that are employed in schools - at least one per every five schools.
- the Department of Education should develop a central body of advisors who deal only with issues related to HIV/AIDS policy formulation and implementation.
- the Department of Education should revisit the National School Policy on HIV/AIDS (DoE 1999) and change words like 'may' to 'must' and empower school management to rigorously follow the policy.
- the gap between policy and practice should be narrowed; policies should be formulated and implemented effectively; department policy should be communicated to schools; and that training and awareness for educators, SGB's, learners and parents should be emphasized.

## **5.6 Delimitation of the study**

This study was limited to four high schools in the Klein Letaba Circuit in the Mopani District of Limpopo Province. Primary schools were excluded and orphans and caregivers did not participate. Four principals and four Life Orientation educators from four high schools were interviewed; other educators were not involved in the study. The study focused on the experiences of educators with regard to the impact of HIV/AIDS in their schools and the implementation of school-based HIV/AIDS policy.

## **5.7 Limitation of the study**

Creswell (1994) defines limitation of a study as potential weaknesses in the study. The research approach of this study was qualitative and the quantitative approach was excluded. Four high schools were sampled and primary schools were excluded. The data collection was limited to four school principals and four Life Orientation educators. Among others, SGB members were not included as participants in the study. Due to the size of the sample, school principals' and Life Orientation educators' experiences on the implementation of school-based HIV/AIDS policy management need to be investigated further using a larger sample that would enable the researcher to generalize the findings to a larger population.

## **5.8 Future research**

The following aspects of the study need further investigation:

- The views of different stakeholders, such as parents, community representatives, social workers and health workers, on the selection and the role played by Health Advisory Committees.
- A different research methodology, such as a quantitative research approach, could be used to obtain quantitative data involving a large number of participants. i.e., more educators and also SGB members.
- The relevance of Life Orientation programmes in the implementation of school-based HIV/AIDS policy needs to be explored further.

- Challenges experienced by educators when implementing school-based HIV/AIDS policy could be another study that would shed light on the phenomenon.

## 5.9 Conclusion

According to the findings of this study, the impact of HIV/AIDS in schools and in communities results in poor attendance by both learners and educators who are affected and infected by HIV/AIDS as well as in ineffective learning and teaching. An analysis of the collected data revealed that the majority of schools in the study have problems in terms of the impact of HIV/AIDS, HIV/AIDS policy formulation and the effective implementation of the school-based policies. The lack of guidelines or action plans, trained educators, resources and awareness that result in poor HIV/AIDS policy implementation were some of the problems identified in this study as barriers to the effective use of the policy.

It may be concluded from this study that the problems related to the management of HIV/AIDS in schools and in the communities may be solved through proper guidance on the formulation of HIV/AIDS policies and the use of such guides in the schools. The school management team should not just develop school-based HIV/AIDS policy for compliance with government directives but it should engage in developing and implementing policy as a way of improving the teaching and learning environment in schools. The Department of Education, in collaboration with other Departments, schools and the communities should work towards the effective implementation of school-based HIV/AIDS policies.

## REFERENCES

- Abebe, T. & Aase, A. (2007). Children, AIDS and the Politics of Orphan Care in Ethiopia: The extended family revisited: *Social Sciences & Medicine*, 64 (10), 2058-2069.
- ABT Associates, (2002). The impact of HIV/AIDS on education in Namibia.
- Adudi, D. & Khouri-Dagher, N. (2000). *Aids kill schools in Africa*. UNESCO Sources. April, 8-10.
- Amaratunga, D. & Baldryd, D. (2000). "Theory building in facilities management research : Case study methodology," Proceedings of the Bizarre Fruit post graduate conference , University of Salford , Salford , 107-122.
- Ary, D., Jacobs, L. C. & Razavich, A. (2002). *Introduction to Research in Education* (6<sup>th</sup> ed). Belmont : Wadsworth.
- Basit, T. N. (2010). *Conducting Research in Educational Contexts*. London: Continuum.
- Berold, R. (2000). *Youth and HIV/AIDS what can we do?* The teacher mail and Guardian. February issue,.1- 2.
- Betton, J. (2002). *HIV/AIDS and Corporate responsibility*. SA Labour Bulletin, Vol. 26 (2), 68 – 71.
- Blake, S. M., Ledsky, R. A., Sawyer, R. J., Goodenow, C., Banspach, S., Lohrmann, D.K. & Hack, T. (2005). *Local school district adoption of state-recommended policies on HIV prevention education*. Preventive Medicine , 40(2),239-48.
- Brinkerhoff, D. W. (1996). 'Process Perspectives on Policy Change: Highlighting Implementation'. *World Development*. 24(9).
- Bruckner, H. & Bearman, P. (2005). After the promise: the STD consequences of adolescent virginity pledges. *Journal of Adolescence Health*, (36),271-278.
- Burke, K., Morris, K. & McGarrigle, L. (2012). *An Introductory Guide to Implementation*. Centre for Effective Services Guide.

Carr-Hill, R., Kataboro, J. K. & Katahoire, A. (2000). *HIV/AIDS and Education*. Available at [http://www.harare.unesco.org/hivaids/view\\_abstract.asp?id=138](http://www.harare.unesco.org/hivaids/view_abstract.asp?id=138). Accessed 15 November 2010.

Christiansen, L. (2010). *Educational Research: Quantitative, Qualitative and Mixed Approaches*. United Kingdom: Sage Publications.

Clarke, A. (2007). *The handbook of management*. Cape Town: Kate McCallum.

Clarke, D. J. (2008). *Heroes and Villains: teachers in the education response to HIV*. Paris: IIEP, Unesco.

Cloete, F., Wissink, H. & De Coning, C. (2008). *Improving Public Policy: From Theory to Practice*. 2<sup>nd</sup> Edition. Pretoria: Van Schaik Publishers.

Cluver, L. 2007. *AIDS map news*. Available at [www.aidsmap.com/.../news](http://www.aidsmap.com/.../news). Accessed 12 November 2010.

Cohen, L. & Manion, L. (1994). *Research Methods in Education* (4<sup>th</sup> ed.) London: Routledge Publishers.

Cohen, L., Manion, L. & Morrison, K. (2007). *Research Methods in Education*, Sixth edn, New York, Routledge.

Cole, M. (2006). *Qualitative research: a challenging paradigm for infection control: British Journal of Infection Control* (7)25-29.

Conroy R, Tomkins, A., Landsdown, R. & Elmore-Meegan, M. (2000). *Identifying emerging needs among AIDS orphans in Kenya*. Annual Scientific Review, University of Nairobi.

Coombe, C. (2000). *HIV/AIDS and the Education Sector: The Foundations of a Control and Management Strategy in South Africa*.

Crawley, M. (2000). *How Aids undercut education in Africa*. Available online: <http://www.csmonitor.com/durable/2000/07/25>.

Cree, V. E., Kay, H., Tisdall, E. K. & Wallace, J. (2006). Listening to children and young people affected by parental HIV: Findings from a Scottish study. *AIDS Care*;18(1), 73–76.

Creswell, J. W. (1994). *Research Design. Qualitative and Quantitative Approaches*. California: Sage Publications.

Creswell, J. W. (2007). *Research design Qualitative, Quantitative, and mixed methods approaches*. London: Sage Publications.

Creswell, J. W. (2008). *Qualitative, quantitative, and mixed methods approaches*. 3<sup>rd</sup> ed. London: Sage Publications.

Creswell, J.W. (2009). *Research design: Qualitative and mixed methods approach*. 3<sup>rd</sup> ed. Los Angeles: Sage publications, inc.

Dawson, L. J., Chanis, M., Smith, D. & Carbonia, A. (2001). The role of the Academic Discipline and Gender in High School Teacher's Aids-Related knowledge. *Journal of school Health*, 71(1),3-9.

Department of Education South African Schools Act, (1996). Department of Education: Pretoria.

Department of Education National Education Policy Act, (1996). Department of Education: Pretoria.

Department Of Education. (1999). *National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions*. Government Gazette, 410, No 20372.

Department of Education. (2002). *The HIV/AIDS Emergency, Department of Education guidelines for educators.*, (Origination: Dr Rachel Jewkes Medical Research Council, Pretoria), Formaset Printers, Cape.

Department of Education. (2003). *Develop and HIV and AIDS plan for your school: A guide for school governing bodies and management teams.*, Sharp Sharp Media, Republic of South Africa.

Department of Education. (2009). National Action Plan for Orphans and Vulnerable Children.

Department of Health, (1999). Life skills and HIV/AIDS Education programme. Department of Health, Pretoria.

Dimmock, C., & Walker, A. (2000). Developing comparative and international educational leadership and management: A cross-cultural model. *School Leadership and Management*, 20(2), 143-160.

Dowshen, N., Binns, H. J. & Garofalo, R. (2009) Experiences of HIV-related stigma among young men who have sex with men. *AIDS Patient Care STDs*; 23(5),371–376.

Ebersöhn, L. & Eloff, I. (2002). The black, white and grey of rainbow children coping with HIV/AIDS. *Perspectives in education*, 20,77-86.

Ehiri, J. E., Anyanwu, E. C., Donath, E., Kanu, I. & Jolly, P. E. (2005). AIDS-related stigma in sub-Saharan Africa: Its contexts and potential intervention strategies. *AIDS & Public Policy Journal* ;20(2),25–39.

Family Health International. (2001). *HIV/AIDS Prevention and Care Department*. USAID Project, Virginia, USA.

First Annual Review meeting, (1999). The impact of HIV/AIDS on education in Namibia.

Fitzgerald, D. W. & Simon, T. B. (2001). Telling the stories of people with AIDS in rural Haiti. *AIDS Patient Care STDs* ;15(6),301–309.

Foster, G. 2002. Understanding community response to situation of children affected by AIDS: Lesson for External Agencies. Draft Paper prepared for the UNRISD Project HIV/AIDS and Development.

Foster, G. & Williamson, J. A. (2002). Review of current literature on the impact of HIV/AIDS on children in sub-Saharan Africa. *AIDS*;14 (3), 275–S284.

Gachuhi, D. (1999). *The impact of HIV/AIDS on education systems in the Eastern and Southern Africa Region and the response of education systems to HIV/AIDS: Life skills programmes.*

Giese, S. (2002). *Health and Social Services to Address the Needs of Orphans and Other Vulnerable Children in the context of HIV/AIDS in South Africa: Research Report and Recommendations.* Cape Town , Children's Institute, University of Cape Town.

Graham, W. (2008). *Influencing policy-makers through implementation research: lessons from Immpect.* Retrieved from <http://www.countdown2015mnch.org/documents/presentations/20080417-wendygraham.pdf>

Gray, D. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 4th Edition ... Publisher: SAGE Publications Ltd; 2 edition.

Grindle, M. S. & Thomas, J. W. (1991). “Implementing Reform: Arenas, Stakes and Resources.” Pp. 121–150 in M.S. Grindle and J.W. Thomas (eds.), *Public Choices and Policy Reform: The Political Economy of Reform in Developing Countries.* Baltimore: The Johns Hopkins University Press.

Grix, J. (2001). *Demystifying Postgraduate Research*, Birmingham: University of Birmingham University Press.

Guest, G., MacQueen, K., & Namey, E. (2012). *Applied thematic analysis.* Thousand Oaks, CA: Sage.

Helleve, A., Flisher, A. J., Onya, H., Kaaya, S., Mukoma, W., Swai, C. & Harman, G. 1984. *Conceptual and Theoretical Issues for Education Policy.* London: Routledge.

Helleve, A., Flisher, A. J., Onya, H., Kaaya, S., Mukoma, W., Swai, C. & Klepp, K. (2009). Teachers' confidence in teaching HIV/AIDS and sexuality in South African and Tanzanian schools. 37(Suppl 2),55-64.

Hildebrand, M. E. & Grindle, M. S. (1994). *Building sustainable capacity: challenges for the public health sector*. Harvard University: Harvard Institute for International Development.

HIV/AIDS and the Education Sector Strategic Plan: *Paper prepared for the Education Sector Strategic Plan First Annual Review Meeting*, Maputo, 1999.

Johnson, C. L. & Christensen, L. C. (2012). *Educational Research: Quantitative, Qualitative, and Mixed approaches*. (4<sup>th</sup>ed), Publications, Thousand Oaks: California. Sage.

Joubert, H. J. & Prinsloo, I. J. (2001). *How safe are South African schools*.

Karlsen, G. (1999). *Decentralised Centralism – Governance in the Field of Education Evidence From Norway and British Columbia*. Canada: School of Teacher Education.

Kaplan, A.H., Scheyett, A., Golin, C.E (2005). *HIV and stigma: analysis and research program*. Current HIV/AIDS report. 2(4),184-188.

Khalid H. M. (2001). Policy implementation models: the case of library and documentation services in Pakistan. *New library world*, (102), 87-92.

Kinsman, J., Harrison, S., Kengeya-Kayondo, J., Kanyesigye, E., Musoke, S. & Whitworth, J. (1999). Implementation of a comprehensive AIDS education programme for schools in Masaka District, Uganda. *AIDS Care*, 11(5), 591\_ 601

Kvale, S. & Brinkmann, S. (2009). *Learning the Craft of Qualitative Research Interviewing 2<sup>nd</sup> Edition*.

Leedy, P. D. & Ormrod, J. E. (2005). *Practical research* : Kelvin .M. Davis. USA. Merrill Publisher.

Lichtman, M. (2012). *Qualitative research in education: A user's guide*. Sage Publications, Thousand Oaks: California.

Love, A. J. (2004). "Chapter 3: Implementation Evaluation." 63–97 In *The Handbook of Practical Program Evaluation, 2nd Edition*. Edited By J.S. Wholey, H.P. Hatry, And K.E. Newcomer. San Francisco. CA: Jossey-Bass, Inc.

Maluleka, J. S. (2008). *The Capacity of School Governing Bodies in Rural Schools in The Moretele District of the Nkangala Region*. Pretoria: University Of South Africa.

Maree, K. (2007). *First steps in research*. Pretoria: Van Schaik Publishers.

Maree, K. (2010). *First steps in research*. Van Schaik Publishers. Pretoria.

Marshall, C, & Rossman, G. B. (2011). *Designing Qualitative Research* (3<sup>rd</sup> ed.). London : Sage Publications.

Mathews, C., Boon, H., Flisher, A. J. & Schaalma, H.,P. (2006). Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa, *AIDS Care*, 18 (4), 388-39.

Mathula, K. M. (2004). *Performance Management: from Resistance to IQMS – from Policy to Practice*. Fifth Annual Educationally Speaking Conference. Boksburg: Birchwood Hotel.

McMillan, J. H. & Schumacher, S. (2001). *Research in Education. A Conceptual Introduction* (5th ed.). New York: Longman.

McMillan, J. H. & Schumacher, S. (2010). *Research in Education: Evidence-based inquiry*. 7<sup>th</sup> Ed. New Jersey: Pearson Education Inc.

Merriam, S. B. & Brockett, R. G. (2007). *The profession and practice of adult education: An introduction*. San Francisco: Jossey-Bass.

Merriam, S. B. (2008). *Qualitative Research: A Guide to Design and Implementation* 3rd Edition, San Francisco: Jossey-Bass.

Merriam, S. B. (2009). *Qualitative Research and Case Study Applications in Education*. San Francisco: Jossey-Bass Inc.

Moja, T. & Hayward, M. (1999). *Higher Education Policy Development in Contemporary South Africa*. From <http://www.hsrc.ac.za> 20 December 2009.

Moletsane, M. (2013). Educational and Psychosocial Effects of AIDS on Orphans from a Previously Disadvantaged South African Township, 44(3),297-303.

Morrell, R., Moletsane, R., Abdool Karim, Q., Epstein, D. & Unterhalter, E. (2002). 'The school setting: opportunities for integrating gender equality and HIV risk reduction interventions' in *Agenda*, 53.

Morrell, R., Unterhalter, E, Moletsane, L. & Epstein, D. (2001). *HIV/AIDS policies, schools and gender identities*. Indicator SA, Vol. 18 (2), 51 – 57.

Mulaudzi, M. P. & Mavhandu-Mudzusi, A. H. 2006. *Basic Counseling Skills: An Educator's Manual*. Thoyandou: UNIVENDA.

Mwase, C (2000). *Schooling cannot be sacrificed*. *Children FIRST*, June/July 2000, vol. 4, (31), 23-25.

Myers, J. D. (2009). *Growing old with HIV: the AIDS epidemic and an aging population*. JAAPA. 22(1), 20–24.

Nagesar, N. (2008). *The implementation of primary school based HIV/AIDS policies in the Umgeni North Ward*. University of Kwa-Zulu Natal.

National Department of Education. (2007). *Understanding School Leadership and Management in the South African Context. Module one. ACE (School Leadership)*. Pretoria, South Africa.

Neuman, L. W. (2006). *Social Research Methods: Qualitative and Quantitative Approaches*, 6<sup>th</sup> Edition , Pearson Education, Inc, Boston Thousand Oaks, CA: Sage Publications.

Nzioka, C. (2005). *The Impact of HIV/AIDS on teachers International Institute for Educational Planning Newsletter XXIII. IIEP Newsletter*.

- Nyambi, M. M. (2005). *The Contribution of School Governing Bodies in Section Twenty-One Rural Schools*. Med Dissertation. Pretoria: University Of Pretoria.
- Ogina, T. (2003). How Principals Understand and Implement HIV and AIDS Policy in Schools. Unpublished Master's Dissertation, Pretoria: University of Pretoria
- Ogot, B. A. (2004). *Politics and the Aids Epidemic in Kenya 1983 – 2004*. Kisumu: Anyange Press Ltd.
- Ombuya, B. D., Yambo, J. M. O. & Omolo, T. M. (2012). *Effect of Ophanhood on Girl-child Access and Retention to Secondary school Education; A Case Study of Rongo District, Kenya. International Academic Research in Progressive education and Development*, 1(4),114- 136.
- Onwuegbuzie ,A. J. & Leech, N. L. (2007). Validity and qualitative research: An Oxymoron? *Quality & quantity : International journal of methodology* . 41 (2), 233-249.
- Operario D., Cluver,L., Rees, H., MacPhail, C. & Pettifor, A. (2008). Orphanhood and Completion of Compulsory School Education Among Young People in Southern Africa: *Findings From a National Representative Survey*.
- Oxfam (2000). *Education Report*. Oxford: Oxfam
- Payne, G. & Payne, J. (2004) *Key Concepts in Social Research*. London: Sage Publications.
- Pillay, J. 2012. Experiences of Learners from child headed households in a vulnerable school that makes difference: *School Psychology International*, 33 (3), pp. 3-21.
- Pisani, E. (2008). *The wisdom of whores: bureaucrats, brothels and the business of AIDS*. London: Granta.
- Raniga, T. (2006). *The Implementation of the National Life-Skills and HIV/AIDS school policy and programme in the eThekwinini Region*. , PHD, Humanities, Development and Social Sciences, University of Kwa-Zulu Natal , Durban.

Reich, M. R. (1995). *The Politics of Health Reform in Developing Countries: Three Cases of Pharmaceutical Policy*, *Health Policy* 32,47-77.

Remler, D. K & Van Ryzin, G. G. (2011). *Research methods in practice*. Sage publication . California .

Ritchie, J., & Lewis, J. (2003). *Qualitative Research Practice. A guide for social science students and Researchers*. London: Sage publications.

Rosenbrock, R. (1993). *AIDS: Questions and Lessons for Public Health*. *AIDS & Public Policy Journal*, Vol 8, No 1, S. 5–19.

Sanderson, I. (2000, in press). *Evaluation in Complex Policy Systems*. *Evaluation*, 6, No. (4).

Save Children. (2013). *Fighting HIV and AIDS in partnership with communities – Save Children file*.

Schneider, H. & Stein, J. (1997). *Implementating AIDS policy in post-apartheid South Africa*. *Social science and Medicine*, 52.

Schwandt, T. A. (2001). *Dictionary of qualitative inquiry* (2nded.). Thousand Oaks, CA: Sage.

Schwandt, T. A. (2007). *The Sage dictionary of qualitative inquiry* (3<sup>rd</sup>ed.). Thousand Oaks. CA: Sage Publications.

Seale, C., Gobo, G., Gubrium, J. F. & Silverman, D. (2004). *Qualitative Research Practice*. London : SAGE Publications.

Silverman, D. (2004). *Qualitative research: theory, method and practice* (second edition). London: Sage.

Somekh, B. & Lewin, C. (2005). *Research Methods in the Social Sciences*. Cornwall: Sage Publications.

Spillane, J. P., Reiser, B. & Reimer, T. (2002). *Policy Implementation and Cognition: Reframing and Refocusing Implementation Research. Review of Educational Research*, 72(3),387- 431.

Sutton, R. (1999). *The policy process: An overview*. London: Overseas Development Institute.

Syomwene, A. (2013). Factors Affecting Teachers' Implementation of Curriculum Reforms and Educational Policies in Schools: The Kenyan Experience. *Journal of Education and Practice*. 4 (22),80-86.

Taylor, M., Dlamini , S., Kagoro , H., Jinabhai, C., Sathiparsad , R. & De Vries, H. (2002). *Self Reported risk behaviour of learners at rural KwaZulu-Natal high schools*, in *Agenda*, 53.

UNAIDS, (2011). Global HI/AIDS response. Epidemic update and health sector progress towards universal access.

UNESCO, (2003). AIDS: what young people think about it. Brasilia.

UNESCO. (2007), Newsletter, UNESCO (IEP) HIV and AIDS education. , Website: <http://hivaidsclearinghouse.unesco.org>, Issue 41 November 2007.

UNESCO. (2008). *EDUCAIDS: framework for action*. Paris: UNESCO.

Urassa, M., Boerma, T. & Ng'weshemi, J. Z. L. *Orphanhood, child fostering and the AIDS epidemic in rural Tanzania. Health Trans Rev* 1997, 7 (2), 141-153.

USAID, (2003). The "ABCs" of HIV prevention: Report of a USAID technical meeting on behaviour change approaches to primary prevention of HIV/AIDS. Washington, D.C: Population, Health and Nutrition Information Project, <http://www.usaid.gov/pop-health/aids/TechAreas/prevention/abc.pdf>.

Van der Linden, W. J. (1997). *Decision theory in educational testing*. In J. P. Keeves (Ed.), *Educational research, methodology, and measurement: An international handbook* (2nd ed.) 725-730. Oxford, England: Elsevier Science.

Van der Walt, G., Van Niekerk, D., Doyle M., Knipe, A., & Du Toit, D. (2001). *Managing for results in government Sandown*: Heinemann.

Van Wyk, N. (2014). *School Governing Bodies: The Experiences of South African Educators*, *South African Journal of Education*, 24 (1), 49-54.

Vass J. (2003). *Globalization and the impact of HIV/AIDS on the labour force*. Employment and Economic Policy Research (EEPR). Pretoria: Human Sciences Research Council.

Visser, M. J., Schoeman, J. B. & Perold, J. J. (2004). *Evaluation of HIV/AIDS prevention in South African Schools*. *Journal of Health Psychology*, 9(2), 263-280.

Wahyuni, D. (2012). The research design maze: understanding paradigms, cases, methods and methodologies. *JAMAR* 10(1), 69-80.

Wallem, N. E. & Fraenkel, J. R. (2001). *How to design and evaluate research in education*. University of education: Winneba, Ghana.

Weaver, K. & Olson, J. K. (2006). Understanding the paradigms used for nursing research. *Journal of Advanced Nursing*, 53, 494-469.

Wildish, J. (2006). *An analysis of HIV policy formulation and implementation structures, mechanisms and processes in the education sector in Kenya. A paper commissioned by the Overseas Development Institution, Kenya*.

Wood, L. & Goba, L. (2005). Care and support of orphaned and vulnerable children at school: helping teachers to respond *South African Journal of Education*, 31.275-290.

Wood, L. (2009). Not only a teacher, but an ambassador for HIV & AIDS: facilitating educators to take action in their schools. *African Journal of Aids Research*, (8), 83–92.

World Bank. (2000). *HIV/AIDS: The Facts*

World Bank. (2004). *Education and HIV/AIDS: A sourcebook of HIV/AIDS prevention programs*. Washington, DC, The International Bank for Reconstruction and Development / The World Bank .

Wu, D. Y., Munoz, M., Espiritu, B., Zeladita, J., Sanchez, E. and Callacna, M. (2008). Burden of depression among impoverished HIV-positive women in Peru. *Journal of Acquired Immune Deficiency Syndrome*;48(4): pp. 500–504.

Yin, R. K. (2008). *Case study research: Design and method* (4<sup>th</sup> ed). Thousand.

Yin, R. K. (2009). *Case study research: Design and method* (4<sup>th</sup> ed). Thousand.

## ANNEXURES

### ANNEXURE A: INTERVIEW PROTOCOL

1. Tell me how long you have been in this school and your experiences as an educator in this school?
2. In your opinion, what is the impact of HIV/AIDS in your school?
3. What can you say about school-based HIV/AIDS policy?
4. What are some of the issues included in your school policy on HIV/AIDS?
5. What aspects of the policy are relevant to their school situation?
6. Why are these aspects relevant to the school situation?
7. How is school based HIV/AIDS policy implemented?
8. What works well in terms of policy implementation?
9. What are some of the challenges experienced in implementing the policy?
10. How are the challenges addressed?
11. Is there anything else that you would like to tell me regarding school-based HIV/AIDS policy?

***Thank you for participating in this interview.***

## ANNEXTURE B: LETTER TO THE CIRCUIT MANAGER



DEPARTMENT OF EDUCATION MANAGEMENT LAW AND POLICY

P.O. BOX 5339

GIYANI

0826

23 February 2015

The Circuit Manager

Klein Letaba Circuit

Giyani

0826

REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN LIMPOPO PROVINCE: KLEIN LETABA CIRCUIT, MOPANI DISTRICT.

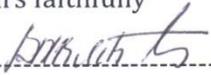
I hereby apply for permission to conduct research in the above-mentioned district. I am a Master's student at the University of Pretoria, Faculty of Education, Department of Education Management and Policy Studies. The research is about "*Experiences of educators in managing the implementation of HIV/AIDS policy in Limpopo province*". I request your permission to conduct interviews with three principals, three Life Orientation educators and three SGB chairpersons from each of the three sampled high schools from Klein Letaba circuit for data collection. The study aims at exploring the case of the experiences of educators in the management of the implementation of school based HIV/AIDS policy. The purpose of this study is to gain knowledge on the experiences of educators regarding what is happening in their schools regarding the implementation of school-based HIV/AIDS policy.

School principals, Life orientation educators and SGB chairpersons, they are in a unique position of providing the most useful information about the topic being researched. Their participation will be in the form of interviews will be tape recorded. Semi-structured questions will be used to collect data about the experiences of educators in managing the implementation of school-based HIV/AIDS policy. The dates and times of the interviews will be mutually negotiated.

Participation in this study is voluntary and the participants have the right to withdraw at any time. Confidentiality and anonymity regarding information shared is guaranteed. Interviews will be done after teaching time to avoid disruption during contact time.

Hoping for your favourable consideration on this matter.

Yours faithfully

  
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Mr Rikhotso S.N, Student number: 28701403

Contact No: 073 158 0258/083 534 7486

E-mail: [nzamabusi@telkomsa.net](mailto:nzamabusi@telkomsa.net)

Supervisor Dr T.A Ogina

072 128 9953

[taogina@up.ac.za](mailto:taogina@up.ac.za)

## ANNEXTURE C: APPROVAL LETTER FROM THE CIRCUIT MANAGER

	<b>LIMPOPO</b> PROVINCIAL GOVERNMENT REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF EDUCATION MOPANI DISTRICT	
KLEIN LETABA CIRCUIT	
Enq : Machumele, M.M. Cel. 082 808 9085	
23 February 2015	
Mr S.N. Rikhotso P.O. Box 5339 GIYANI 0826	
<b>REQUEST TO CONDUCT M.ED RESEARCH IN SCHOOLS: YOURSELF</b>	
<ol style="list-style-type: none"><li>1. The above matter refers:</li><li>2. We acknowledge receipt of your letter which we received on 23 February 2015.</li><li>3. The circuit has approved your request on condition that your research should not disturb teaching and learning.</li><li>4. The chosen school's names should be submitted to the circuit and permission sought with individual schools/educators in advance.</li><li>5. The circuit wish you well and hope you will share your research findings with the department.</li></ol>	
 MACHUMELE, M.M : Circuit Manager	 <p>DEPARTMENT OF EDUCATION THE CIRCUIT MANAGER KLEIN LETABA CIRCUIT  2015 -02- 23  PRIVATE BAG X900- GIYANI 0826  LIMPOPO PROVINCE</p>
SHAMAVUNGA CIRCUIT DEPARTMENT OF EDUCATION MOPANI DISTRICT, Private Bag X 578 GIYANI, 0826 Tel 015 812 1274 / 015 812 1793 Fax No. 015 812 1141	
<i>The heartland of Southern Africa – development is about people</i>	

## ANNEXTURE D: LETTER TO THE HEAD OF DEPARTMENT OF EDUCATION



Faculty of Education

Department of Education  
Management Law and Policy

P. O. Box 5339

Giyani

0826

29 June 2015

Head of Department Education

Private Bag X9489

POLOKWANE

0700

Dear Sir

**REQUEST FOR PERMISSION TO CONDUCT RESEARCH IN LIMPOPO PROVINCE:  
KLEIN LETABA CIRCUIT, MOPANI DISTRICT.**

I hereby apply for permission to conduct research in the above-mentioned district. I am a Master's student at the University of Pretoria, Faculty of Education, Department of Education Management and Policy Studies. The research is about "*Experiences of educators in managing the implementation of school-based HIV/AIDS policy in Limpopo province*". I request your permission to conduct interviews with three principals, three Life orientation educators and three SGB chairpersons from each of the three sampled high schools from Klein letaba circuit for data collection. The study aims at exploring the case of the experiences of educators in the management of the implementation of school- based HIV/AIDS policy. The purpose of this study is to gain knowledge on the experiences of

educators regarding what is happening in their schools regarding the implementation of school-based HIV/AIDS policy.

School principals, Life orientation educators and SGB chairpersons, they are in a unique position of providing the most useful information about the topic being researched. Their participation will be in the form of interviews for the duration of 45 minutes and the interviews will be tape recorded. Semi - structured questions will be used to collect data about the experiences of educators in managing the implementation of school-based HIV/AIDS policy. The dates and times of the interviews will be mutually negotiated. Participation in this study is voluntary and the participants have the right to withdraw at any time. Confidentiality and anonymity regarding information shared is guaranteed. Interviews will be done after teaching time to avoid disruption during contact time.

Hoping for your favourable consideration on this matter.

Yours faithfully



Mr Rikhotso S.N, Student number: 28701403

Contact No: 073 158 0258 / 0835347486

PERSONAL No: 81121814

E-Mail: [nzamabusi@telkomsa.net](mailto:nzamabusi@telkomsa.net)



Supervisor Dr T.A.Ogina

0721289953

[taogina@up.ac.za](mailto:taogina@up.ac.za)

## ANNEXTURE E: APPROVAL LETTER FROM THE HEAD OF DEPARTMENT OF EDUCATION



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

### DEPARTMENT OF EDUCATION

Enquiries: MC Makola PhD, Tel No: 015 290 9448 . E-mail: [MakolaMC@edu.limpopo.gov.za](mailto:MakolaMC@edu.limpopo.gov.za)

P O BOX 5339  
GIYANI  
0826

RIKHOTSO S.N

**RE: Request for permission to Conduct Research**

1. The above bears reference.
2. The Department wishes to inform you that your request to conduct research has been approved. Topic of the research proposal: **"EXPERIENCES OF EDUCATORS IN MANAGING THE IMPLEMENTATION OF SCHOOL-BASED HIV/AIDS POLICY IN LIMPOPO PROVINCE"**.
3. The following conditions should be considered:
  - 3.1 The research should not have any financial implications for Limpopo Department of Education.
  - 3.2 Arrangements should be made with the Circuit Office and the schools concerned.
  - 3.3 The conduct of research should not anyhow disrupt the academic programs at the schools.
  - 3.4 The research should not be conducted during the time of Examinations especially the fourth term.
  - 3.5 During the study, applicable research ethics should be adhered to; in particular the principle of voluntary participation (the people involved should be respected).
  - 3.6 Upon completion of research study, the researcher shall share the final product of the research with the Department.
4. Furthermore, you are expected to produce this letter at Schools/ Offices where you intend conducting your research as an evidence that you are permitted to conduct the research.
5. The department appreciates the contribution that you wish to make and wishes you success in your investigation.

Cnr. 113 Biccard & 24 Excelsior Street, POLOKWANE, 0700, Private Bag X9489, POLOKWANE, 0700  
Tel: 015 290 7600, Fax: 015 297 6920/4220/4494

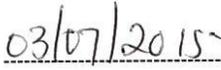
***The heartland of southern Africa - development is about people!***

Best wishes.

  
\_\_\_\_\_

Mashaba KM

Acting Head of Department.

  
\_\_\_\_\_

Date

## ANNEXTURE F: CONSENT LETTERS



Faculty of Education

### CONSENT LETTER TO THE PRINCIPALS

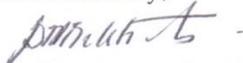
#### DEAR PARTICIPANT

My name is Mr Rikhotso S.N. I am a Master's student at the University of Pretoria, Faculty of Education, Department of Education Management and Policy Studies. The title of my study is *"Experiences of educators in managing the implementation of school-based HIV/AIDS policy in Limpopo province."* The study aims at exploring the case of the experiences of educators in the management of the implementation of school-based HIV/AIDS policy. The purpose of this study is to gain knowledge on the experiences of educators regarding what is happening in their schools regarding the implementation of school-based HIV/AIDS policy.

Participation in this study is voluntary and you have the right to withdraw from the study at any stage. If you consent to be a participant in this study, you will be interviewed by the researcher. The researcher will ask you some questions about how you manage the implementation of school-based HIV/AIDS policy. The interviews will last for about 45 minutes. The interviews will be done after school hours. The venue will be at school or an alternative place of your choice. The information obtained from the interviews will be treated as confidential and your identity will be concealed. Anonymity is guaranteed as no names will be required from you as a participant. The name of your school and any other personal details that could identify you or your school will be excluded from the study. I do not anticipate putting you as a participant at any risk by participating in this study. The information gathered will be used for research purpose only.

I hereby request for your consent to be interviewed.

Yours sincerely,



Mr Rikhotso S.N, Student number: 28701403  
Contact No: 073 158 0258/ 0835347486



Supervisor Dr T.A.Ogina  
0721289958

## CONSENT LETTER TO LIFE ORIENTATION TEACHERS

### DEAR PARTICIPANT

My name is Mr Rikhotso S.N. I am a Master's student at the University of Pretoria, Faculty of Education, Department of Education Management and Policy Studies. The title of my study is *"Experiences of educators in managing the implementation of school-based HIV/AIDS policy in Limpopo province."* The study aims at exploring the case of the experiences of educators in the management of the implementation of school-based HIV/AIDS policy. The purpose of this study is to gain knowledge on the experiences of educators regarding what is happening in their schools regarding the implementation of school-based HIV/AIDS policy.

Participation in this study is voluntary and you have the right to withdraw from the study at any stage. If you consent to be a participant in this study, you will be interviewed by the researcher. The researcher will ask you some questions about how you manage the implementation of school-based HIV/AIDS policy. The interviews will last for about 45 minutes. The interviews will be done after school hours. The venue will be at school or an alternative place of your choice. The information obtained from the interviews will be treated as confidential and your identity will be concealed. Anonymity is guaranteed as no names will be required from you as a participant. The name of your school and any other personal details that could identify you or your school will be excluded from the study. I do not anticipate putting you as a participant at any risk by participating in this study. The information gathered will be used for research purpose only.

I hereby request for your consent to be interviewed.

Yours sincerely,



Mr Rikhotso S.N, Student number: 28701403

Contact No: 073 158 0258/ 0835347486



Supervisor Dr T.A.Ogina

0721289958

## **ANNEXURE G: INTERVIEW TRANSCRIPT SAMPLE**

### **1. Tell me how long you have been in this school and your experiences as an educator in this school?**

*“Thank you very much once again. I have been working at the school for 20 .... Not 20 years .... Is about 10 years but my experience span for 20 years as an educator? When I arrive at the school as a principal I had to make sure that the relationship between the community and the school is well established because what I found was that there was a gap between the school and the entire community and I had to work on to build the relationship between the school and the community stakeholders. What I see now is a very good relationship between the school and the community which boosts the morale of the educators and gives courage to work effortlessly to ensure that learners are given quality and proper education. So basically as we are speaking now everything is fine, educators are motivated, the community itself inclusive stakeholders within the community have confidence in the entire staff and that is a boost for learner performance and the performance of learners has improved tremendously. Thank you.”*

### **2. In your opinion, what is the impact of HIV/AIDS in your school?**

*“The issue of HIV/AIDS is a very disturbing one because once a person knows that he/she is affected or infected by the disease obviously that*

*particular person turn to behave in a different way, some do not accept the situation as it is, so even our educators and learners found themselves in a similar situation so it is up to the principal and all the stakeholders involved to actually educate the infected and affected educators and learners to actually accept the situation and also to know how to actually handle this kind of a situation because aids on its own does not kill a person if that person is educated in terms of how to manage his/her health even the health of the person who is close to him/her. What is not clear with our teachers or learners is that in terms of infections we don't have a concrete statistics to have say we have so many educators or learners who are infected or affected but from the personal point of view this are some of the issues which you just come across on a daily bases and to make conclusions which are not based on any health report to say this learner because of his/her pattern of absence from school or because of how he looks like or because of being ill for several times it means that particular learner might be infected but that kind information is not forthcoming from the parents to the school so that as a school we will be able to harness the situation to actually support that particular learner or educator but from a distance you can see that learners who have got parents at home who are infected by this kind of situation they are affected very- very badly because their performance will drop and their school attendance is not that regular ..... even the educators..... even we can't say we have so many educators who are infected or infected but there is no way in which our staff are not affected because very often we get report*

*that I can't or I request permission to accompany my relative to a doctor or to a hospital because he/she is sick and if those kind of information may becoming repeatedly on a regular basis that might say something in terms of that particular educator being affected by that particular situation emotionally, psychologically and other ways. Thank you."*

- **Do you sometimes discuss about this issue among yourself may be in a staffroom or staff meeting ... I mean the HIV/AIDS issue?**

*"ehhh ... we normally don't ..... we normally don't ..... I think our approach is very much reactive to the situation because we have a policy in place but we seem to be waiting for a situation where we will be having a person affected or infected that we know that it only we know that we can engage our ..... but that is not a good approach because the approach should be to on a regular basis have some kind of workshops among our-self, workshops with relevant community stakeholders so that we can be able to publicize and make people aware that this kind of disease can be treated in this particular ways and there are ways which can be used to prevent the scourge from actually spreading to other people who are not infected but we don't find a proper platform, may be I can say we have not yet created a platform to actually educate our members as well as our learners in terms of handling this issue. Thank you."*

- **What about learners do they receive any lessons about this HIV/AIDS?**

*“jaaaa ... learners do receive because in our life skills curriculum from grade R to grade 7 we have lessons or topics related to this kind of illnesses and have our community health workers who are working in partnership with the school to support our learners, they come on a regular basis to come and teach our learners on different aspects of their health inclusive of HIV/AIDS but that kind of an outrage has not been extended to our educators. We have not done that to our educators but learners are getting much support, are getting much support from our community based health organization as well as the local clinic staff who regularly come to school to offer lessons in that regard. Thank you.”*

### **3. What can you say about school-based HIV/AIDS policy?**

*“The school-based HIV/AIDS policy should not be policy which is developed by an individual or may be a click or few of people within the school; it should be a policy that is inclusive of all role players because the policy stems from the National policy on HIV/AIDS which is a National legislation developed by the Department of Education or the National Government so the policy that we have at our school is actually based on National policy on HIV/AIDS. So most of things that are inclusive there are from the National policy but what needs to be done is to develop the policy that will suit the situation at that particular school. So in most cases you find that the policies that schools have are not suppose to be similar because situations might differ depending on where the school is situated and even the role players that are involved in that particular school. So the policy itself as I have said should be inclusive of*

*all role players so that we have a that is easy to implement rather than the policy that is developed by an individual as part of kind of policy which is to be implemented by different people it becomes difficult implement such kind of policy so the school should develop a policy include all role players and also premise the policy on the National policy on HIV/AIDS because that becomes the bases upon which the policy of the school is actually be focused on. Thank you.”*

- **Which stakeholders is part of the formation of HIV/AIDS policy?**

*“The stakeholders which am referring to are educators, School Management Team, SGB’s and am also referring to other community structures like I said Community Health Workers and even the local clinic staff can be involve in developing this policy. Why do we broaden this process ..... is actually to make is easy for us to implement because we can’t implement a policy at school only. If a learner has a problem related to the disease and that particular learner sometimes has to be supported by the local workers or local health workers and also by the clinic and other stakeholders ..... so that kind of approach will help in terms of making the implementation of that policy feasible and practically possible. So within the school when we talk about it we are not referring to all educators, the school has a committee called the School Health Advisory Committee and this kind of committee should comprise of educators who more involved in life skills education, School Management Team and SGB. This kind of policy can also accommodate other members from the community who has knowledge in dealing with*

*people who are HIV positive and also those people who are working on day to day bases to support family members who are infected or affected with the disease. So at school level we have educators ..... may be preferably those educators who are teaching life skills education, SMT's and SGB's but this is not the prescribed number but it depend on the school wants to be inclusive as much as possible of all role players that have a share in education of the children. Thank you “*

#### **4. What are some of the issues included in your school policy on HIV/AIDS?**

*“The school policy include issues such as the aims and objectives of the policy, it also include issues around testing because learners should not be tested for HIV/AIDS as the bases for the enrolment at the school, it also talks about the issue around disclosure where both educators and learners are not compelled to disclose their status but they can voluntary do so may be to the principal, it also talks about issue around non discrimination where learners, educators and other members of the staff are encouraged not to discriminate against those that are infected, it also talks about school attendance, it also talks about exemption of compulsory schooling of those who are infected, it also talks about home schooling in an event where a learner is unable to come to school because of her/his sickness. Educators should provide schooling to that particular learner as far as possible, it also talks about creating a safe school environment so that both educators and learners are able to work without having to put their lives at risk by may be contracting the*

*disease either from a learner or educator, we also talk lastly about the issue of the prevention of the transmission of HIV/AIDS during play and sport and also how the Health Advisory Committee should be constituted, so those are the issues that are included in the HIV/AIDS school policy. Thank you.”*

##### **5. What aspects of the policy are relevant to their school situation?**

*“Eehh .... Actually all aspects of the policy are relevant because for instance the issue about having aims and objectives it actually indicate that you cannot have the policy without a purpose so that is very much relevant. So the issue around testing of learners because we have situations in certain schools may be where learners before they are admitted have to bring a letter from a doctor to confirm that this particular learner has HIV/AIDS or does not have that kind of disease. In our case we actually don't support that kind of thing because it is unconstitutional. the issue around disclosure is also relevant because our members and learners are encourage to disclose but they should also know that is voluntary they are not forced if they don't want to inform us about their status both the parents and educators are not forced to disclose. The issue of non discrimination is also relevant because we are encouraging everybody to actually accept and support those that are infected. The issue of school attendance is also relevant because we can't take away learner who is HIV positive, we have to enroll them at our school and give them the necessary support. The exemption of compulsory school*

*attendance, this is another issue which is relevant because learners who are seriously ill can apply to be exempted to attend the school for a particular period depending on what the doctor advised. The issue of home schooling is also relevant because we have responsibility as educators to provide education to learners who are unable to come to school due to ill health. Jaaaa ..... almost all issues here are very much relevant. The issue around safe school environment is also relevant because as educators parents expect us to create a harmonious environment which will enable learners to be able learn effectively and not to be threatened by other learners or educators whether they have got HIV or they don't have. So we feel that this is also a very-very relevant aspect. The issue around sport .....when we engage learners in sporting activities, most of sporting activities are contact sport, contact sport in the sense that when learners are playing they have to come in one point or another to contact each other, so we have to teach our learners and even our educators how to treat situations where sometimes one of the learners is injured during the process how to treat that particular learner. So it is also very-very much imperative to have the formation of the Health Advisory Committee because we can't implement this policy if we don't have the structure in place which will actually co-ordinate the activities of the policy. Thank you."*

**6. Why are these aspects relevant to the school situation?**

**I have not asked this question because most of the answers given in 5 also addressed this question.**

## **7. How is school based HIV/AIDS policy implemented?**

*“Eeehhhh ..... implementing the policy like I said is not different from how it was developed. So when you develop it you include everyone and also when you implement the policy you include everyone so that this policy is easy to implement, of course there are certain issues that are actually enshrine in a policy which are not easy for us actually handle them but we find our self being able to put the policy in practice effectively so because we include everybody. Everybody should be familiarized with the content of the policy so it will be owned by everybody so that when we implement it we don’t have problems which may be might come from other role players which feel that they are being aggrieved by the manner in which the policy is being implemented at the school. So implementation is not a problem to include life skills educators where we encourage them to actually teach about HIV/AIDS, how to prevent the spread. We also have our Community Health Workers who are also the custodian of the policy, we also have our local clinic staff who have a hand in the development and the implementation of the policy. So all this role players have a role to play in terms of actually ensuring that this policy is effectively implemented. Thank you.”*

## **8. What works well in terms of policy implementation?**

*“Consultation, collaboration, the issue around respect, the issue around honesty and the issue around trust, those are key elements that actually work very well when we have to come to implementing the policy. I said*

*collaboration because we have to have the roles of different stakeholders being coordinated and being well harnessed in terms of who is responsible for what in terms of this policy. So the issue around inclusive of all stakeholders is another key element which helps us to have this policy well implemented and also respect the views and the manner in which other people are able to assist in terms of implementing the policy, we also have the issue around honesty ..... you know you find sometimes we have to be honest about our self so that actually able to give and get the necessary support and that will also assist in actually parent, educators and non educators in disclosing their ..... because they will have confidence in those around them. And issue around trust also plays a very important role because if we each other then is easy for us to tell our colleagues or tell educators about the status of my learner or the status of myself as an educator to other educators so that they can be able to provide necessary support to that particular educator and that particular learner without feeling being discriminated against. I think that makes us work well in terms of implementing the policy as such. Thank you.”*

**9. What are some of the challenges experienced in implementing the policy?**

*“Eeehh ..... the issue around AIDS ..... you remember when AIDS started during the early 90’s and late 80’s when this disease came to be talked more about, some people lost life their lives they were killed in their communities and some committed suicide because they could not .. you know accept their situations. So is not something that was not well handled when it was initially*

*discovered but of late it was... eeehh.. people are becoming comfortable taking about this kind of disease but there are challenges that we think this HIV/AIDS is not attended to in a proper manner .... One the issue around disclosing the status we don't have that from our parents ... eehh we don't have that from our educators. For the past years that I was working at school as a principal I don't remember one single parent coming to the office or one educator coming to the office to say this particular learner who's my child or under my guardianship has this kind of a disease or an educator coming to say I have this kind of disease hence you see me may be not having coming to work regularly, we have not yet seen that. I only remember of one situation where a parent came to seek admission for her child and she indicated to us that this child is HIV or that child was HIV positive but before the end of the day she came back to retract the statement to say no that was not what I meant this child has TB. So you will realize that when parent got home some people were interested in asking what she said about the status of the child and she told them the truth but they said: 'no you can't do that,*

*'So she had to come back and retract the statement to say no my child is not HIV positive. The issue around disclosure is another challenge. Another one which parents do not actually talk more about is around participation in sports, we once had a situation where parents could not allow their learners to participate in sports because they know that amongst the learners who are participating in particular sporting codes one learner is HIV positive, so they will withdraw their learners not to participate in that particular... (Sporting*

*code) but they could not give that particular reason to us to say we are withdrawing our learners to participate because in that sporting code there is this particular learner who might.... you know ...infect our learners. So we see learners not participating much in different sporting code on the bases that certain learners might infect....(others). Another issue is around poor learner attendance due to ill health, you find that learners are not coming to school regularly and you will realize that may be there is this kind of situation to deal with... their infected and affected but we don't get it from parents we just told that the learner could not come to school because the learner has taken to a doctor or to a prophet or to a traditional healer to actually assist that particular... (learner) but you will feel that this learner is staying away because he/she not feeling well and the problem might be that he/she is HIV positive but we are not getting that kind of information forthcoming from parents or other stakeholders. Thank you."*

#### **10. How are the challenges addressed?**

*"we encourage parents during our consultative meetings ..encourage them actually to disclose the status of their children, we also encourage parents to actually disclose their own status or status of those they are staying with because we know even if the learner himself or herself is not infected but by the fact that there is a relative where she/he is staying that is infected obviously that particular learner is affected and that particular learner's performance is going to drop so we encourage them during meetings to disclose. Even when they come to seek admission, the admission form will*

*want to know if that learners have got an illness that will need that particular learner to be supported but parents will cage about it and say no there is nothing but that also create problem because we find our self in a situation that we cannot support that particular learner. So that is how we try to address our challenges to try to encourage them to disclose and encourage parents to allow learners to participate in different sporting codes and also to come to us in case they need support because we also believe that our presence as educators at our school is only not about curriculum delivery but about ... you know supporting our parents and learners or even educators in every way possible. So we also invite our Community Health Workers to educate learners and also make presentations during our parent's consultative meetings around this issues that are raised in the policy so that parents or even the learners themselves or even educators will become open about their situation related to the disease. Thank you."*

**11. Is there anything else that you would like to tell me regarding school-based HIV/AIDS policy?**

*" Eeehhhh ..... jaaaa I think the policy that we have at the school level or at our school is actually user friendly ... eehh is very much straight forward and if properly implemented HIV/AIDS will be eradicated .... Will simply be eradicated this kind of disease once and for all. But what I have observed in certain schools the policy is developed for compliance, we don't see the people implementing the policy at school level, nobody was involved because this policy may be was copied from another school because the Department*

*wanted to see the policy when the officials visit the school. The policy will just be there and not being implemented because nobody knows about the content of the policy and again the Department of Education has relaxed in terms of organizing workshops where teachers will be trained and encouraged to develop this policies and to implement them. There are those kinds of things that are not happening and if we do not get that kind of support educators turn to feel that may be the Department has forgotten that we have an issue to deal with it at school level. So everybody seem relaxed, nobody is doing anything at school regarding the policy but we hope that the Department will come and smell the coffee so that they actually come back and try to conscientize us about the us in terms of making sure that this scourge of HIV/IDS is completely eradicated in the country because what we see now is that the numbers are increasing instate of decreasing. The number of people who are infected on a daily bases are increasing in state of decreasing and education is a relevant platform through which this policy can be easily implemented, is a relevant vehicle through which our learners, our communities can be freed from the shackles of HIV/AIDS. Thank you.”*

- **How often do you review your policy?**

*“Eeehhh... the policy should reviewed on a yearly bases. After each year role players should sit down and look at reviewing the policy by then we mean that the role players should look at it and see if it is still relevant if there are issues or aspects of the policy which are not or no longer relevant then those people are*

*going to be able to include some aspects which are relevant to the policy. So we review it on yearly bases.*

*“Ok ...Thank you ..... thank you ..... I also believe that you will be able to complete your study and what you are going to conclude on the issue will assist the Department in terms of how to move forward in dealing with this particular problem. It will also come up with recommendations like I said that will be easy to implement for schools to actually make sure that policies are developed and policies are properly implemented. Thank you”.*

***Thank you for participating in this interview.***

## ANNEXURE H: EXAMPLE OF DATA ANALYSIS TABLE

Questions and sub	Responses	Segments	Comments/codes	Themes/Sub
1. Tell me how long you have been in this school and your experiences as an educator in this school?	<p><b>PRINCIPAL A:</b></p> <p><i>“Thank you very much once again. I have been working at the school for 20 .... Not 20 years .... Is about 10 years but my experience span for 20 years as an educator? When I arrive at the school as a principal I had to make sure that the relationship between the community and the school is well established because what I found was that there was a gap between the school and the entire community and I had to work on to build the</i></p>	<p><i>.... Is about 10 years but my experience span for 20 years as an educator? the relationship between the community and the school is well established</i></p> <p><i>the community itself inclusive stakeholders within the community have confidence in the entire staff</i></p> <p><i>appointed here</i></p>	<p>Experience ranges from six months to 20 years.</p> <p>Good relationship exists between the schools and the community.</p>	<p><b>EXPERIENCES OF EDUCATORS.</b></p> <p><b>working experience</b></p> <p><b>Relationship between the school and the community.</b></p>

	<p>relationship between the school and the community stakeholders.</p> <p>What I see now is a very good relationship between the school and the community which boosts the morale of the educators and gives courage to work effortlessly to ensure that learners are given quality and proper education. So basically as we are speaking now everything is fine, educators are motivated, the community itself inclusive stakeholders within the community have confidence in</p>	<p>on the first of May 2015 which gives me six months</p> <p>But the relationship between us and the community is very well ... very good. And also the relationship between the educators and the learners is very good even though when I relate with learners I found that the learners they are still angry. they display a hostile attitude.</p> <p>And then the relationship</p>	<p>Relationship between the students and the educators is not good.</p> <p>Good relationship among the staff.</p>	
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	<p><i>the entire staff and that is a boost for learner performance and the performance of learners has improved tremendously. Thank you.”</i></p> <p><b>PRINCIPAL B:</b></p> <p><i>“Thank you sir ..... I have been appointed here on the first of May 2015 which gives me six months here at the school as principal. About my experience in this school let me say I have learnt a lot of things here. It is my first school as a principal so let me say everything here is new but my experience is that I found that the community accepted me</i></p>	<p><i>between the management and educators is very good.</i></p> <p><i>The relationship between the educators themselves is good, between the management and educators is good. And about the SGB is a new SGB ... So is also very good</i></p> <p><i>“I have been in this school for nine years. educators and learners do not disclose their status</i></p>		
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	<p>very well, I received a very warm welcome from the community and also the learners, they have been without a principal for a year. So they were excited to find a new principal and also that the former principal was a male so they were sort of curious to see a female principal. <b>But the relationship between us and the community is very well ... very good. And also the relationship between the educators and the learners is very good even though when I relate with</b></p>			
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	<p><i>learners I found that the learners they are still angry. I may not know what the causes may be but sometimes they display a hostile attitude. It shows that they are angry, I may not know the source of anger whether it is from home or it is from school but sometimes they are hostile. And then the relationship between the management and educators is very good, let me say is a small school with a ... we are a staff of ten people including myself so our relationship is good in terms of implementing everything</i></p>			
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	<p>whether is the curriculum in all the issues, the school is strive free we don't have the fights at all. <b>The relationship between the educators themselves is good, between the management and educators is good. And about the SGB is a new SGB .... So is also very good</b> because the SGB and the management are still new so we learning things together we don't have strive or fights.</p> <p><b><u>PRINCIPAL C:</u></b>  <b>"I have been in this school for nine years.</b> My experiences more especially</p>			
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	<p>about HIV/AIDS are that educators and learners do not disclose their status. One thing for sure they don't want to test. So even if sometimes I encourage them as their colleague more especially educators to go for test they don't want to do it.</p>			
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## ANNEXURE I: DECLARATION OF EDITING

### DECLARATION OF LANGUAGE EDITING

18 August 2016

#### TO WHOM IT MAY CONCERN

This is to confirm that I have language edited and proof-read the dissertation by Mr Solomon Nzama Rikhotso entitled:

**Experiences of Educators in Managing the Implementation of School-Based  
HIV/AIDS Policy in Limpopo Province**

The language editing/proof-reading process included the checking of spelling, punctuation, syntax and expression. An attempt was made to simplify complex sentences and, where necessary, combine short sentences to clarify meaning. Attention was given to the use of various language elements, such as prepositions, consistency in language usage and formatting as well as tenses and capital letters.



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