

**HOW SCHOOL PRINCIPALS UNDERSTAND  
AND IMPLEMENT HIV/AIDS POLICY IN SCHOOLS**

by

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Submitted in partial fulfilment of the requirements for the degree

**Magister Educationis**

In the Department of Education Management,  
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October 2003

DECLARATION

I hereby declare that this research report that I am submitting for the degree of Masters in Education Management University of Pretoria has not been submitted by me before for any other degree or examination at any other University. It is my own work and information from other sources has been acknowledged.

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OCTOBER 2003

## ACKNOWLEDGEMENT

I would like to express my most sincere gratitude and appreciation to following people particularly for their assistance and support:

My supervisor, Dr S Maile, for his guidance, motivation and unlimited support towards the completion of this study.

The Limpopo Department of Education for permission to conduct interviews in the Dennilton area. My special thanks are due to Dr M. D Kekana, Mr. Mabula and Ms S. Phaahla.

All the principals from Dennilton area who participated in the study.

Professor M. J. Kühn for prompt and efficient editing.

My colleague, Rebotile Machaisa, for her support throughout the study.

My beloved husband, Josiah, and daughters Cindy, Marsela, Millicent and Vicky for their perseverance and support during the course of this study.

Above all, I thank the Almighty God for everything.

## SUMMARY

The purpose of this study was to investigate how school principals understand HIV/AIDS and how their knowledge, attitude and interpretation filter in the implementation of the HIV policy in schools. The study comprises a literature review and empirical investigation. The results of this study can be used in planning and implementing HIV policy in schools. The data were collected by administering semi-structured interviews. Ten school principals from the Dennilton circuit in Southern Region of the Limpopo Province were interviewed. The results show that the majority of the principals involved in the study confirm that HIV/AIDS is an incurable disease caused by a virus and is mainly sexually transmitted. Some principals regard their school safe from HIV infection. Their assumption is based on the absence of HIV positive learners and educators in their schools. The principals are aware of the rights of HIV positive learners and educators. Significantly, the research findings indicate that the majority of schools lack educators with HIV/AIDS training, rules on safety precautions and first aid kits. It is recommended that ongoing HIV/AIDS training programmes be provided for educators to enable them to educate the youth on HIV/AIDS. Additionally, schools should focus on strategies to implement universal safety precautions against HIV transmission and to obtain first aid kits. Lastly, school principals should involve parents and other stakeholders in creating a positive school environment for HIV positive learners and educators.

## KEY WORDS

HIV/AIDS

HUMAN RIGHTS

DISCRIMINATION

FIRST AID

DISCLOSURE

PRINCIPAL

SAFETY PRECAUTIONS

STIGMA

RISK PERCEPTION

HIV/AIDS AWARENESS

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## CHAPTER 1

### 1. INTRODUCTION

Luc Motagnier and Robert Gallo, working in different parts of the world discovered Human Immunodeficiency Virus (HIV) in 1984. This was preceded by reporting of the disease that probably affected gay men (Sanders, 2001:588) in 1981. The disease then spread to individuals with risky lifestyles, such as drug users who share needles. The epidemic spread to those who were exposed to blood and blood products, to heterosexuals and was then transmitted from mother to child (Sanders, 2001: 588). These infection paths are still in existence. Acquired Immunodeficiency syndrome (AIDS) is the last stage of infection caused by the Human Immunodeficiency Virus (UNAIDS, 2001:1). Despite the scientific facts about HIV/AIDS, some people still subscribe to conspiracy theories and believe that HIV does not cause AIDS. Thus HIV/AIDS is perpetuated by myths and the denial of the existence of AIDS (UNAIDS, 2000:2).

The evidence that HIV causes AIDS is overwhelming. Numerous laboratories, clinical and epidemiological studies have shown a significant correlation between HIV and AIDS (UNAIDS, 2000:3). The global estimate of the HIV/AIDS epidemic as of end of 2002 estimates that 42 million people are infected by HIV/AIDS worldwide. Most of the current HIV infections and most deaths occur in Africa south of the Sahara (Adudi & Khouri-Dagher, 2000:8).

According to the Global Estimates of HIV/AIDS epidemic - Regional statistics, December 2002 the status of infection across the world is as follows:

Region	Epidemic started	Adults and children living infected with HIV/AIDS	Adult prevalence rate* (15-49 years of age)
Africa south of the Sahara	Late 70's – Early 80's	29,400,000	8.8%
North Africa and the Middle East	Late 80's	550,000	0.3%
South and South East Asia	Late 80's	6,000,000	0.6%
East Asia and the Pacific	Late 80's	1,200,000	0.1%
Latin America	Late 70's – early 80's	1,500,000	0.6%
The Caribbean	Late 70's – Early 80's	440,000	2.4%
Eastern Europe & Central Asia	Early 90's	1,200,000	0.6%
Western Europe	Late 70's – Early 80's	570,000	0.3%
North America	Late 70's – Early 80's	980,000	0.6%
Australia and New Zealand	Late 70's – Early 80's	15,000	0.1%
<b>Total</b>		<b>42,000,000</b>	<b>1.2%</b>

South Africa is one of the countries in the southern Sahara Region of Africa affected by HIV infections. The infection rate in schools is not known, although National Statistics show that people between the ages of 15-35 are most vulnerable to HIV/AIDS infection, a fact that makes this a very serious threat

to learners and educators in both schools and tertiary institutions (Berold, 2000: 1).

The Department of Education Draft Policy on HIV/AIDS for Learners and Educators, Act No 1926 of 1999 introduced by the Government was the first step in addressing HIV/AIDS challenges faced by educators and learners in the country. The aim of the policy is to prevent discrimination against HIV positive people, increase awareness and prevent the disease from spreading. The Government introduced Life Skills and HIV/AIDS Education programmes for schools in terms of the Department of Education 1999 Section 2 (10) that stipulates that learners and students must receive education about HIV/AIDS and abstinence in the context of Life Skills Education on an ongoing basis. The impact of this initiative has been limited because of the prescriptive approach to dealing with HIV and because of the insufficient attention to the programme by the majority of school principals (Morrel et al, 2001:51). Govender (1999:1) concurs with this assessment by asserting that the efforts to introduce abstinence, being faithful and condom use (ABC) is being resisted by some school principals who lock up AIDS informative reading materials like pamphlets and booklets in the cupboards. HIV/AIDS is mainly sexually transmitted, it is therefore important to talk about sexual matters including sexual abuse and sex in school, since a growing number of young people around the globe are becoming sexually active at an early age risking HIV infection and later development of AIDS (Ball, 1997:1).

According to the Department of Education 1999 (paragraph 14.2) school principals are responsible for the implementation of the policy at school level and for maintaining adequate standards for safety because of their important and influential role of school leaders. The leadership function of the principal involves mobilizing people to change how they work so that they collectively better serve the emerging needs of the learners and the demands of the society (Donaldson, 2001:6). The school principal coordinates and directs programme in the school. The principal's leadership sets the tone of the school, the climate for learning, level of professionalism, morale of the teachers and the degree of what the students may or may not become

(Anderson, 1991: 1). In brief, the principal plays an important role in the day-to-day running of the school.

It is therefore crucial that the school principals' understanding of HIV/AIDS pandemic in schools be established because their perception of HIV/AIDS may influence the action they take in implementing the policy. According to Webb (1997:158), perception of HIV/AIDS takes two basic forms: Firstly, knowledge of the disease along with methods of transmission and prevention, and secondly psychological construction of the disease. The latter includes beliefs and myths relating to its origin and risk behaviour as well as safety measures and attitude towards those infected that would result in disclosure and discrimination issues.

### **1.1 Rationale for the study**

Numerous statistics have been published on the rapid spread of HIV/AIDS within the school going age group bracket, yet studies show that students still engage in sexual activities regardless of the spread of HIV/AIDS (Ball, 1997:1). Cases of sexual abuse and violence including rape continue to be reported in schools. According to the Human Rights Report (Sylvester, 2001:1) South African girls as young as nine years are being raped and sexually abused at school by classmates and educators, thus making them vulnerable to contracting HIV/AIDS. A study done by the Human Rights Watch (2000:3) reveals that some school officials that include principals cannot take independent disciplinary measures in their schools unless the sexual abuse victim lays formal criminal charges. Other school officials are not helpful in the efforts to bring sexual abuse perpetrators to justice or to aid victims of sexual violence.

Due to the fact that the principal is accountable for what happens in the school, it is exceptionally important to explore principals' perception of HIV/AIDS to help grasp why there has not been significant change in their behaviour despite receiving the right information (Benn, 2001: 6). There is a possibility that the concept HIV/AIDS is being perceived and interpreted by

school principals in different ways. This research, therefore, sets out to investigate how school principals perceive the meaning of HIV/AIDS regarding the implementation of HIV/AIDS policy and issues that arise from the policy, namely disclosure, discrimination and safety in schools.

The findings of this research could be useful to the following instances:

School principals in clarifying and comprehending the meaning of HIV/AIDS and its effects in implementing the policy on schools.

In-service training consultants who conduct training programmes on HIV/AIDS.

Programmers who design life skills courses for learners in schools.

National and Regional policy makers who make policies on HIV/AIDS in Education.

## **1.2 Research Problem**

There is a possibility that school principals will react differently to HIV/AIDS issues despite receiving the same policy guidelines. The action they take or fail to take in implementing the policy may be influenced by their knowledge, perception and interpretation of the meaning of HIV/AIDS. Given this possibility, the research problem that will direct this investigation can be formulated as follows:

How do school principals understand HIV/AIDS in the implementation of HIV policy?

## **1.3 Aims**

To investigate how school principals understand and interpret HIV/AIDS.

To establish the school principals' perception of and reaction to disclosure and discrimination in relation to HIV/AIDS.

To provide an overview on how school principals respond to safety measures stipulated in the HIV/AIDS policy.

#### **1.4 Theoretical Framework**

HIV/AIDS is a unique problem with two main features: It is mainly sexually transmitted and it is a deadly disease without a present cure (Almond, 1996:6). HIV/AIDS is a complex disease that has moral connotations and consequences in any given society. People regard HIV/AIDS from different perspectives. According to Benn (2001:6) there are three paradigms or frameworks for understanding HIV/AIDS - the scientific, religious and traditional framework. The scientific framework explains that HIV/AIDS belongs to a class of virus that has been around for a long time - presumably in chimpanzees. In the religious paradigm it is believed that God is the creator of the universe and is responsible for interacting and caring for his creation. Nothing happens without God's permission, so AIDS must be punishment from God. The traditional framework on the other hand relates HIV/AIDS illness and deaths to witchcraft. It is believed that evil forces are everywhere and nothing happens by chance. It is not something but someone that causes the death. Whatever paradigm an individual believes in influences the perception, interpretation and reaction towards HIV/AIDS. My research will therefore focus on analyzing the perception of school principals on HIV/AIDS and their response to the implementation of HIV/AIDS policy.

#### **1.5 Clarification of terms**

Aids

AIDS stands for Acquired Immune Deficiency Syndrome; the word syndrome means that several symptoms occur at the same time hence people with AIDS have many signs and symptoms. The common diseases that people with HIV/AIDS suffer from include flu, diarrhoea, pneumonia, TB and certain cancers (Department of Education HIV/AIDS Emergency guidelines for educators, 2000:1). The term AIDS applies to advance stages of HIV infection, it is a stage when the patient has fewer than 200 CD4 cells per milliliter of blood (Sanders, 2001:589).

### 1.5.2 Discrimination

HIV-related discrimination is action that results from stigma. It occurs when a distinction is made against a person that results in his or her being treated unfairly and unjustly on basis of his or her actual or presumed HIV status or belonging, or being perceived to belong to a particular group (UNAIDS, 2001:2). In this research project discrimination means any unfair and unjust treatment towards people with AIDS or suspected to be HIV positive.

#### HIV

HIV is an abbreviation of Human Immunodeficiency Virus. This virus only survives and multiplies in body fluids such as semen, vaginal fluids, breast milk, blood and saliva. HIV attacks the body immune system and reduces the body resistance to all kinds of illness, it eventually weaken the body ability to fight sickness and so causes death (Department of Education, 1999). Since HIV is a virus that causes AIDS, and AIDS is described as advanced stage of HIV infection (Tiffany & Howard, 1998:1) the term HIV and AIDS is used simultaneously in the study.

#### Stigma

In the AIDS context, stigma is mostly defined as negative thoughts about a person or group of people based on a prejudice position, it derives from the most elemental parts of the human experience: sex, blood, disease and death (UNAIDS, 2001:1) Stigma is attached to HIV positive persons because they are often blamed for their condition and viewed as causing their own misfortune rather than people suffering from a disease (UNAIDS, 2001:2). Stigma in the study is referred to unjustified fear, negative thoughts or actions and judgmental attitudes towards people with HIV/AIDS.

#### Meaning

Meaning is the attribution of purpose or significance to events, objects and people. It is something an individual alone can cultivate. A person realizes meaning from concrete situations in accordance with his/her particular understanding or perception of the situation (Van den Aardweg & Van den Aardweg, 1988:144). In this study the meaning of HIV/AIDS refers to the different perspectives on the psychological construction of the disease.

### Principal

The term *principal* is derived from *prince* and means first in rank, degree, importance and authority (Kimbrough & Burkelt, 1990:3). The principal therefore is one in authority to make decisions on the operation of the school the success of the school depends on the leadership of the principal. The South African School Act 1996 (No 84 of 1996 Section 1(xv) describes the *principal* as an educator appointed or acting as the head of the school. In this study the term *principal* will be used to indicate headteacher, headmaster/mistress or head of a school.

### 1.5.7 Knowledge

Knowledge is a cognitive process that has four dimensions, namely factual, conceptual, procedural and metacognitive (Anderson & Krathwohl, 2001:29). Factual knowledge is discrete; it includes terminology and specific details of elements. Conceptual knowledge deals with theories, principles and classification. Procedural knowledge on the other hand, is the knowledge of how to do something. It consists of technique, method and procedure. Lastly, metacognitive knowledge is the knowledge or awareness of one's own knowledge. In the study the principals' factual, cognitive, procedural and metacognitive knowledge of HIV/AIDS will be examined.

## Understanding

To understand means to perceive the meaning of, grasp the idea, interpret, and comprehend or to be thoroughly acquainted or familiar with something (New Webster Dictionary, 1985:1077). According to Anderson and Krathwohl (2001:30) understanding is defined as constructing meaning of instruction messages including oral, written and graphic communication. The cognitive process in the category of understanding includes interpreting, exemplifying, classifying, summarizing, inferring, comparing and explaining information received. The word *understanding* is used in the study to mean perception, explanation, exemplification and interpretation of the meaning of HIV/AIDS in schools.

### 1.6 Research Methodology

The literature review will be covered in chapter two. According to Gabers (1996:305) a literature review is “a systematic circumspect search to trace all published information about a specific subject in whatever terms it exists and to collect useful resources”. The researcher will conduct a literature review to find out what has already been written on the perception of HIV/AIDS, discrimination, disclosure and safety precautions. When conducting the literature review, the researcher will gain knowledge and ideas of others interested in the research question and will also look into the results of previous research done by others on the topic (Wallen & Fraenkel, 2001:48). The literature study will be based on journals, books, press releases, conference notes and speeches relevant to the research topic.

A small-scale empirical research will be done after the literature review in order to:

examine the real situation on how school principals understand and interpret HIV/AIDS;

establish school principals’ knowledge of and reaction to disclosure, discrimination and safety measures in schools.

The researcher will use a qualitative research approach, as it is a naturalistic inquiry method. The approach analyzes individuals' beliefs, thoughts and perceptions. Data will be collected by interacting with the selected persons to get relevant information (McMillan & Schumacher, 1997:391). The researcher will use interviews to interact with the respondents. Interviews will be used to collect information having a direct bearing on the research aims. Cohen and Manion (1995:271) describe research interviews as a two-person conversation initiated by the interviewer for specific purpose of obtaining relevant information. This method is flexible and adaptable and gives room for probing, clarifying and elaborating on responses to achieve accurate answers (McMillan & Scumacher, 1997: 263). The interview method was chosen in order to examine phenomena that cannot be observed, such as feelings, thoughts and intentions (Wallen & Fraenkel, 2001:440). It makes it possible to identify what a person knows, likes and dislikes and what a person thinks.

## **Research Chapters**

Chapter 1	INTRODUCTION
	Introduction
	Rationale of the study
	Research Problem
	Aims and Objectives
	Theoretical Framework
	Conceptualization
	Research Methodology
	Research Chapters
	Conclusion

## Chapter 2 LITERATURE REVIEW

### HIV/AIDS POLICY IN SCHOOLS

Introduction

Knowledge of HIV/AIDS

Discrimination

Disclosure

Safety in Schools

Conclusion

## Chapter 3 EMPIRICAL INVESTIGATION

Introduction

Research Design

Data Collection

Data Analysis

Research Findings

Conclusion

## Chapter 4 OVERVIEW OF STUDY

Introduction

Summary

Conclusion

Recommendations

Limitations

Aspects of further research

Concluding remarks

## **1.8 Conclusion**

The introduction gives a brief background to the area of study and the rationale. The problem statement was formulated. The research method to be used is also indicated. In the next chapter I will be discussing HIV/AIDS and policy in schools. The discussions will include research findings from international scholars, and arguments will be supported from this pool of research publications to analyze the local context.

## CHAPTER 2

### HIV/AIDS AND POLICY IN SCHOOLS

#### 2.1 Introduction

In chapter 1 the research problem, aims, and research methodology were outlined and put into perspective. This chapter explores the impact of HIV/AIDS, disclosure, discrimination and safety measures in schools.

AIDS is likely to become the most serious health hazard of the century. This is evident by statistics on infection and deaths (UNAIDS, 2000:3). According to a global estimate of the HIV/AIDS epidemic, The current infection rate of HIV worldwide is about 42 million people, approximately 29.4 million adults and children are living with HIV across Africa south of the Sahara (UNAIDS, 2000:3). The infection rates in schools is not known although national statistics shows that people between the ages of 15-38 are most vulnerable to HIV infection (Morrel, Unterhalter, Moletsane & Epstein, 2001:51). This implies that educators and learners are included in the vulnerable group (Berold, 2000:1). Learners and educators cannot be isolated from this health hazard. The education sector needs information about conditions that encourage the spread of HIV/AIDS and how best to protect those at risk (Coombe, 2000:26)

#### 2.2 The impact of HIV/AIDS in schools

Researchers (Mwase 2000, Crewe 1998, Crawley 2000, Betton 2002, Adudi & Khouri-Dagher, 2000) have made several attempts to explore the impact of HIV/AIDS in education. According to Crawley (2000:1) there is a high rate of deaths related to HIV/AIDS among educators in Africa south of the Sahara Africa. A survey done in Malawi, Zimbabwe, Botswana, Mozambique, Uganda and Tanzania revealed a drastic decline of educators due to HIV/AIDS deaths (Aduda & Khouri-Dagher, 2000:8-10).

According to Crawley (2000:1) at least four educators die per month in Nairobi, the cause of death being Aids. In the same vein, Aduda and Khouri-Dagher (2000:1) report that three educators die per week in Cote Di'voire, while in Kwazulu Natal one fifth of the teaching staff is HIV positive and HIV/AIDS is regarded as a leading cause of death among educators (Betton, 2002:69). Govender (2001:1) also indicates that statistics drawn from claim forms submitted to the South African Democratic Teachers Union (SADTU) funeral scheme confirms a 40% increase of educators' deaths due to HIV/AIDS since the year 2000. The weakness of the studies on the impact of HIV/AIDS on educators is that they concentrate on death statistics and fail to establish infection rates and the impact in schools. Equally important is the need to explore how the school principal manages situations in school when the deceased educators are not replaced.

Apart from deaths, absenteeism of educators is increasing as a result of educators being sick or taking care of sick family members (Crawley, 2000:1 & Mwase, 2000:24). When educators fail to attend, the school's valuable teaching and learning time is lost and disruptions of classroom schedules affect the kind of learning that can take place. Learners miss their lessons or they move to other classes. Increased educator mortality results in large unmanageable classes, consequently reducing the quality of teaching and learning (Betton, 2002:69). In some countries efforts are being taken to replace the deceased educators with untrained and inexperienced educators and the quality of education declines in the process.

The quality of education continues to decline as more countries adopt policies that aim at reducing the budget on education which implies cuts on training and the replacement of deceased educators (Betton, 2002:69). In Kenya for instance, the government had stopped employing new educators in 1998. This was done in line with the IMF call for structural adjustment (Crawley, 2002:3). It is ironic that despite the available statistics of high death rates of teachers, retrenching is still in process and teachers are not replaced. If the trend continues there will be a serious shortage of teachers in schools that will have a negative effect on the quality of education.

Secondly, the HIV/AIDS pandemic is likely to reduce the demand for education. The studies done on the impact of HIV/AIDS in education do not report that students' deaths are due to AIDS. However the decline of learners' enrolment and the increase in dropouts in schools has increased as a result of HIV/AIDS (Aduda & Khouri-Dagher, 2000:1). Homes affected by HIV/AIDS force families to redistribute their income to cover for medical expenses. During the advanced stages of the disease the breadwinner is not able to work to earn a living. Children drop out of school because they cannot afford to pay school fees; the responsibility of taking care of the sick is extended to them at the same time that they have to work to earn a living (Mwase 2000:24, Crawley 2000:2, Betton, 2002:69). Learners at a young age are faced with the challenge of taking care of their siblings and their education ceases to be a priority when faced with such responsibilities. Thus, both suppliers and receivers of education are affected negatively by HIV/AIDS, implying that the future generation may have an education of a low quality if drastic measures are not taken to address the problems.

### **2.3 Knowledge of HIV/AIDS**

It is undeniable that death caused by HIV/AIDS is statistically high in Africa south of the Sahara and more people are still being infected and living with the HIV virus. According to Torabi and Jeng (1999:4) knowledge, attitude and opinions towards HIV/AIDS are important factors to consider when designing educational programmes, prevention campaigns, policies and legislation regarding the disease. Serpa (2002:44) adds that the reason why HIV/AIDS are increasing in Africa south of the Sahara is because many people do not have knowledge of the disease and have problems in interpreting the meaning of the disease and its causal factors. Mbanya, Zebaze, Kengne, Minkoulou, Awah and Beure (2001:1) are of the opinion that the spread of HIV/AIDS is due to ignorance of the disease and is further fueled by a combination of other factors, for instance poverty, attitude towards sex and traditional practices.

A study concluded by Sihlangu (2000:22) has revealed that the knowledge of HIV/AIDS has not had a significant effect on the attitude of the participants in

the study in spite of an increase in infection rates. In another research project by Mbanya et al (2001:1) on knowledge of HIV/AIDS the attitude and practice of nurses in Cameroon confirmed that although majority of the participants had adequate knowledge of HIV/AIDS, their attitude and practices were tinted with misconception of the transmission risk. The nurses were at risk of being infected because they ignored the required standard procedures of handling HIV positive patients. Furthermore, a survey done by Lance (2001:401) on college students revealed that students had adequate knowledge of HIV/AIDS and prevention methods; however, their knowledge rarely resulted in practicing safe sex.

From the numerous studies done on the relationship between factual knowledge and the spreading of HIV, the results indicate the knowledge per se does not have a significant effect on change of behaviour. The majority of participants had adequate knowledge of HIV/AIDS, yet their behaviour pattern did not change. Some did not feel that they were at risk of contracting the virus. It appears that there is a missing link between knowledge and behaviour. Knowledge of HIV/AIDS fails to change participants' risky behaviour. In order to fill in the gap it is essential to explore what people perceive as risk of contracting the HIV virus.

### Risk Perception

The research done by Ratliff, Donald and Donald (1999:1) on knowledge beliefs and behaviour of college students confirmed that despite the high HIV/AIDS knowledge level of participants, there was no significant effect on risky sexual behaviour of the students in the study. Risk behaviour was associated with the number of sexual partners and single time partners engaged in unprotected sex. The participants generally believed that people with multiple sex partners and those who get involved in casual sex without using condom with partners who are not in a steady relationship ("one night stand") were more at risk. According to Lance (2001: 404) and Dawson, Chunis, Smith and Carboni (2001:3) majority of participants in their studies were aware that condoms can be used as a protective measure against HIV

infection; yet fewer students practise safe sex despite knowledge about HIV transmission. Most of the students did not feel personally at risk since their perception of risk was associated with a particular group of people. They continued to be involved in unprotected sexual activities. The study proves that although it may be assumed that knowledge is a powerful tool in curbing the spread of HIV/AIDS, knowledge alone is not effective unless one uses it to make smart choices when it comes to sexual behaviour. The factors that contribute to risky behaviour could be discrepancies that exist between knowledge of HIV/AIDS and what is perceived as the risk of contracting the virus.

Different people have different perceptions of what they consider as risk in contracting HIV virus. The study done by Nzioka (1996:1) reveals different perceptions of HIV/AIDS. Some participants expressed that what they considered as risk was the number of times they had intercourse with the infected person and the amount of seminal fluid exchanged. Others stated that having sexual relationships with dirty people or prostitutes increased the risk of infection. A contrasting observation was that high-class prostitutes, people who travel extensively and tourists were also considered as a risk group by other people. In another study risky sexual behaviour was assessed using indicators such as the number of sexual partners, single-time partners and avoidance of the use of condoms (Ratliff, Donald & Donald, 1999:1).

Kanyaro (2001:2) points out that some people believe that HIV does not affect young girls. This leads to older men having sexual relationship with young girls exposing them to the risk of being infected. In a nutshell, there is still a great deal of misconception regarding risky sexual behaviour and involvement despite the knowledge of HIV/AIDS. What is considered as a risk ranges from physical appearance to number of sexual partners. It is likely that one's perception of risk may influence one's risk taking consciously and unconsciously. The risk factor may contribute to the way in which one deals with knowledge and facts about HIV/AIDS. For the sake of this argument, I challenge education researchers to conduct studies with the aim of

establishing educators' perception of the risk of contracting HIV/AIDS since statistics of death rates proves that they are vulnerable.

Different groups of people have different views of the risk of HIV infection. According to Nzioka (1996:6) lay perceptions of risk of HIV infection and social construction of safer sex take two distinct paradigms. Firstly, the conservative moralist that includes Christians and traditionalists who view HIV/AIDS as a disease that emerges from immoral and unacceptable behaviour; the similarity of risk perception between Christians and Traditionalist is that risk is associated with going against a set moral code. The difference between Christians and traditionalists is that Christians believe in compulsory moral restraint and moral values such as monogamous marriage and abstinence for unmarried persons. While traditionalists allow the practice of polygamy and support confined sexual activities within the relationships, HIV/AIDS to them is as a result of unfaithful relationships and not multiple sexual partners. Secondly, the liberal moralist paradigm is associated with western liberal moral values that are considered by Christians and traditionalist to have no moral restraint.

Benn (2001:6) also indicates that despite receiving the right information, some people have not changed their behaviour because AIDS is a complex disease that has a moral connotation and consequences in a given society. People regard HIV/AIDS from different perspectives. There are three paradigms or frameworks for understanding the HIV/AIDS – scientific, religious and traditional (Benn, 2001:6). The scientific framework explains that HIV belongs to a class of virus that mutated over the years and moved from chimpanzees to human beings. There is nobody to blame for it just happened by chance. The explanation is not convincing, as there is still doubt on how the virus moved from chimpanzees to human beings.

According to Benn (2001:6) HIV/AIDS is the result of immoral sexual behaviour. Therefore extramarital and premarital sex as well as promiscuity if prohibited would help curb the spreading of AIDS. Some Christians and churches, for example the Malawi Council of Churches condemns the use of

condoms, arguing that it promotes promiscuity and it is unbiblical (Serpa 2002:46, Lugalla & Emmelin 1999:8, Nzioka, 1996:3). Although Christians are generally reluctant to support the use of condoms, the Roman Catholic Church is more against the use of condoms reasoning that sex should be for married couples and for procreation. Therefore there is no excuse for the use of condoms, not even for birth control (Nzioka, 1996:3).

The traditional paradigm on the other hand relates HIV/AIDS illness and death to witchcraft. It is believed that evil forces are everywhere and nothing happens by chance. It is not something natural but someone that causes death. There is always somebody to blame for the disease. In most parts of Africa traditional practices play a major role in the way HIV/AIDS is understood and the healing process administered (Benn, 2001:7). Take the case of the study done by Nzioka and Emmelin (1996:4). A traditional medicine practitioner explained that HIV/AIDS is the result of ignoring traditional culture that prohibits having sexual relationship with relatives which leads to mixing of blood, thereby causing the disease. The cure for it is a cleansing ceremony performed by the traditional practitioner. Benn (2001:7) is of the opinion that the preference of relying on traditional beliefs and practices is due to inadequate answers regarding origin, transmission, prevention and cure of HIV/AIDS. Nzioka and Emmelin (1996:2) concur with Benn by pointing out that HIV/AIDS has revived traditional values because of unconvincing scientific explanations. They seek an alternative explanation with the hope of finding a cure.

As I have noted, in order to understand HIV/AIDS, prevention and healing, one must look into the three different paradigms. One's beliefs in these paradigms may influence the perception, interpretation and reaction towards HIV/AIDS despite the awareness of factual knowledge, which is scientific-oriented. For instance, someone who believes in a super natural power having control over his or her physical life may not take personal initiative to use a condom as a precautionary measure against HIV infection. The assumption is that the individual is unable to control what happens to his or her health since there is a more powerful being in control.

### 2.3.2 Culture and social influence on HIV/AIDS

Cultural and social aspects of the society are important factors that also influence behaviour. Lugalla and Emmelin (1999:2) are of the opinion that countries in Africa south of the Sahara should study their social and cultural setting and how it impacts on the spreading of HIV/AIDS. Kanyoro (2001:2) adds that in order to curb the spreading of HIV/AIDS cultural, social and sexual practices that increase vulnerability of women in contracting HIV/AIDS must be addressed. Levine (2002:97) highlights that factors like gender and power issues influence choices people make. Some African cultures accept the practices of paying dowry; this increases the man's power over the woman. Women are then treated like property, making them feel powerless in terms of making choices in sexual relations. Society also expect women to submit themselves to men; these women are not in a position to bargain for safe sex. Polygamous marriages are common African culture that encourages having multiple wives. This custom increases the risk of contracting the HIV virus.

Moreover, the cultural norm of wife inheritance that requires a woman to have sex with the husband's relative or permits the husband's relatives to have sex with the wife in the absence of the husband in order to have children has a negative impact on the spreading of HIV/AIDS (Kanyoro, 2001:2). The purpose for such relationships is procreation; therefore the use of condom does not arise. Participants in the study done by Lugalla and Emmelin (1999:10) explained that a widow is inherited by the husband's relative to continue with the lineage and more so if the woman looks healthy and is left wealthy. This kind of mentality further exposes more people to the risk of contracting the virus because the cause of death of the husband is not considered before the widow is inherited.

Apart from being polygamous and inheriting widows, some African societies allow men to have extramarital relationships unlike women who are prohibited from having affairs, unless with the husband's relative in the absence of the husband (Lugalla & Emmelin, 1999:10). Women may have secret extra-

marital relationships despite of them being forbidden. Gender inequality is undeniably deeply rooted in African traditional culture; there are several cultural practices that favour male-dominated relationships that allow male promiscuity. Both Christian and traditional paradigms fail to address inequality between men and women in society. When one's gender is superior to the other, the relationship ceases to be mutual and the weaker sex is bound to give in to the demands of the more superior sex. Weil (1999:1) is of the opinion that knowledge of HIV/AIDS does not benefit a woman who does not have the power to insist on the use of a condom or on practising safe sex.

Kanyoro (2001:2) believes that effective measures to be taken in addressing AIDS in Africa should include eradicating cultures that encourage the spreading of HIV/AIDS and promoting mutual relationships that empower both men and women. Take the case of Uganda, where there has been a remarkable decline of HIV infections. To achieve positive results gender issues that limited the effectiveness of prevention strategies were addressed. Policies and laws were reviewed to favour women and empower them to have a say in sexual relationships (Peterson, 2003:2). It seems that unless efforts are made to review some cultural practices that fuel the spreading of AIDS in the society, there is little hope of changing sexual behaviour even for people with superior knowledge of HIV/AIDS.

### 2.3.3 Sexual practices and HIV/AIDS transmission

There are some sexual practices that facilitate the transmission of HIV virus in the blood stream. Dry sex, for example, is considered to increase sexual pleasure for women. The risk involved is that there is no lubrication, therefore the lining of the vagina may tear during penetration leaving an open wound for the transmission of the virus (Lugalla & Emmelin, 1999:8). In addition the practice of rubbing the penis over the clitoris for a long time to increase sexual pleasure also leaves an open wound where the virus enters the blood stream. According to Johnson (2003:1) some people are reluctant to use condoms because it compromises pleasure. This kind of mindset increases the risk of infections.

Other practices like vagina tightening, which involves inserting a dry object to tighten the vagina, may leave cuts and bruises that facilitate the absorption of virus into the blood (Lugalla & Emmelin, 1999:8). Tests for virginity may have similar effects. In order to curb the transmission of the HIV virus perception of safe sex must be reconsidered. Change in risky sexual behaviour could be an effective way of restraining the spreading of the HIV virus (Lugalla & Emmelin, 1999:1).

#### 2.3.4 Poverty and HIV/AIDS

Poverty is yet another factor that increases the possibility of contracting HIV/AIDS. According to Kanyoro (2001:2) women are more vulnerable because they depend on men socially and economically. An example is sex workers who engage in unprotected sex for money. Serpa (2002:46) and Lugalla and Emmelin (1999:6) highlight the “Sugar Daddy Syndrome”, where girls have sexual relationships with older men in exchange for money. The situation exposes them to the risk of being infected since they are not in a position to insist on the use of condoms. Men, on the other hand, migrate from rural to urban areas to find employment; due to long separation from home they take prostitutes to satisfy their sexual need, a prostitute that increases vulnerability to infection and increases the chances of infecting their wives when they return to rural areas (Lugalla & Emmelin, 1999:6). Truck drivers are also vulnerable as they travel long distances without sexual companions and this makes them victims of casual sex.

There is also a fatalistic attitude towards HIV/AIDS that is associated with poverty. Fatalistic behaviour is almost inevitable in societies beset by daunting and uncontrollable forces, where the quality of life never seems to improve. According to Serpa (2002:46) people refuse to change their behaviour because of diminishing hope for a better life in the future. They choose to live for the present, ending up indulging in casual sex that increases the risk of contracting HIV.

Research on level of knowledge about HIV/AIDS and the attitude of teachers seems to be limited. There is a need to establish the teachers' factual knowledge and attitude towards HIV if learners are to rely on them as a source of information. In the study done by Dawson et al (2001:3-9) on HIV/AIDS found that related knowledge and attitude on issues of stigma and discrimination was lacking. Learners need information on HIV/AIDS since they fall within the age bracket considered most vulnerable (Morrel et al, 2001:51). In addition to factual knowledge about HIV/AIDS there is need for an attitude and behaviour change as well. In Uganda's success story, the main message was change in behaviour (Peterson, 2003:3). Strategies of reducing the spreading of the HIV virus were geared not only towards the individual but also towards the community. Efforts of community commitment in reducing the spreading of the virus were paramount.

#### **2.4 Discrimination**

The concept of discrimination is clarified in legal terms as unfair or fair discrimination. Unfair discrimination is defined as treating a person differently in a way that violates his or her fundamental dignity as a human being who is inherently equal in dignity (Bray, 2000:48). Joubert and Prinsloo (2001:180) list HIV/AIDS as one of the grounds for unfair discrimination. Therefore, treating a person in a different way because he or she is HIV positive constitutes to unfair discrimination. It is stipulated in the National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions (Section 3(1)) that no learner, student or educator with HIV/AIDS may be unfairly discriminated against directly or indirectly. It means that educators must guard against unfair discrimination towards anybody suspected of having HIV/AIDS, whether an educator or learner.

Discrimination can only be considered fair on reasonable and justifiable grounds. In a nutshell, discrimination against HIV positive people can only be fair when there is reasonable and justifiable threat or danger to the health and well being of others. Joubert and Prinsloo (2001:114) point out that special

measures taken towards HIV positive learners and educators must first take into account their best interest and that of other learners and educators. It must also be done in line with legal provisions and ethical guidelines provided. All learners and educators have a right to protection.

The International Human Rights Law in the context of HIV/AIDS provides general principles of non-discrimination and control over HIV/AIDS (Patterson & London, 2002:1). Equally important, International Human Rights Laws on HIV/AIDS provides a framework for laws and policy formation on HIV/AIDS. It also determines acceptable reaction towards people with HIV/AIDS and provides guidelines in which the performance of different countries is measured in relation to public health issues and policies. In the school situation the HIV/AIDS policy for a particular school must be drafted in line with the general principles stated in the International Human Rights Laws on HIV/AIDS.

#### 2.4.1 Attitude towards HIV positive people

According to Valdiserri (2002: 1) discrimination towards people with HIV/AIDS is not a unique public reaction towards sick people. In the past, people with diseases like leprosy and syphilis were also discriminated against and their condition was regarded as punishment for their immorality. Similarly, there are people who view HIV/AIDS as a punishment from God for immoral behaviour (Kanyoro 2001:1, Benn 2001:5, Nzioka 1996:3 & Serlo, 1999:3). People with such views are bound to have a negative attitude towards HIV positive people. Furthermore, HIV is related to human behaviour that is undesirable and unethical. This triggers emotions such as anger, fear, disgust, avoidance and discomfort towards people with AIDS (Herek, Capitano & Widaman, 2002:2). Fear played a double role in the study done by Mbanya et al (2001:3). Mbanya et al (2001:3) point out that patient's fear stigmatization and discrimination while medical practitioners fear being infected since they have misconception of the way in which the virus is transmitted.

Research done by Herek et al (2002:1) on HIV related stigma trends between 1997 and 1999 in USA has revealed that there is increased misconception concerning the disease. Some hold the judgmental opinion that people with AIDS get what they deserved. The reason for the persistence of the misconception on the mode of HIV transmission could be that people do not trust the information received from scientists and medical experts. The belief that HIV/AIDS can be transmitted through casual contact seems to continue to exist.

#### 2.4.2 HIV/AIDS Stigma

All over the world people with AIDS are stigmatized and go through some form of discrimination in one-way or another. Nowell and Van der Merwe (2003:48) describe stigma as irrational responses directed towards HIV positive people. These responses include being shunned by family members, being discriminated against in places of work, unfair medical treatment, funeral homes refusing to take remains of HIV victims or violence (Herek et al, 2002:1). There are also cases where HIV positive children have been discriminated against unfairly in schools. In addition there are laws in some countries that discriminate against HIV positive people, for instance compulsory blood testing of newborn babies, prisoners and immigrants. In the case of immigrants this law violates human rights and freedom of movement (Dussault, 1999:1).

HIV related discrimination comes from stigma attached to the disease.

The stigma is associated with shame, which comes as a result of linking the disease with inappropriate sexual behaviour, disgrace, blame and dishonour (Morrel et al, 2001:56, De Cock & Mbori-Ngacha, 2002:6). In addition HIV/AIDS stigma is also linked with certain groups of people referred to as risk groups. Patterson and London (2002:1) observe that the category of people in the risk group of infection were those already discriminated against and marginalized even before the HIV/AIDS era. The risk group category of people includes immigrants, prostitutes, promiscuous people, prisoners, drug addicts and homosexuals (Levine 2002:95 & Dussault, 1999:1). Stigma is attached to

people belonging to groups perceived to be at a high risk while in reality AIDS affects professional adults in their prime, religious people, casual labourers as well as truck drivers (Kanyoro, 2001:1). Linking HIV risk with a particular category of people creates a false illusion of safety since everybody is vulnerable to being infected, more so with the existing misconception of the mode of transmission of the HIV virus.

According to Sihlangu (2000:23) some participants in the study explained that stigma was due to ignorance of the disease and predicted that with appropriate knowledge, the levels of stigma attached to the disease would decline. Others believed that once a cure has been found HIV/AIDS will be just like any other disease and people will no longer be stigmatized. Few believe that if people disclose their HIV positive status openly the issue of stigma would cease. In spite of these views, misconception of the transmission is the main cause of stigma.

Valdiserri (2002:2) and Herek et al (2002:1) suggest that since stigma is the result of the misconception of the transmission of the HIV virus, educating the public on how HIV/AIDS is not transmitted could help in eradicating stigma attached to the disease. Policies and programmes should be adapted to help root out stigma. Education programmes must incorporate discrimination as a measure for the effective reduction of stigma. At present prevention programmes fail to address the issue of discrimination in schools (Dussault, 1999:2). Although the law can be used to protect people with HIV/AIDS from discrimination, it cannot protect them from stigma associated with the disease.

Persistent reference to risk groups reinforces the misconception of the transmission of risk (Levine, 2002:95). One of the negative health consequences of stigma is that people with HIV/AIDS avoid going for testing because of the fear of being discredited and judged by the caregivers (Valdiserri, 2002:1). They choose to forego health and social services available because of stigma and fear of being discriminated against. They hardly express their dissatisfaction because they are afraid that complaining might aggravate the situation (Dussault, 1999:1). Fear, stigma and

discrimination have been factors contributing to the reluctance of people to go for HIV testing. The elimination of stigma and discrimination with a view to respecting human rights and encouraging openness regarding HIV/AIDS issues could result in a positive attitude towards testing.

#### 2.4.3 HIV Testing

HIV testing is done to establish the negative or positive status of people. It can be voluntary which requires consent or routine and mandatory that do not require consent. Both HIV-negative and HIV-positive people can benefit from testing. For unaffected people negative results offer a chance to practise or continue practicing safe behaviour to maintain the seronegative status. Infected people get the opportunity of being assisted medically and psychologically through counselling (De Cock & Mbori-Ngacha, 2002:9). Voluntary testing was encouraged in Uganda with the aim of providing support for both HIV positive and negative people after testing (Peterson 2003:3). This helped in reducing the stigma that discouraged people from being tested.

People are more likely to go for testing if the condition responds to their needs instead of being threatening and judgmental (Valdiserri, 2002:1). Testing is an important exercise because the knowledge of an individual's HIV status may help stop further spreading of the virus and re-infection of the HIV positive person (Valdiserri, 2002:2). However emphasis on counselling and consent has reduced the practice of testing. Secondly, denial of the existence of HIV/AIDS has a negative impact on testing. According to De Cock, Mbori-Ngacha and Marum (2002:5) more people go for testing in developed countries where anti-retroviral drugs are available to the public. In such countries HIV positive people benefit from testing, the more people go for testing the less the stigma.

Mbanya et al (2001:6) confirm from their study that the majority of patients refused to be tested because of the stigma associated with the disease, fear and ignorance. At times the doctors tested the patients without their permission or awareness. In most countries mandatory testing is not

necessarily done to assist the infected person but as a prerequisite for job employment, migration insurance policies etc. According to Joubert and Prinsloo (2001:115) the law prohibits testing of learners or educators for HIV/AIDS as a prerequisite for admission or employment. Although the Policy on HIV/AIDS (par 4.3) states that there are no medical reasons for routine HIV testing for learners, the practical advantages could be as follows:

- School management is able to identify learners and educators in need of counselling and moral support.
- Testing for HIV positive status can help curb the spreading of the virus, given that some people may infect others without the knowledge of their own positive status.
- Learners in need of medication that helps to ease the symptoms can be identified through routine testing.
- Learners have a choice of getting into sexual relationships with the knowledge of the HIV status of their partners.
- HIV/AIDS prevention measures may be taken more seriously if learners become aware that they are also at the risk of contracting the virus.

In brief AIDS related stigma and discrimination remain an immense barrier to the effective fight against the pandemic. It undermines the care, support and increases negative effects on individuals, communities and nations. Stigma and discrimination discourage disclosure of the seropositive status of an individual to their next of kin and friends (Herek et al, 2002:2, Johnson, 2003: 1 & Hawkins, 2003:1). This is because the stigma could lead to rejection and negative reaction towards HIV positive people.

## 2.5 Disclosure

Leaders at all levels including school principals have the responsibility of creating an open society that is free from stigma, silence and denial about the epidemic (Berold, 2002:1). However the negative attitude people have towards the infected persons discourages disclosure. The study done by Nowell and Van der Merwe (2003:53) shows that the majority of employees who disclosed their HIV positive status received negative treatment from their colleagues. The negative responses were expressed in the form of fear, avoidance and even abandonment in some cases. This resulted in a decline of job satisfaction, motivation levels and self-esteem of the seropositive employees. The minority who received positive reaction from their colleagues experienced reduced stress, anxiety and were motivated to go on.

Fear of stigma and of a negative attitude and behaviour towards HIV positive employees do not only discourage patients from disclosing their status but also deprive them of involvement in HIV/AIDS programmes at their work place (Nowell & Van der Merwe, 2003:54). Participation in HIV/AIDS programs is voluntary; therefore those who join the programme are suspected by their colleagues to be HIV positive. This discourages people from becoming involved. Nowell and Van der Merwe (2003:54) are of the opinion that compulsory participation in HIV programmes for all employees could help in reducing the stigma attached to the programmes, remove stereotyping and misconceptions that lead to developing negative attitudes.

The majority of participants feel that the law failed to protect them and their rights in terms of job losses, discrimination and stigma (Nowell & Van der Merwe, 2003:54). In the study there was no mention of policy or other forms of guidelines that could be used as a frame of reference to protect HIV positive employees from being discriminated against and stigmatized. The fact that there was no confidentiality after the disclosure of the employees' HIV status signifies that section 6.2 of the policy guideline for HIV/AIDS was not observed. Section 6.2 of the National Policy on HIV/AIDS states that voluntary

disclosure of a learner or educator HIV/AIDS status to appropriate authority should be welcomed in an enabling environment where confidentiality is ensured and unfair discrimination not tolerated. Furthermore, there was no support system in place for employees after the disclosure of their status. Although a few people got positive support from their colleagues, the majority of the participants were discriminated against and stigmatized. The effect of stigma is so strong that HIV/AIDS positive people are prepared to forego treatment and counselling in order not to be exposed (Hawkins, 2003:1). Disclosure does not benefit the victims; in most cases the condition became worse. The weakness of the study is that the author concludes that there is stigma in places of work in South Africa and stigma has negative consequences on the well being of HIV-positive workers. However, there are no suggestions of ways in which to address stigma.

#### 2.5.1 Disclosure of HIV status in schools

The National Policy on HIV/AIDS for Schools and Colleges (Section 6(1)) expressly states that no learner or educator will be forced to disclose his/her HIV status. Despite this prohibition section 6.2 encourages voluntary disclosure of learner or educator HIV status to the appropriate authority. Learners older than 14 years may disclose their HIV status voluntarily, while parents of learners younger than 14 years may disclose the information on their behalf (National HIV/AIDS Policy for Schools and Colleges par 6.2). In the event of voluntary disclosure, it is in the best interest of the learner or student with HIV/AIDS if a member of the staff in the school or institution who is directly involved in the duty of care of the learner is informed of his or her HIV status (section 6.3). The staff directly involved with the learner must be informed because of the need of alternative care he or she will be required to offer when the learner is removed from the family environment. The educator may disclose his or her HIV status to the principal or head of the institution.

Unauthorized disclosure of the learners' or educators' HIV status could lead to legal consequences if the information is released without the consent of the victim (HIV positive learner or educator), or if the information is disclosed to a

person not directly involved with the learner or educator, or when learners and educators are forced to disclose their HIV status. In the event of the disclosure of the HIV status, the school authority has the duty of keeping the information confidential to avoid legal liability. Educators and learners must accept that there will be people who are HIV positive in their midst (Govender, 1999:1). An environment free from unfair discrimination should be cultivated. Those who disclose their seropositive condition must not be discriminated against unfairly.

One of the well-known published incidents of unfair discrimination is the case of Gugu Dlamini, a South African woman who was killed by villagers for bringing shame to the community by revealing her positive status in public (Dussault, 1999:1). The environment in which she disclosed her HIV status was hostile, unreasonable and in denial of HIV/AIDS. For an enabling environment to be created in schools it is essential to analyze school principals' understanding of the meaning and effect of HIV on learners and educators. This means that the school principals' awareness of human rights related to HIV/AIDS is essential if they are expected to encourage disclosure.

#### 2.5.2 Argument against disclosure

A study done by Herek et al (2002:3) in USA indicates that support for policies that demand disclosure of the positive status of people belonging to the risk group declined between 1997 and 1999. Many AIDS researchers and community-based advocates continue to oppose policies such as name reporting of HIV-infected individuals. The argument is that on-going fears of prejudice and discrimination is rational, realistic and still play a significant role in personal decisions to seek HIV testing and counselling. Similarly None Governmental Organizations in South Africa refuse to accept the government proposal of making HIV positive status mandatory (Henderson, 1999:1). The argument is that since there is stigma and misconception attached to HIV/AIDS compulsory disclosure will have negative consequences on the infected and affected individuals.

In the school situation learners and educators are not forced to disclose their HIV positive status. However, they are encouraged to disclose their status voluntarily in an environment free from unfair discrimination (Joubert & Prinsloo, 2001:115). Sihlangu (2000:23) reveals that some participants give stigma as a reason for keeping their HIV positive status confidential. Furthermore, disclosure of ones' HIV positive status would not be rewarding in a situation where there is no counselling facilities, information or protection against discrimination.

### 2.5.3 Argument for disclosure

The government's argument for disclosure is that some African countries are progressing in curbing the spreading of HIV/AIDS by calling out for the disclosure of positive status of individuals (Henderson, 1999:2). Open declaration of HIV status may in some cases reduce stigma and violence towards people living with AIDS. At the same time, HIV positive people cannot benefit from care programmes if they remain silent about their condition. The research done by Sihlangu (2000:23) revealed that the majority of participants support disclosure. The reasons for advocating for disclosure include awareness of the disease, extended counselling and other forms of assistance to people with AIDS. In the case of Uganda, open talk about the HIV/AIDS pandemic has brought a national response, which has resulted in the most successful attempt in Africa south of the Sahara to reduce HIV/AIDS the prevalence of (Serpa, 2002:44). It was a strategy used to fight discrimination and reduce stigma attached to the disease (Peterson, 2003:2). In another argument for disclosure, De Cock and Mbori-Ngacha (2002:5) maintain that the unique and special type of treatment extended to people with HIV/AIDS could be a factor that encourages the stigma attached to the disease.

Issues such as confidentiality, analogous to secrecy and anonymity, may not be protective as intended but could promote silence and denial of the existence of the epidemic. For example, the majority of the Caribbean public was in denial of HIV/AIDS because they had never seen HIV positive people

as their condition had been kept confidential as was required by government policy (Hawkins, 2003:1). Strict disclosure rules may also create a barrier between known infected cases, and undiagnosed and uninfected ones. Failure to disclose positive status limits the rights of unaffected people to remain HIV-negative and reduces the chances of infected people to benefit from treatment and prevent further infection or infecting others.

Mbanya et al (2001) confirm from their study that majority of patients refuse to be tested because of the stigma associated with the disease and fear and ignorance. At times during the research the doctors tested the patients without their permission or awareness. In most countries mandatory testing is not necessarily done to assist the infected person but as a prerequisite for job employment, migration insurance policies etc. According to Joubert and Prinsloo (2001:115) the law prohibits testing of learners or educators for HIV/AIDS as a prerequisite for admission or employment.

## **2.6 Safety in schools**

The South African School Act (No 84 of 1996 par 3.5.1) states that learners have the right to a safe environment that is conducive to the education and safety of the individual. Without reservation, the educator is responsible for making the school safe for learners. The educators' code of conduct points out that the educator must take reasonable steps to ensure the safety of the learner (Joubert & Prinsloo, 2001:262). The challenge educators face is the creation of safe schools. Safe schools are schools where the environment is non-threatening. In such schools learners feel safe, are disciplined and value human dignity. There is no room for violence and sexual abuse as measures to create abuse-free and safe learning environments are put in place. Safe school projects focus on improving the physical safety in the school by establishing life skills and sexual abuse prevention programmes and forums for learners to speak.

### 2.6.1 Duty of care

Parents and guardians have the legal obligation to protect and care for their children so that they do not come into physical or psychological harm while at home or in school. The educator, however take over this obligation from the parents and guardians. Apart from physical and psychological harm, the educators also protect the learners' right to education (Constitution of the Republic of South Africa 1996 No 108 of 1996 section 29(1)). The learners' safety is important to the principal because the Constitution (section 28(1)(b)) states that every child has the right to alternative care when removed from the family environment. It is therefore the duty of the principal and educators to act in the best interest of the child (Constitution section 28(2)), which is of paramount importance in every matter concerning the child, including the prevention of from HIV infection. More specifically, the principal has the responsibility of providing a safe environment that is not harmful to the learners' health or well-being (Constitution, section 24 (a)).

*In loco parentis* means in place of the parent (Joubert & Prinsloo, 2001:97). Principals and educators derive in loco parentis position from the authority delegated by parents and guardians. A principal acting *in loco parentis* has the responsibility of creating a safe, orderly and harmonious environment where education can take place freely and learners are free from danger. According to the National Policy on HIV/AIDS (section 14.2) the principal is obliged to supervise the physical welfare of the learner by taking measures to ensure safety in sports, playgrounds, workshops and the school as a whole.

The educator has to accept the responsibility for the safety and well-being of the learner as long as is in his or her care, in the school ground during normal school hours, during extramural activities, away activities at other schools, etc (Joubert & Prinsloo, 2001:97). The principal as head of the school must ensure that any physical and psychological harm that may threaten the safety of the learner is prevented. The physical harm in case of HIV/AIDS would be a situation where the learner may be exposed to contracting the HIV virus through exchange of body fluids. Psychological harm, on the other hand,

would be a negative attitude, such as discrimination and stigma associated with the disease towards people with AIDS.

### 2.6.2 School policy on HIV/AIDS

Schools need to be made safe environments in which teaching and learning can take place. It is recommended that every school should have an HIV/AIDS policy, which is drafted in line with the principles of the National Policy, universal precaution procedures, and one that suits the specific institution (Sutliff & Bomgardner 1994:54). The policy should also seek to create an environment in which people with HIV will be treated in a just, humane and life-affirming way. The public perception, social norms, rights of parents and management obligations are factors that should be taken into account when drawing up the policy (Joubert & Prinsloo, 2001:116). The policy can be used as a guide in admitting learners, staff development and personnel policies (Curcio & Berlin, 1996:23). It should ensure that:

- the rights of all learners and educators are respected;
- learners and educators with HIV are managed appropriately;
- further HIV infection is prevented;
- a non-discriminatory and caring environment is created.

In addition schools must adopt a code of conduct for learners, which identifies unacceptable behaviour that creates the risk of HIV infection (HIV/AIDS Policy section 10.2). Acts of violence such as rape, injuries from sexual abuse, stabbing and tattoos must be prohibited. The National Policy (section 4-5) also protects the educator by prohibiting the following:

- HIV testing without the educator's consent.
- Making HIV testing a prerequisite for appointment.
- Mandatory disclosure of the educators' HIV status.
- Demotion or dismissal as a result of the educator's HIV positive status.

- Any form of unfair discrimination against the educator because of their HIV status.

### 2.6.3 HIV/AIDS and sports

It is against the law to deny an HIV positive learner the opportunity to be involved in sports. HIV positive learners have the right like other learners to take part in sports. It is the responsibility of the school and the physical education teacher to ensure that the necessary precautions are taken when attending to wounds or bleeding that occurs during sports. According to Olenik and Sherrill (1994:51) the risk of transmitting HIV/AIDS during contact sports is very low. Research done regarding the risk of contracting HIV/AIDS during contact sports has been limited and there is no conclusive evidence of the amount of risk involved. However, given that the HIV virus is transmitted through body fluids, there is a possibility that fluid exchange can take place during injury or when attending to a wound. Therefore, universal precaution against HIV transmission must be observed and applied during injuries and physical education teachers must be trained to apply these procedures (Sutliff & Bomgardner, 1994:54). The policy on HIV/AIDS for schools (section 7) states the universal precautions the schools need to implement are the following:

- Blood and body fluids should be treated, as if infected; surfaces stained by blood should be thoroughly cleaned using bleach and disposable material. Hands must be covered with plastic or gloves during the cleaning exercise.
- Cuts and bruises must be washed with clean water and soap.
- Open wounds have to be cleaned immediately with water and antiseptic.
- Broken skin due to bites or scratches should be washed, disinfected and covered with bandage to avoid exposing blood.
- The person attending to the wound must protect himself or herself by wearing latex gloves or improvise a protective cover such as plastic bags to reduce the risk of HIV infection.

- At least two First Aid Kits should be available for use and made accessible at all times.
- All learners and educators should be provided with information on how to handle blood spills.

It is recommended that schools should have at least two first-aid kits (section 7.2) that should contain the following:

- Disposable latex gloves, two large and two mediums.
- Household gloves for cleaning
- Wound cleaning materials such as disinfectant, waterproof plaster, cotton wool, gauze, water container, scissors, etc.
- Mask or scarf and protective eye wear

The HIV/AIDS policy fails to clarify who is responsible for buying and supplying first-aid kits to schools. Equally important is the task of maintaining the kit in terms of replacing expired or used items. The HIV/AIDS Policy (section 7.10) emphasizes the need to inform and train learners and educators on how to use the first aid kit and apply universal precautions. However, there are certain issues that are not specified, for instance, who will do the training? How and where will the training take place? Another overlooked factor is that educators and learners may be scared of assisting injured HIV positive learners or educators due to the misconception of transmission through casual contact.

Disclosure of the HIV positive status of a team member can be voluntary; the educators can be made aware of legal implications involved before disclosing the positive status of a team member (Olenik & Sherrill, 1994:51). The environment for disclosure must be made positive by educating the team members on how the virus is transmitted to reduce prejudice and discrimination. In addition care can be taken to eliminate the possibilities of infecting other team members. The protection of both parties is paramount.

Apart from sport, schools need to be made a safe environment in which teaching and learning can take place free from the threat of violence and sexual abuse. Sexual abuse in schools increases the risk of contracting HIV.

#### 2.6.4 Sexual violence and abuse

The HIV/AIDS pandemic has given impetus to the examination of sexual violence worldwide and its implication in the HIV epidemic has recently begun to be documented (Morrel et al 2001:52). Sexual violence always makes it impossible for victims to insist on condom use and exposes them to an increased risk of infection. In many schools across South Africa thousands of girls of every race and economic background encounter sexual violence and abuse that impede their access to education and expose them to HIV infection (Human Rights Watch, 2000:11-2).

Sexual abuse includes touching a person's private parts or inserting objects into one's private parts, sexual harassment, verbal degradation and rape (Policy on HIV/AIDS, 1999:5). These acts are not only degrading and humiliating but increase significantly the risk of HIV infection. Some learners, particularly girls may choose to stay away from school or drop out in fear of being abused and thus their right to education is infringed (Constitution section 29). The girls interviewed in the study done by Morrel and others (2001:53) confirmed cases of rape and said that because of stigma attached to rape they would rather remain silent about rather than disclose the experience.

Citing the research done by the Human Rights Watch (2000:1) based on sexual violence and abuse in schools, a sample of 36 girls who were victims of sexual violence and abuse from three provinces were interviewed. The research findings revealed that sexual abuse of girls by educators and other learners is widespread in South Africa, and often school principals conceal sexual offences and delay disciplinary action against the perpetrators. Although some principals were interviewed, the reasons for concealing sexual abuse and delaying disciplinary action were not established. The general

findings were based on the girls' stories and little attention was paid to the principals' and the educators' point of view. If change is to take place, views of learners and educators have to be taken into consideration.

It is the duty of the educator to protect the learner against sexual abuse during school hours and school activities (Joubert & Prinsloo, 2002:116). Therefore clear codes of conduct and practice backed up by concrete action can be useful in protecting the educators and the learners against actions that may be illegal and unprofessional, for instance sexual relationships between learners and educators. Sexual abuse in schools by educators and other learners makes the school an unsafe learning environment; the right of the learner to an environment that is not harmful to their health and well-being is infringed (Constitution section 24(a)).

A section 9(1) of the Constitution states that everyone is equal before the law and has the right to protection. Educators are supposed to care for learners and ensure their safety from all dangers, including sexual abuse. Sexual abuse in schools is a sign of inadequate protection of the learner by the school authority. Educators having sexual relationships with learners should be dismissed because they have betrayed the trust the parents have in them for acting "in loco parentis". Furthermore they infringe the learners' right to education, safety and dignity. According to the Employment and Educators Act 76 of 1998 (section 17(g)) an educator is guilty of misconduct if the educator behaves in a disgraceful, improper or unbecoming manner while on duty or when sexual or any form of harassment is committed. It implies that educators involved in sexual relationships with learners or who sexually abuse learners can be charged with professional misconduct. Many victims of sexual abuse, including learners, find it difficult to speak about the abuse because of fear, trauma and the stigma they experience.

Schools can be safe places for promoting the rights of learners and educators on the other hand, they can also be places where rights are compromised. Actions such as violence, sexual abuse and HIV related stigma and discrimination must be recognized and steps taken to remedy them.

Educators' training and special measures including codes of practice can be powerful tools for increasing awareness and reducing discrimination in the school setting.

## **2.7 Conclusion**

In this chapter the impact of HIV/AIDS on educators, learners and the quality of education was discussed. An account of the research findings on knowledge of HIV/AIDS and the perception of risk is given. Socio cultural factors that fuel the spreading of HIV/AIDS were also explored. In addition, issues such as discrimination, disclosure and safety of learners in schools were dealt with. The next chapter will cover the empirical study. Interviews held with principals in the Southern Region of the Limpopo Province will be reported. Interview question summaries of interview responses and the interpretation of data produced will be reported.

## **CHAPTER 3**

### **EMPIRICAL INVESTIGATION**

#### **3.1 Introduction**

In chapter two a detailed literature review on the impact of HIV/AIDS on educators, learners and the quality of education was discussed. Research done on the knowledge of HIV/AIDS on different groups of people was analyzed and the different perceptions of risk in contracting HIV/AIDS explored. Factors that fuel the spreading of HIV/AIDS such as the social and cultural influence of sexual behaviour, sexual practices and poverty were examined. Discrimination, disclosure and safety in schools in regard to HIV/AIDS were discussed.

In this chapter the researcher intends to describe the steps taken to collect data. I will also describe the research method chosen and the rationale behind the choice of this method for the study. Research participants, methods of data collection and data analysis selected for the study are also discussed. Lastly research findings will be presented.

#### **3.2 Interviews**

In this study interviews are used to collect data. Cohen and Manion (2000:269) describe an interview as a two-person conversation initiated by the interviewer with the intention of obtaining specific information. Likewise, Borg and Gall (1989: 219) define an interview as a purposeful interaction between two people focused on one person trying to get information from the other. It involves direct verbal interaction between individuals. The interview method was chosen because it enables the researcher to obtain important information that cannot be gathered from observation. Since the purpose of the study is to investigate the principals' understanding and interpretation of HIV/AIDS and their attitude and response towards disclosure, discrimination

and safety issues, the interview is used to achieve the objectives of the study. The researcher was able to investigate how the principals understand and interpret HIV/AIDS, their perception and reaction towards disclosure and their response to safety measures stated in the policy by asking them questions related to these objectives. Furthermore, interviews are also a flexible and adaptable method that gives room for probing participants' responses to gather more in-depth information about their experiences, attitude, concerns and feelings. It also allows the participants to clarify and elaborate on responses to achieve accurate answers (McMillan & Schumacher, 1997:263). In the process of interviewing more detailed data can be obtained.

Advantages of using interviews to collect data:

- Well-conducted interviews can produce in-depth data that may not be obtained from using questionnaires.
- Interviews are flexible, giving room for the interviewer to adjust to each participant.
- Interviews allow follow-up on incomplete or unclear responses by asking additional probing questions.
- Interviews can be used with different respondents, such as illiterate ones or those too young to read and write.
- Verbal and nonverbal behaviour can be noted in a face-to-face interview.

Disadvantages

- The responses given by the participants may be subjective and biased due to eagerness to please the interviewer, or the interviewer may seek out answers that support preconceived views by asking leading questions.
- Interviews are time-consuming, labour intensive and expensive; this limits the number of participants that are interviewed in comparison to mailing questionnaires to a large number of people.

- Depending on the subject of the interview, the participant may be uncomfortable with the interview and unwilling to report true feelings.

The interview schedule is attached in appendix (i). The researcher used semi-structured interview format to produce data because it enables the researcher to frame questions that will supply the knowledge required (Cohen & Manion 2002:270). In structured interview the content and procedures are organized in advance, sequence and wording of the questions are predetermined (Cohen & Manion 2002:273). In semi-structured unlike structured interview there are no choices from which the respondent selects the answers, although the questions can be rephrased to allow individual response (McMillan & Schumacher). In this study open ended questions are used to provide a frame of reference for respondents answers and their expressions, there is no restriction on the content or the manner of the interviewee's reply (Cohen & Manion 2002:275). The interview schedule is divided into three sections. Section one consists of questions on knowledge of HIV/AIDS. The questions in this section are posed with the purpose of finding out the principals' level of factual knowledge on HIV/AIDS and establishing how they foresee the effect of HIV/AIDS on the learners and educators in their schools. Section two comprises questions on human rights in regard to HIV/AIDS. The intention of the questions in this section is to investigate the principals' attitude towards people with AIDS and their opinion on the disclosure of one's positive status. The last section is on safety precautions to be taken to reduce the risk of contracting the HIV virus. Questions in this section will assess the planned strategies the principals have put in place to cope with the epidemic.

### **3.3 Sample**

McMillan and Schumacher (1997:164) describe a sample as a group of subjects in a study. The sample can be selected from a large group (population) or it can be a group of subjects from whom data are collected. In this study the word *sample* will be used to mean the latter. The subjects chosen for the interview were a convenient sample. McMillan and Schumacher (1997:169) describe a convenient sample as a group of subjects

selected on the basis of being accessible or expedient. The principals chosen were those willing to participate in an in-depth interview with the researcher. Ten school principals from the Dennilton circuit in the southern region of the Limpopo Province were interviewed. Schools were assigned letters of the alphabet (A to J) for the purpose of differentiation; likewise the principals interviewed were referred to as principal A to principal J respectively.

### **3.4 Data collection**

Semi-structured interviews were used to produce information. The questions were pre-tested in a pilot study to check clarity and identify threatening questions. Appointments for interviews were done telephonically and the interviews were conducted in the principal's office. The researcher explained to the principals the purpose of the interview and asked for permission to record the interview. The advantages of using an audio-tape recorder is that it reduces the tendency of selecting data favouring the researcher's bias and can be played back and studied thoroughly (Cohen & Marion, 1995:271). The duration of the interview was about 30 minutes.

### **3.5 Data analysis**

According to Creswell (1994:154) data analysis involves reducing and interpreting data. The researcher takes a voluminous amount of information and reduces it to certain patterns or themes and interprets the information.

Themes:

- Knowledge of HIV/AIDS
- Human Rights
- Safety

In the study ten audio-tapes were used, one for each principal. The audio-tapes were marked A to J, each letter representing a school. A table was drawn with the principal A to principal J marked on the top of each column and

the question on the rows. The responses were recorded in their respective cells (Appendix (iv)). After recording the responses the researcher read through each question comparing the responses and made a summary. A conclusion was drawn from the summaries.

### **3.6 Research findings**

The results of this study are presented in the form of a summary of the principal's responses to the interview questions.

#### **3.6.1 Knowledge of HIV/AIDS**

In order to establish principals' knowledge on HIV/AIDS, I asked them what they knew about the disease. Nine out of ten principals identified HIV as a virus, which attacks the immune system of the body making it weak and vulnerable in contracting other diseases. The principal of school A, C and H expressed that HIV/AIDS is an incurable disease that is sexually transmitted. Principal B explained that "*There is no disease called Aids, it's a cluster of diseases*".

Considering ways in which one can get infected, nine principals declared that HIV/AIDS is mainly transmitted through unprotected sex with an infected person. Seven of the nine principals stated that the HIV virus could also be transmitted through blood transfusion. Principal I mentioned the possibility of mother-to-child transmission of the virus while principal J said that the virus could be transmitted from one person to another when attending to injury. Three principals (C, E and I) explained that the virus could be passed on through sharing syringes with an infected person or any other form of body fluid exchanges. Principal D stated that there is a possibility of the HIV virus being passed on when an infected person with wounds on the head shares hairdressing equipment with others. The principal of school B said that HIV/AIDS is caused by poverty and further explained that eating food that is not nutritious contributes to the cause of the disease.

The study found that most of the principals interviewed had a good understanding of HIV/AIDS and the various ways in which the virus can be transmitted. The majority of principals said that it is mainly sexually transmitted. However, one principal was of the opinion that HIV/AIDS is caused by poor nutrition.

#### 3.6.1.1 *The impact of HIV/AIDS in schools*

To determine if HIV/AIDS is considered a problem in schools, the principals were asked, "*In your opinion is HIV/AIDS a problem in your school*". Principal A (primary school) said that learners in the school are still young and HIV/AIDS is not really a problem since no educator or learner has been infected. The views of principal D and G were that although at present no learner or educator is HIV positive, it is just a matter of time before they become infected. Principal H was certain that HIV/AIDS is a problem in the school. Since it takes a long time to show, one cannot say that there are no cases of HIV/AIDS; by the time that the symptoms show it will have affected a lot of people. Principal J similarly said that since people do not go for testing the HIV status of learners and educators is unknown; therefore one cannot really say that HIV/AIDS is not a problem in the school.

Principal F concurred with principal D, G, H and J by explaining that HIV/AIDS is likely to be a future problem in schools because teenagers are sexually active and they do not want to use condoms, they prefer "*flesh to flesh*". Principal I said that learners believe in experimenting and there is a lot of myth surrounding safe sex and the use of condoms. The common myth is that sex is not enjoyable with a condom, and the teenagers justify their decision for not using condoms by saying that "*sexually transmitted diseases have always been there, so it's not a new thing. Furthermore death has always been there and sex is not the only thing that kills people*".

It was also discovered that some schools have large number of orphans. Principal D stated that although there are no HIV positive learners at present, there are orphans that are struggling to stay in school after the death of the

parents. The principal of school E (primary) confirmed that there are 167 orphans out of 1081 learners in the school. The high numbers of orphans have a negative impact on school funds; learners who are orphans are not able to pay school fees, buy uniforms or pay for school trips. In nine of the ten schools in the study, no educator is known to be HIV positive although in one school an educator died from an HIV/AIDS related illness. Principal D, E and F pointed out that in future HIV positive educators will not be able to perform their duties and their task will be transferred to other educators. The educator will have an extra load of monitoring the learners and learners will also suffer when they miss their lessons. Principal B suggested that there should be a policy of replacing deceased educators.

The impact of HIV/AIDS is currently seen in the increased number of orphans in the school and the problem of financing their education. Infections of learners and educators were predicted as a future problem.

#### 3.6.1.2 *HIV/AIDS awareness*

Regarding the question whether HIV/AIDS is discussed in the schools, five principals (A, D, E, F, H and I) confirmed that educators in their schools discuss HIV/AIDS issues with learners during Life Orientation lessons. School B, C and D rely on guest speakers from LoveLife. The principals of school C, D, F G and I sometimes invite nurses from nearby clinics to address the learners and educators, while in school J Home Based Aids Care visit the school to talk to learners and educators and show them posters of the HIV/AIDS awareness campaign. School B, E and G participate in the inter-schools AIDS awareness competition organized by joint effort of the Department of Health and Education. In the competition there are different categories, for example posters and music, in which trophies and certificates are awarded.

The research revealed that all the schools in the study have made attempts to create awareness of HIV/AIDS. It can be deduced that principals in all the schools in the study have made efforts to create HIV/AIDS awareness in their

respective schools. The awareness strategies varied from lessons in class and guest speakers to participation in district competitions

### 3.6.1.3 *Risk group*

When the principals were asked if there is a particular group of people that are at more risk of contracting HIV/AIDS than others – eight principals pointed out that teenagers are most vulnerable. The reasons given included the following:

- The Influence of media on teenagers, television giving misleading messages when it comes to sex and encourages the youth to have early sexual relationships.
- Teenage girls do not practise safe sex because they want to have babies so that they can receive grants from the government.
- Teenage girls want to have babies to prove their fertility.
- The teenagers meet each other by chance and may not have a condom at that particular time.
- Girls have sex with older men for money; they also have multiple sexual partners for material gain.

According to principal E, people who go to initiation schools are more at risk because they are exposed to the virus through the circumcision ritual. Likewise, people who go to traditional healers increase the risk of contracting the virus when parts of their bodies are cut to administer medication. Principal A (primary) is of the opinion that although the learners are still young, they are at risk of contracting HIV/AIDS due to an increase in cases of rape in the area. Principal B, who believes that HIV/AIDS is caused by poverty, pointed out that poor people who cannot afford nutritious food are more at risk of contracting the HIV virus.

Teenagers were listed as the most vulnerable group because of their lifestyle and negative attitude towards safe sex and abstinence. Rape was also given as a reason why teenagers are considered as a risk group.

### 3.6.2 Sources of information

The study revealed that the media play a major role as a source of HIV/AIDS information. All the principals got some information from television, newspapers and radios. Additional information was acquired from reading literature, posters, attending seminars, LoveLife guest speakers and through friends and nurses from nearby clinics. School J got some information through Community Based Care Projects.

Although the media seem to have created awareness of HIV/AIDS, the principals had different views on what they see, hear and read in the media. Principal A and C expressed doubt on claims of cure by some traditional healers. As far as they are concerned, there is no cure for HIV/AIDS yet. Principal B disagreed about the fact that HIV/AIDS could be a leading cause of death for young people. The principal continued to explain *“nowadays when someone gets sick and becomes thinner and thinner people say it is Aids while it could be something else”*. Principal I believed that you have to compare the information you get, what you see, hear and read and then draw a conclusion. People may fuel fear; the media may also promote their own interest as in the case of a campaign for using condoms. Some of the principals (D, E, F, G, H and J) believed everything they heard and read about HIV/AIDS.

### 3.6.3 Human rights

#### 3.6.3.1 *Attitude towards people with HIV/AIDS*

The majority of the principals (8) had a positive attitude towards people with HIV/AIDS. Principal A described his feeling towards people with Aids as follows: *“I had a friend who contracted HIV/AIDS. I treated him as a person and not something that should be thrown away”*. Principal D: *“I feel pity and sorry for people with HIV/AIDS because it is a disease that causes a lot of suffering, not only to the infected person but also to those close to him or her”*. Principal I said *“I sympathize with HIV positive people because the*

*person is dead before the body is dead*". Similarly principal A, B, D, E, H and J expressed sympathy saying, perhaps it is not their fault that they are positive. Principal C had the same feeling and elaborated that due to rape cases in the area HIV positive people may be innocent and deserve sympathy. Principal I explained that the mentality of rapist is to punish his victims so he does not use condoms; this increases the risk of contracting the virus. Principal H said that people get AIDS through their trusted partners; they become victims of circumstances.

Principal C is of the opinion that some people get HIV/AIDS through ignorance. Since people rarely go for testing it is hard to tell who is negative and who is positive, so it is wrong to blame them. Principal F blamed the educator who died for not asking the partner to go for tests before getting involved in a sexual relationship. The principal (F) pointed out that people should go for testing before getting involved in sexual relationships, if they ignore this procedure they become responsible for the condition they find themselves in. Principal G likewise blames sex workers who may contract HIV/AIDS through their clients, especially if they do not use condoms.

### 3.6.3.2 *Working with HIV positive educators*

All the principals confirmed that they would definitely work with an educator who is HIV positive. Principal A stated that HIV positive educators need support and should not feel rejected, they are legally entitled to work. According to principal I if an educator is sick and still wants to work, he or she should be appreciated and not discriminated against. Principal J said, *"An educator who is HIV positive is still my colleague - we will share the staff room, talk and go out with learners"*. There was no discriminative response from the principals regarding their association with HIV positive educators and colleagues.

### 3.6.3.3 *Rights of the HIV positive educator*

It was interesting to note that all the principals interviewed responded that HIV positive educators have rights like other educators. Some of the rights mentioned include:

- The right to medical treatment
- The right to education
- The right to work
- The right to social life
- The right to living

Principal D pointed out that HIV positive educators are still human beings and they need support and love.

### 3.6.3.4 *Admission of learners with HIV/AIDS*

All the principals confirmed that they would admit HIV positive learner in their schools. Principal D said that learners with HIV/AIDS also have the right to education. Principal A further explained that the Constitution and the South African School Act (SASA) do not discriminate against HIV positive learners. Principal E concurred with Principal B by saying that *“The constitution of this country supports admission of HIV positive learners, therefore we must follow the guidelines outlined in the Constitution”*. It is evident from the responses that the principals are aware of rights of learners and the laws that support the right to admission. They are informed about the right thing to do and are confident that in case of admission problems regarding the learners' HIV status, the law will back them up.

### 3.6.3.5 *Disclosure of HIV positive status*

The study found that principals had varied opinions regarding the disclosure of learners' or educators' HIV positive status. Principal A said that HIV/AIDS is a

sensitive matter and people tend to stigmatize the disease so it is up to the infected educator or learner to disclose positive status. Principal B had a similar opinion and said if an educator or learner disclosed his or her status and asked for confidentiality it would be kept a secret. Principal E argued that it is ethically wrong to disclose ones' HIV positive status; if done without permission the right of privacy of the learner or educator is infringed.

Seven out of the ten principals interviewed supported the disclosure of learner or educator HIV positive status. According to principal C and J HIV positive learners should disclose their condition to sports and guidance educators so that they can get help or counselling. Principal H was of the opinion that HIV positive educators and learners should disclose their condition to convince people of the reality of HIV/AIDS. Principal A and I supported disclosure because if a HIV positive learner or educator keeps the condition a secret, people will start gossiping and the victim will be affected psychologically.

The majority of the principals in the study supported disclosure, reasoning that it would benefit the HIV positive person by receiving counselling and other forms of help. Disclosure would also create awareness of the reality of the disease. HIV positive people would isolate themselves from others by keeping their status a secret; it would also lead to failure of getting much needed. The principals that were against disclosure were concerned about the safety of the HIV positive learner or educator considering the negative effect of the stigma attached to AIDS.

When the principals were asked if they could encourage disclosure of the learner's or educator's HIV positive status, seven out of ten principals responded that they would encourage disclosure. Principal E pointed out that one needs to check on the environment in which disclosure is to take place because people have been treated with violence after disclosing their positive status. Principal F's reason for encouraging disclosure is to use HIV positive learners and educators as an example to others who still deny the existence of the virus.

Principal J responded, *“People should go for testing after which they should disclose their negative or positive status. This would reduce the stigma attached to the disease and create awareness. Disclosure may make society learn to live with HIV positive people and reduce the stigma associated with the disease”*. Principal B was against encouraging disclosure, reasoning that it would lead to discrimination against the infected person. Principal G and H said that they had not really thought about it but when faced with the situation they would decide on what to do.

Four principals were against policies that demand the identification of HIV positive people. The majority of the principals supported voluntary disclosure and stated that disclosure of educators’ or learners’ HIV status is an individual’s decision and should not be dictated by policy. They emphasized that mandatory disclosure of a learner’s or educator’s HIV status would infringe their right to privacy.

When the principals were asked how they would support HIV positive learners and educators, eight principals said they would have open dialogue with the learner or educator. Principal A would ask the educator *“I have noticed that your health is deteriorating, what are you doing about it?”* Principal D and F said that they would listen to what the educator or learner says and then arrange for counselling. Principal B would support the educator by reducing the workload and excluding the educator from extramural activities. Principal E said that the support would ensure that the environment is friendly for disclosure.

#### 3.6.4 Safety

Regarding the question of safety, nine out of ten principals regarded their schools as safe from HIV infections. Principal E had confidence in saying that *“The school is safe because we have rules of do’s and don’ts and learners have guideline on how they should behave”*. The assumption was that by obeying the rules learners’ safety is ensured. The other principals were of the opinion that as long as there are no HIV positive learners or educators the

schools are still considered safe. It can be deduced from the responses that the majority of principals regard their schools as safe from HIV infections.

#### 3.6.4.1 *Risk Perception*

Responding to the question as to what the principals perceive as a risk of contracting HIV/AIDS, principal C, D, G and J said that there are many taverns in the area where young people (learners and educators) go for leisure. There is alcohol and prostitutes in the taverns; when one is drunk one cannot insist on using a condom. Secondly, most learners come from poor families, so female learners go to the taverns to have sex for money. Principal H pointed out that the risk of contracting HIV/AIDS is high after school hours: “*I do not have control of what happens after school hours*”.

Principal F, G, and H associated risk with having unprotected sex and multiple partners. Principal G explained that there are many young unmarried educators who have on and off sexual relationships; this increases the risk of contracting the virus. According to principal A, D and J the road next to their schools poses a threat as learners are lured by truck drivers for sex in exchange for a lift or money. Principal A added that apart from the truck drivers there are many criminal elements in the area around the school, therefore there is always the risk of learners being raped. Principal J confirmed that rape is common in the area; an average of two rape cases are reported per week.

From the responses the risk of contracting HIV is constructed as:

- unprotected sex with strangers such as truck drivers and prostitutes;
- influence of alcohol on the decision to use condom;
- forced sexual intercourse as in rape cases;
- having multiple partners.

The principals were asked what learners and educators should do to avoid being infected with HIV/AIDS. All the principals suggested that learners should abstain from having sex and where abstinence is not possible they must use a condom. Principal C declared that learners should avoid going to taverns where there is the possibility of getting drunk and having sex with prostitutes. Principal D said that *“educators should go for testing and ask their partners to be tested before getting involved in a relationship; once in a relationship they must be faithful to their partners”*.

The principals recommended abstinence, using condoms and having one sexual partner as strategies that could curb the spreading of HIV/AIDS. The use of condoms was recommended mostly for learners. As for educators, the need for using condoms arises when having sex with a stranger or in multiple partner relationships.

#### 3.6.4.2 *HIV/AIDS training*

In school B, E and J the educators had not attended any workshop or seminar on HIV/AIDS training. School C, F and G had one educator who had attended the seminars but had been transferred to other schools. School H had one educator who had attended a one-day seminar of HIV/AIDS. In school D and I there are two educators who have received training and are teaching Life Skills. In school A three educators had gone for training. The study found that the majority of the schools in the study did not have educators trained in HIV/AIDS education.

Nine schools had time allocated on the timetable for Life Orientation, that is two to three times a week. The learners would have benefited more from these lessons if the educators had training. In school F Life Orientation was not allocated on the timetable. The principal said that once in a while a guest speaker was invited to address the learners and educators after three o'clock.

#### 3.6.4.3 *HIV/AIDS and sports*

The common sports in the schools included in the study were soccer, netball, volleyball and indoor games. School D and G had karate as one of the extramural activities. When the principals were asked if they would allow learners with HIV/AIDS to participate in sports, all the principals responded that they would allow HIV positive learner to participate in sports. Principal A said, *“Every learner should participate in sports. Since people do not go for testing there is the possibility of some learners being HIV positive and not being aware of it.”* Principal G and F said that they would not allow learners with open bleeding wounds to participate in sports. Principal E, H and I would not allow HIV positive learner to participate in contact sports such as karate.

The majority of the schools in the study did not have written rules or precautions to be observed during contact sports or in case of injury. Written safety measures were found in school E (see appendix (iv)). In school A that had three trained educators, the principal confirmed that the educators were aware of precautions to be taken in case of injury – *“They know that they should not touch blood without putting on gloves, use water and antiseptic to clean the wound then cover it with bandage.”* Principal B: *“We do not know what to do, we pray nothing bad happens.”* School C, D, H and J take learners who are seriously injured to a nearby clinic.”

#### 3.6.4.4 *First aid kit*

Eight schools out of ten did not have first aid kits. School D had two first aid kits not fully stocked but had gloves, antiseptic and bandages. School E had one first aid kit, which contained scissors, gloves, bandages and painkillers. School A did not have a first aid kit but due to the training the educators had on safety precautions during injuries, the school bought gloves, bandages, tissue paper, antiseptic and kept clean water in containers in the classrooms.

In all the schools in the study there was no educator or learner with first-aid training. School A applies general knowledge learnt in the workshop to attend to minor injuries while serious injuries are taken to clinic. School D and I take their injured learners to a clinic. The principal of school E said that they had

recently appointed a committee for first aid and intended to take them for training.

#### 3.6.4.5 *School policy on HIV/AIDS*

Nine schools did not have their own school policy on HIV/AIDS. The schools had the National Policy Document but had not formulated their own school policy or any other form of implementation plan on HIV/AIDS in their schools. It is only school E that had a written school policy on HIV/AIDS (see appendix (v)).

#### 3.6.4.6 *Reducing the spreading of HIV/AIDS*

The researcher concluded the interview by asking the principals what should be done to reduce the spread of HIV/AIDS. The principals suggested the following:

- Education: Principal A, B H and I said that educators should attend workshops on a regular basis so that they can teach the learners and the community how to curb the spreading of AIDS. Principal I was of the opinion that HIV/AIDS should be made a compulsory subject in the curriculum. Principal D, E F and G recommended a joint effort of all stakeholders and further explained that preachers, politicians and parents should talk about HIV/AIDS. The responsibility of educating the youth must be a joint effort of all the stakeholders.
- Abstinence: Five principals emphasized that abstinence must precede safe sex. According to principal I parents have the obligation of ensuring that their children do not engage in early sexual activities.
- Condoms: Principal C and D said that the use of condoms should be encouraged. Principal J however was of the opinion that the

use of condoms was overemphasized and encouraged early sexual activities.

- Government Grants: Principal D pointed out that government grants encourage teenage pregnancy. This practice increases the risk of teenage girls contracting HIV/AIDS. Principal F concurred with principal D's observation and said that the government grants caused more harm than good.
- Single partner relationships: Principal G and J said that in order to reduce the spreading of HIV/AIDS it is important to have monogamous relationships and to be faithful to ones partner.
- Poverty: Principal B said that the spreading of HIV/AIDS is fueled by poverty. Strategies to increase the level of employment and income will reduce the spread of AIDS.

### **3.7 Conclusion**

This chapter consists of a description of the data collection process, the sample and the research findings from a small-scale empirical investigation. In the next chapter the conclusion of findings, recommendations, aspects of future research and the concluding statement are made.

## **CHAPTER 4**

### **OVERVIEW OF STUDY**

#### **4.1 Introduction**

This chapter intends to review the entire research study. It will focus on the information drawn from literature and the empirical data. It will also highlight the summary of the chapters, the conclusion of the research findings, the researcher's recommendations from the study and aspects of future research as well as concluding statement.

#### **4.2 Summary**

The aim of the study was to:

- investigate how school principals understand and interpret HIV/AIDS;
- establish the school principals' perception of and reaction to disclosure and discrimination in relation to HIV/AIDS;
- provide an overview on how school principals respond to safety measures stipulated in HIV/AIDS policy.

These aims were met through research in form of a literature review followed by an empirical study and the analysis of the research results.

This dissertation consists of 4 chapters. The following are summaries of the contents of each chapter:

Chapter 1 gives a general overview of the study. The following aspects were addressed: Rationale of the study, the problem statement, aims of the study and the research methods and definition of key concepts.

Chapter 2 focused on the literature review. The following areas of concern were investigated: The impact of HIV/AIDS in schools, knowledge of

HIV/AIDS, Human Rights issues, discrimination, disclosure and safety of learners and educators in the schools.

Chapters 3 consist of an analysis of the research findings. Summaries of the interviews and findings were discussed.

Chapters 4 consist of the summary, conclusion and recommendations of the study.

### **4.3 Conclusions**

The following conclusions have been drawn from the empirical study:

- This study has found that the majority of principals (90%) know that HIV/AIDS is an incurable disease caused by a virus and is mainly sexually transmitted. The principals are also aware of the risk of transmitting the virus through body fluids. It can be concluded that majority of principals in the study have adequate knowledge of HIV/AIDS.
- Some principals regard their schools safe from HIV infections. Their assumption of safety is based on the absence of HIV positive learners and educators. The majority of principals stated that the absence of HIV/AIDS cases in the school does not imply that the school is safe. Currently some schools have high numbers of orphans and face the financial difficulty of meeting their educational demands. Mwase (2000:24), Crawley (2000:2) and Betton (2002:69) reported similar findings. It seems that the level of teaching has not been affected. The shortage of educators is not a problem yet. HIV/AIDS is viewed as a future problem by 80% of the principals since they do not have HIV positive learners or educators in their schools at present.
- Research has indicated that different strategies are being used to promote awareness of HIV/AIDS in the schools under study. Common ones are through Life Orientation lessons, guest speakers or

participation in AIDS awareness Campaigns. All the schools in the study have made efforts to promote HIV/AIDS awareness. The principals have many sources of information available.

- Teenagers and young unmarried educators have been identified as the risk group because of their sexual lifestyle. Teenage girls are more at risk since some of them get involved in sexual relationship for money or teenage motherhood and others are at risk of becoming rape victims. One principal was of the opinion that poverty causes AIDS, therefore poor people are in the risk group. This implies that certain groups of people are considered more vulnerable than others.
- The findings confirmed that most principals (80%) feel empathy for people with AIDS and describe their feeling of sympathy. The principals generally do not blame people with AIDS for contracting the disease; however, negative thoughts were expressed about sex workers. It is clear from the responses that there is HIV stigma associated with certain groups of people. This finding is in agreement with a previous study (Kanyoro 2001:1) which revealed that stigma of HIV/AIDS is attached to people belonging to groups perceived to be at high risk, such as sex workers, truck drivers and homosexuals.
- The study has revealed there is no discriminative tendency of principals towards HIV positive educators and learners. The principals have a positive attitude to people with HIV/AIDS. They are willing to work with HIV positive educators and admit learners with AIDS to their schools. It can be concluded that the principals are aware of the rights of HIV positive educators and learners and the legal documents that protect them.
- All the principals in the study support the disclosure of HIV positive learners and educators. This corroborates what Sihlangu (2000:23) reported from his findings, namely that the majority of participants in the study-supported disclosure. The reasons for disclosure are to get assistance through counselling, other forms of support and the creation of awareness of the reality of HIV/AIDS. Three principals emphasized that disclosure must be voluntary and the environment must be right.

Seven principals responded that they would encourage disclosure. This confirms that the principals do not associate HIV/AIDS with stigma when referring to learners and educators; HIV/AIDS stigma is associated with sex workers and truck drivers.

- The principals perception of risk was having unprotected sex, mostly with strangers such as sex workers, truck drivers and rapists. According to the principals, having multiple partners and using alcohol increased the risk of infection. This response confirms the findings by Nzioka (1996:1) that reveals that there is a belief that HIV/AIDS belongs to particular group of people, namely truck drivers and female sex workers. The risk of contracting HIV/AIDS is also associated with the number of sexual partners; this is consistent with the findings of Ratliff, Donald and Donald (1999:1) findings on risk perception.
- The research findings indicate that the majority of schools in the study lack educators with HIV/AIDS training, although 90% of the schools have time allocated for Life Orientation in the school timetable. These findings fall in line with those of Dawson, Chunis, Smith and Carboni (2001) whose results confirmed the need for emphasis on educator training on HIV/AIDS education for both preservice and in-service educators.
- All the principals confirmed that they would allow HIV positive learners to participate in sports. However three principals were reluctant to allow HIV positive learners to participate in contact sports such as boxing or any other sport when they have open bleeding wounds. It appears that the principals did not find it risky to allow HIV positive learners to take part in sports with limited body contact, such as soccer, netball or volleyball but were cautious where there was the possibility of body fluid contact.
- The principals were aware of learners, right to participate in sports and the risk involved in contact, sports yet the majority of the schools included in the study did not have rules on safety precautions to be observed and applied during injuries. The physical education educators were also not trained to apply universally accepted safety precautions.

- Although 90% of the principals regard their schools as safe and had positive attitude towards HIV positive learners and educators, they lacked a school policy on HIV/AIDS. Sutliff and Bomgardner (1994:54) and Jourbert and Prinsloo (2001:116) recommend that in order to make schools safe, every school should have an HIV policy drafted in line with the principles of the National Policy, Universal Safety Procedures and one that suits the specific school. The policy would serve as a guideline in ensuring safety by emphasizing the rights of learners and educators, proper HIV management, prevention and creating a caring environment.
- The majority of the schools (8) lacked first aid kits; two schools had first aid kits but were inadequately stocked. All the schools in the study did not have educators or learners with first aid training. A lack of awareness of universal safety precautions could be a contributing factor as to why the principals have not prioritized buying first aid kits and sending educators for training.
- The education of learners through the joint effort of all stakeholders is regarded as an effective way of reducing the spreading of HIV/AIDS. Abstinence precedes the promotion of the use of condoms for teenagers as effective measures to curb the spreading of the disease and monogamous relationships are encouraged. It has also been noted that strategies of eradicating poverty will also reduce the spread of HIV/AIDS.

#### **4.4 Recommendations**

The following recommendations are made in the light of the above-mentioned conclusions:

Firstly, the school principals in cooperation with educators and school committee members should draft a school policy on HIV/AIDS so that when faced with the problem, they will have a guideline to refer to. The drafted School Policy on HIV/AIDS should address issues such as the rights of HIV

positive learners and educators, HIV management, prevention and creating a caring environment. In addition the school should have a learners' code of conduct that identifies and prohibits behaviours that expose the learners to risk of contracting HIV/AIDS.

Secondly, the Department must realize and acknowledge that more workshops or seminars on HIV/AIDS education are needed, preferably during school holidays to enable the schools to send educators for training. Schools should prioritize and support educators' in-service training on HIV/AIDS. Trained educators that have been transferred to other schools should consider training other educators before leaving their respective schools. It is strongly recommended that at least one educator in the school should be trained in HIV counselling.

Thirdly, the schools really need to draw up rules on universal safety precautions against HIV transmission and ensure that both educators and learners are aware of the rules. Physical education educators, coaches or any other persons involved in sports should attend special workshops to learn precautions to take during injuries and practise how to attend to injuries, especially when there is bleeding. First aid training for physical education educators should be made compulsory.

Fourthly, every school should obtain and re-stock the school first aid kit. Restocking the first aid kit should be catered for in the school budget. The principals must emphasize the importance of obtaining first aid kits to the School Governing Body and the parents. Some of the schools in the study do participate in the District HIV Awareness Competition. The organizers of these events should make universal safety precaution measures and first aid skills categories to compete in for in the District Competition. A first aid kit or the opportunity for first aid training can be part of the prizes to be won in these categories.

Lastly, the principals should embark on involving parents and other stakeholders in creating a positive school environment for HIV positive

learners and educators. Once the educators have attended workshops on HIV training, the principal should ensure that they meet with the parents and share information gained so that they can work as a team in curbing the spreading of HIV/AIDS. The community leaders in cooperation with the parents, business persons and donor agencies should consider introducing youth clubs in the area with the aim of establishing and sponsoring leisure and income generating activities. Leisure activities could include sports clubs, drama club and choir groups; examples of income generating activities could be small vegetable gardens, poultry keeping, homemade crafts, sewing and cooking classes. These activities could benefit the youth by providing additional skills to those learnt in schools, opportunities to earn money and recreation options instead of going to the taverns

#### **4.5 Limitations of the study**

Limitations of the study relate to potential weaknesses of the study (Creswell, 1994:110). Literature on educators' AIDS-related knowledge and attitude is limited; therefore most of the findings of this study cannot be compared with previous studies. Secondly, the data collection was limited to ten school principals owing to time and financial constraints. Due to the size of the sample, school principals' understanding of HIV/AIDS in implementing the policy need to be investigated further to arrive at more reliable conclusions.

#### **4.6 Aspects of future research**

Due to limited scope of this research study a more in-depth study should provide more insight into the topic. The following aspects of the study need further investigation:

- Do government grants have an influence on teenage pregnancy?
- How do learners and educators react towards learning or working with HIV positive learners or educators?

- Why have many principals failed to draw up school policies on HIV/AIDS despite receiving the National Policy?
- Are life orientation programmes effective in promoting abstinence and safe sex?
- Why do many schools lack educators with HIV training?
- What is the educators' attitude towards teaching HIV/AIDS education?
- Why do many schools lack first aid kit and first aid training?

#### **4.7 Concluding statement**

The sample used in the study is grossly inadequate to warrant generalization. However, the analyses of the collected data revealed that majority of principals in the study have adequate HIV/AIDS knowledge. Despite the principals' knowledge of the disease and how it can be transmitted, the schools in the study are still lacking planned strategies of coping with the epidemic. The majority of schools do not have educators trained in HIV education. Since educators play a crucial role in shaping the future of the youth, it is critical that more emphasis be placed on training educators and resources made available to assist them in educating the youth on HIV/AIDS.

One further concern is a lack of awareness and/or emphasis on universal safety precautions that should be implemented to eliminate the risk of transmitting HIV. If universal safety precautions are observed, all schools would strive to obtain and maintain a first aid kit and consider sending learners and educators for first aid training. It is also notably clear that the principals are conversant with the rights of HIV positive learners and educators. It is important that the whole school is prepared to accept and work or learn with HIV positive learners and educators. This can be done through drawing up a school policy and using it as a guideline in creating a non-discriminatory and caring environment for all learners and educators.

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## **APPENDIX (ii)**

### **INTERVIEW SCHEDULE**

#### **KNOWLEDGE**

##### **1. What do you know about HIV/AIDS?**

- ◆ What causes AIDS?
- ◆ How does a person get infected?
- ◆ In your opinion is HIV/AIDS a problem in schools?
- ◆ Do you discuss HIV/AIDS with your staff and learners?
- ◆ Is there a particular group of people that are more at risk of contracting the disease than others?

##### **2. How did you get to know about HIV/AIDS?**

- ◆ Do you believe everything you read or hear about HIV/AIDS?
- ◆ Is there a particular thing or things you do not believe?

##### **3. In what ways is HIV/AIDS likely to affect learners and educators in your school?**

#### **HUMAN RIGHTS**

##### **4. What is your feeling towards people with HIV/AIDS?**

- ◆ Do you believe that people with HIV/AIDS are responsible for their disease and get what they deserve?
- ◆ Would you work with an educator with HIV/AIDS?
- ◆ Do educators who are HIV positive or has AIDS have rights?
- ◆ If yes, what rights do they have?
- ◆ If no, why do you think that they do not have rights?
- ◆ Would you admit learners with HIV/AIDS to your school?

5. Do you think that learners and educators with HIV/AIDS should be made public?

- ◆ Would you encourage learners and educators with HIV/AIDS to disclose their status?
- ◆ Do you support policies that demand public identification of people with HIV/AIDS?
- ◆ How would you protect infected and affected learners and educators in your school?

## **SAFETY**

**6. Do you regard your school safe from HIV infections?**

- ◆ What do you consider as a risk in contracting HIV/AIDS?
- ◆ In your opinion what should learners and educators do to avoid contracting HIV/AIDS?
- ◆ Do you have educators who have received HIV/AIDS education?
- ◆ Do you have time allocated for HIV/AIDS and life skills in the school timetable?
- ◆ What kind of sports do you do in your school?
- ◆ Do you think that learners with HIV/AIDS should be allowed to participate in sports?
- ◆ Are there any special precautions or rules to be observed during contact sports or play?

7. What safety precautions would you take to reduce the risk of contracting HIV/AIDS in your school?

- ◆ Do you have a school policy on HIV/AIDS?
- ◆ Do you have a first aid kit?
- ◆ Do you have educator or learners that have first aid training?

8. In your opinion, what should be done to reduce the spreading of HIV/AIDS?

## APPENDIX (iii)

## INTERVIEW SUMMARIES TABLE

Questions	Principal A	Principal B	Principal C	Principal D	Principal E	Principal F	Principal G	Principal H	Principal I	Principal J
Knowledge of HIV/AIDS	Incurable life threatening disease	Killing disease	Deadly disease	Deadly disease, no cure	Syndrome caused by a virus	Deadly disease no cure	Disease that affects immune system	Incurable disease, attack immune system	Killer disease, affects immune system	Disease that enters blood system killing white blood cells
Causes	Sex without condom	Poverty poor diet	Virus, through unprotected sex	Virus attack on immune system	Caused by a virus	Sex without condom	Virus	Virus	Virus	Virus
How people get infected	Sexually transmitted	Through blood transfusion	Sexual intercourse blood transfusion sharing needles	Sexually transmitted blood transfusion body fluid exchange	Unprotected sex with infected person	Mainly sexually transmitted	Sexually transmitted blood transfusion	Sex with infected person blood transfusion	Sexually transmitted blood transfusion sharing needles	Sexual intercourse mother to child when attending to wounds
Is HIV/AIDS a problem in your school	Not a problem, learners still young	Not a problem no Aids cases	Orphans are many	Many orphans struggling to stay in school	Orphans are 167 out of 1081 learners	Teenagers are a problem, they do not want to use condoms	No positive learners or educators	It's a threat seen by number of orphans	No infected learner or educator, not sure of the situation	Not a problem in the school yet
HIV/AIDS Discussion	Information discussed with learners, life orientation lessons	Aids awareness promoted in school. Participate in district competition	Talk from nurses and Love Life group	Guest speakers, Love life nurses Life Orientation lessons	Have Aids committees Participate in awareness campaigns	Addressed by nurses from nearby clinics	Talk from nurses	Talk in assembly, Life Orientation lessons	Home Based Aids Care, Life Orientation lessons	Life Orientation Guest speakers
Risk group	Learners	Poor people	Youth most	Youth due	People who	Teenagers	Youth	Youth more	Adolescent	Young

	due to violence-rape cases	inadequate nutrition	vulnerable	to early sexual relationship	go to initiation schools and traditional healers	sexually active, want to have babies to receive grants	exposed to virus due to poverty, girls more vulnerable	at risk, meet by chance do not use condoms	are at risk sexually active do not use condoms	people are more at risk
Source of information	Educators who attend workshop, media	Media- TV, radio, newspaper	TV, radio newspaper	Media, community based care projects, seminars and workshops	Media, friends medical personnel	Media and friends	Newspaper, radio and friends	Media, books and friends	Media books and talking to people	Media, publication and listening to people
Information credibility	Doubt claim on cure	Doubt reports of young people dying from HIV/AIDS	Believes everything	Believes everything	Believes everything	Believes everything	Some things are propaganda – campaign for condoms	Believes everything- Aids is not a myth	You must compare information receive then make conclusions	Believes everything
Ways in which HIV/AIDS may affect learners and educators	Migrant workers and nearby road poses a threat	Learners drop out, educators too ill to teach	Educators being unable to teach, learners cannot afford to stay in school	Duty of sick educators transferred to others, learners miss lessons or unable to pay fee.	HIV positive educators will be absent-extra load on others	Aids orphans are unable to pay fees, educators may become too sick to teach	Learner dropout, shortage of educators	Decline in enrolment numbers	Orphans and educator shortage	Learners dropping out from schools
<b>Human rights</b> Feeling towards people with Aids	Sympathy and support	Sympathy- maybe it is not their fault	Feeling sorry- one can get it innocently	Feeling pity and sorry- the diseases cause a lot of suffering	Sympathy and pity	Blame educator who died from HIV/AIDS	Sympathy for people with Aids	Sympathy, they suffer for a long time before dying	Sympathize with the situation- a person is dead before the body is dead	Felt sorry, bad and wants to give support
Do people with Aids got what	Wrong attitude, they should	Not to blame, you can get	They do not deserve it, some are	Nobody deserves to suffer,	They do not deserve it, one can get	Cannot pass judgement	Blame sex workers for doing	No blame, people get Aids	They maybe innocent-	Can not blame them people do

they deserved	not be blamed	Aids from a trusted person	ignorant, do not go for test	sometimes it is not their fault	Aids accidentally		business with their bodies	through various ways	rape victims do not deserve it	not go for test – you don't know who is positive
Working with HIV positive educator	Yes I would work with them, they are legally entitled to work, need support not rejection	There is no problem. Everybody is sick- Aids is a cluster of diseases	Yes I would work with an educator who is HIV positive	Its okey to work with him/her	I would definitely work with a colleague who is HIV positive	Yes I would work with an educator with Aids	I never plan for such a thing, if faced with the situation I will work with him/her	I do not have a problem working with HIV/AIDS positive educator	Definitely- if you are sick and still want to work people should appreciate you.	I would work with such an educator- a person who is HIV positive is still my co-worker
Do HIV positive educators have rights	HIV positive educators have rights to medical treatment, education, protection and right to a living	They have rights like all of us	All educators have equal rights	Yes they have rights, their condition does not make them less human, need support and love	They have rights like all of us	Have right to socialize, right to work and right to life	Yes they have rights like us although I have never thought about it.	Have rights like other educators	Have right to earn a living and live fully	Right to life, work and other rights like all of us
Would you admit HIV positive learner	Constitution and SASA does not discriminate. I will admit	Yes I would admit the learner because it is just like other diseases	Yes I would admit the learner	The learner has right to education, I would admit	Would admit the learner the constitution has given guidelines needed	I would admit, there is nothing wrong	Would admit	Would admit	They do not need isolation, I would admit such a learner	The learner needs support, would admit the learner
Should HIV/AIDS positive status of learners or educators be disclosed	It's a sensitive matter, learner or educator should decided	Sensitive, depends on the individual, should be confidential	Should disclose to educator concern- guidance educator to get help	Should disclose to the right person- sports and guidance educators	Not ethically right, its up to the individual to disclose to avoid infringing	Yes should disclose their status	Should disclose their status and not isolate themselves from others	Should disclose their status to convince other that HIV/AIDS is real and not a myth	If you keep quiet your conscious will bother while if you disclose some people may	Should not keep positive status a secret because they need help

					their freedom to privacy				support you	
Would you encourage disclosure	Would encourage disclosure, if kept a secret people will start talking	No, because of discrimination. It may worsen the situation.	Yes I would encourage disclosure so that learners can get help from their educators.	Yes –to receive guidance and counseling if their condition are known and not left to suffer alone	I would check the environment first if it is conducive for disclosure then decide whether or not to disclose	Would encourage disclosure, without example people may not take the problem seriously	I do not have a plan for such a thing but if faced with the situation I will decide on what to do	I do not have a problem with that although I have not really thought about it	I would encourage disclosure- encourage them to confide in one person	Yes, I would encourage disclosure, people do not their status because they don't go for testing
Do you support policies that demand public identification of people with Aids	Would not support policies that coerce people to disclose their status	Would support policies that forces celebrities to disclose their status	Would not support policies that demand disclosure of HIV status	Would not support such policies but would encourage voluntary disclosure	Disclosure of ones HIV status is an individuals decision and should not be dictated by policy	Would support policies that demand public identification of people with Aids	Would support such a policy because one can only get help if the condition is known- it would create awareness	Would support the policy although people do not want to go for testing to establish their status	Would support such a policy	It is important for people to disclose their status so that others may learn to live with them
How would you support HIV positive learner or educator	Open dialogue, get staff to talk to each other openly	I would reduce his/her work load, no extramural activities	Encourage them to talk about it	Being a good listener, arrange for counseling	Keeping the positive status confidential , create conducive environment for disclosure	By counseling	I would encourage them to discuss their problems with me	Had not thought about it.	Have positive attitude, avoid gossip, open and free talk with the infected	Talk about HIV/AIDS

<b>Safety</b> Is your school safe from HIV infections	Learners not safe because a busy road nearby, and criminal elements around the area	School not safe, learners sexually active	Many taverns in the area. Learner and educators go for leisure	Safety not guaranteed, there are all sorts of danger round the school.	There are rules on how to behave- dos and don'ts application of safety precaution	The school is not safe, learners not willing to abstain, do not use condoms	School not safe, many people round the school have died of Aids, learners sexually active	Is not sure, after school the learners go their own way. No control of what happens outside the school.	Not certain it is not safe	School not safe, rape common
What do you consider as risk	Being raped	Poor diet	Taverns increases risk through prostitution and use of alcohol	Rape, truck drivers luring learners, taverns, unprotected sex and multiple partners	Unprotected sex	Unprotected sex, not willing to abstain and multiple partners	Relationships of unmarried young educators- not stable, learners go to taverns, girls have sex for in exchange for money	What learners do after school hours put them at risk	Unprotected sex, sharing needles	Unprotected sex
What should be done to avoid infection	Use condom	Continue promoting safe sex message	Use condoms, avoid going to taverns, abstain as much as possible	Learners abstain, educators go for test before getting involved, have one partner	Obey the rules	Learners must abstain where abstinence is not possible use condom and have one sexual partner	Promote abstinence, sex education, reconsider government grant issue	Encourage abstinence and safe sex	Morals- people should stick to one partner, learner should avoid getting babies because of government grants	Avoid drinking alcohol, abstinence and using condoms
Do you have educators trained on	Three trained educators. Share	No trained educator	Had one trained educator but have	Two trained educators attended workshop	No trained educators who are trained	Had one educator who had received	One trained educator who have been	One trained educator who went for one day	No trained educator with HIV/AIDS	No trained educator

HIV/AIDS education	information with others		been transferred to another school	now teaching Life Skills		training but has transferred to another school	transferred to another school.	workshop on HIV/AIDS	training	
Time allocated for Life Skills?	Three lessons per week	Life skills allocated in the timetable	Time allocated	Time allocated – twice a week	Time not allocated, guest speakers after 3pm	Time allocated	Time allocated	Time allocated five times a week	Life Skills time allocated	Time allocated
Sports done?	Netball and soccer	Soccer, netball indoor games	Soccer, netball, volleyball.	Soccer, netball, volleyball, chess, karate	Netball and soccer	Soccer, netball, volleyball.	Soccer, netball, volleyball, karate	Netball and soccer	Soccer, netball, volleyball, softball	Soccer, netball, volleyball.
Do you think learner with Aids should be allowed to participate in sports	Yes every learner should participate, no testing the learners do not know their status	The sports teacher will decide	Yes should be allowed to participate in sports	I would allow unless their condition exposes danger to others	I would not encourage them to participate in contact sports	Learners with Aids can participate in sports unless they have bleeding wounds	They should participate unless there is risk involved	I would not allow them to participate in contact sports, they can be involved in others	I would allow them there is limited contact in soccer, netball, volleyball and softball	Should be allowed to participate
Are there special precautions or rule to observe during contact sports	No written rules, trained educators apply safety measures where necessary	Do not know what to do and prays nothing bad happens	No special precautions taken	No special written rule to observe	Learners are supervised	No special precautions taken	No special written rule to observe during contact sports	No special written rule to observe during contact sports	No special precautions taken	No special precautions taken during contact sports
Do you have first aid kit	No kit but bought gloves, tissue paper, antiseptic and keeps	No first aid kit	No first aid kit	Two first aids kits- not fully stocked	One kit not well equipped scissors bandages, wraps, painkillers	No first aid kit	No first aid kit	No first aid kit	No first aid kit	No first aid kit



## APPENDIX (iv)

### SCHOOL E

#### PROCEDURES OF DEALING WITH DIFFICULTY IN REGARD TO HIV/AIDS (safety precaution rules).

1. All blood, open wounds sores broken skin, grazes and skin lesions as well as all body fluids and excretions which could be stained or contaminated with blood shall be treated as potentially infectious, and shall thus be covered completely and securely with a non-porous or waterproof dressing or plaster.
2. All persons attending to blood spills should wear protective latex gloves or plastic bags over their hands to eliminate the risk of HIV transmission effectively.
3. Each classroom or other teaching area should have a pair of latex or household rubber gloves.
4. All learners and educators including sports coaches are to be given appropriate information and training on HIV transmission.
5. Learners should be taught to call for assistance of an educator should they see any blood coming out of anyone anywhere.

## **APPENDIX (v)**

### **SCHOOL E**

#### **SCHOOL POLICY ON HIV/AIDS**

1. No learner or educator with HIV/AIDS maybe unfairly discriminated against directly or indirectly.
2. Learners, students, educators and other staff with HIV/AIDS should be treated in just, humane and life-affirming way.
3. No learner or student may be denied admission to or continued attendance at a school or institution on account of his/her HIV/AIDS status or perceived HIV status.
4. No educator may be denied the right to be appointed in a post, to teach or to be promoted on account of his/her HIV status or perceived HIV status.
5. The testing of learners or educators for HIV/AIDS as a prerequisite for admission to, or continued attendance at this school, to determine the status of HIV/AIDS is prohibited.
6. No learner, educator or parent of a learner is compelled to disclose his/her HIV/AIDS status in the school.
7. Voluntary disclosure of learners or educators with HIV/AIDS to appropriate authority is welcomed and an enabling environment shall be cultivated for confidentiality.
8. All information about medical conditions of learners or educators with HIV/AIDS shall be treated as confidential.