

CHAPTER 4

REPORTING THE RESULTS OF THE STUDY

4.1 THE AIM OF THIS CHAPTER

In Chapter 3, I described the empirical part of my study in terms of the selected research design and my preferred methodological choices. I also justified my methodological choices and procedures on the basis of the research questions and purpose of my study, as formulated in Chapter 1.

In this chapter I shall report the results of my study. I aim to provide a holistic view of the results by making use of tables and diagrams that will illustrate the responses of the participants as well as my interpretations thereof. I shall discuss the aims, responses and outcomes of the various questions directed during my field work sessions (interviews¹²) I shall use verbatim responses and visual images to enrich my discussions with the aim of addressing my primary research question, namely: In what manner do contextual factors influence the implementation of HIV & AIDS programmes in schools?

In order to enable the reader to clearly follow the discussions in this chapter, I present Diagram 4.1, in which the abbreviations are explained.

¹² A copy of the questionnaire is included as Addendum A.

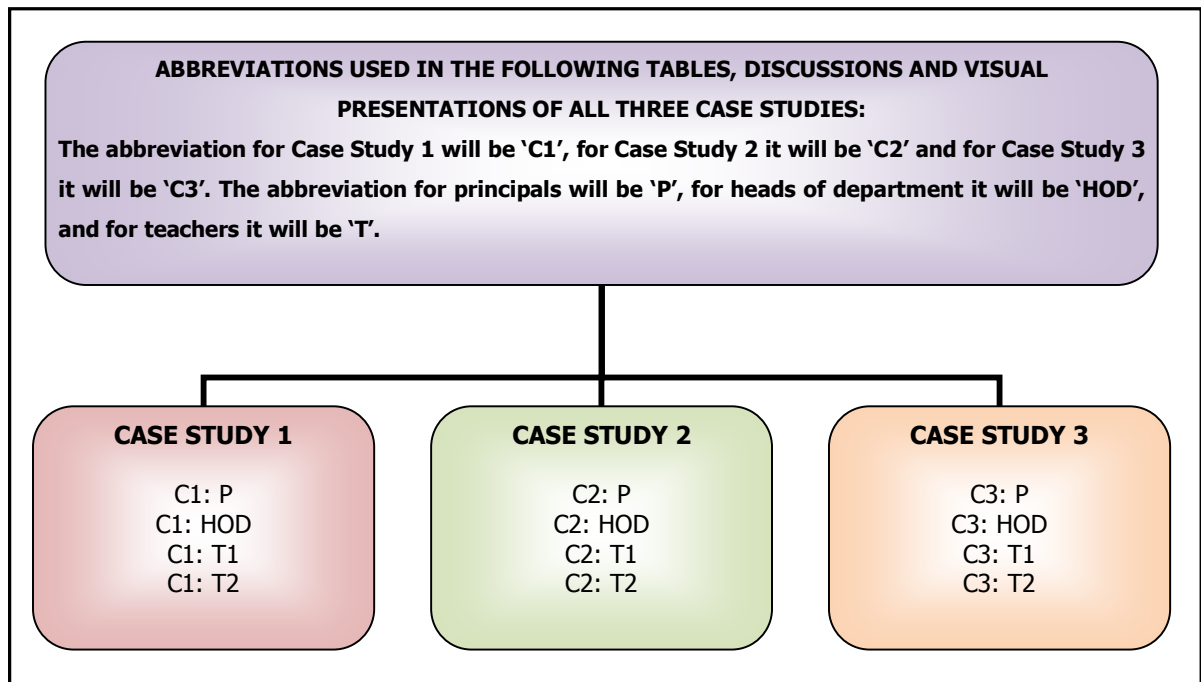


Diagram 4.1: Key to abbreviations

Section A: Biographical information

I asked Question 1, 2, 3 and 4 in order to gather biographical information regarding the research participants. The responses to each question are tabled below, in order to create a biographical analysis of the research participants who were interviewed during my study.

4.2 QUESTION 1: WHAT IS YOUR POSITION AT THE SCHOOL?

4.2.1 The aim of Question 1

The aim of Question 1 was to determine a participant's position at the school. For the purpose of my study, I anticipated that the position of the participant may provide an important indication with regard to the extent of his/her

responsibility for implementing the programme in his/her school. I presumed that on higher levels of authority, the responsibility would be greater.

Table 4.1: Number and positions of participants

Number and positions of participants in Case Studies 1, 2 and 3	
Position at school	Number
C1: P	1
C1: HOD	1
C1: T1	1
C1: T2	1
C2: P	1
C2: HOD	1
C2: T1	1
C2: T2	1
C3: P	1
C3: HOD	1
C3: T1	1
C3: T2	1
Total	12

4.2.2 Interpretation of Table 4.1

Table 4.1 reflects the fact that twelve¹³ participants were interviewed in three different Case Studies. The twelve participants consisted of three principals, three heads of department, and six teachers, as visually presented in Diagram 4.2 below.

¹³ For the purpose of this study all numbers up to twelve will be spelled (Reader's Digest 1985:395).

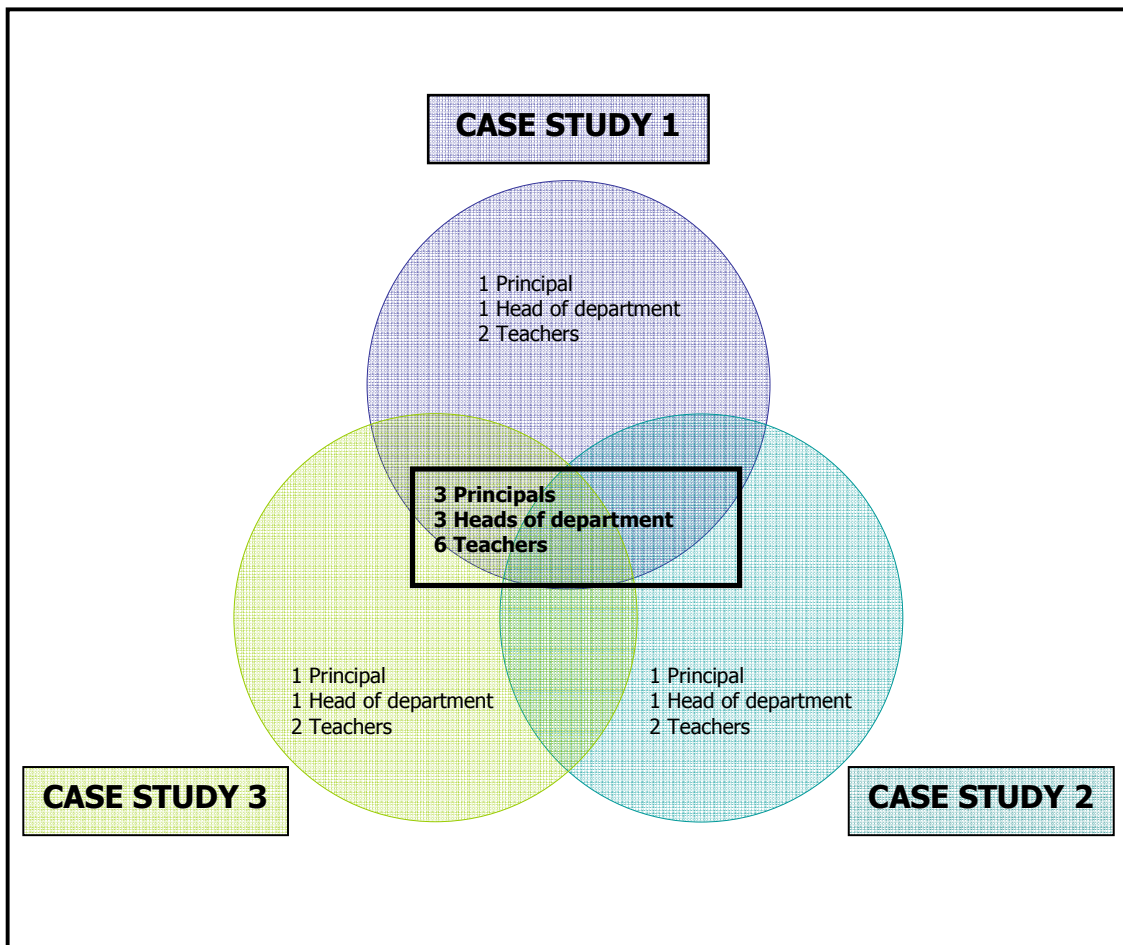


Diagram 4.2: Summary: number of participants

4.2.3 Assumption regarding Question 1

I assume that the responses of the participants will to a certain extent reflect the experiences of school managers and teachers with regard to the implementation of the HIV & AIDS programme, and, as such, will highlight possible contextual factors that influence the implementation thereof.

4.3 QUESTION 2: WHAT IS YOUR HIGHEST QUALIFICATION?

4.3.1 The aim of Question 2

Question 2 was asked to determine the training that the participant had received. I anticipated that this information (together with the information obtained from question 3) may indicate a participant's level of academic and professional development, growth and maturity.

Table 4.2: Participants' qualifications

CASE STUDY 1, 2 and 3	
Participant	Qualification
C1: P	BEd degree in Education Management
C1: HOD	BEd in Educational Studies
C1: T1	BA degree in Psychology
C1: T2	BEd (Hons) Learning Support and Counselling. Master Trainer for HIV & AIDS
C2: P	BComm (Hons)
C2: HOD	BA degree in Psychology
C2: T1	National Diploma in Education
C2: T2	BA (HED) and trained as counsellor
C3: P	BComm (Hons)
C3: HOD	BA Degree in Psychology
C3: T1	National Diploma in Education
C3: T2	BA (HED) and trained as a counsellor

4.3.2 Interpretation of Table 4.2

My interpretation of Table 4.2 revealed that all the participants were qualified teachers. Twelve of the participants were graduated teachers with a vast variety of expertise in the field of education, from management and psychology to counselling. Two of the participants did not have a degree in a particular field. One principal had specialised in education management.

4.3.3 Conclusions regarding Question 2

I found it remarkable that in each Case Study there was at least one participant who was qualified in psychology and/or counselling. Teachers who are qualified in this regard may be considered beneficial to the implementation of the HIV & AIDS programme in schools. I reasoned that, with the considerable number of qualifications and experience with regard to further education and studies, the participants would be able to provide responses that are educationally sound in relation to the implementation of the HIV & AIDS programme, and that they would be able to identify contextual factors that influence the implementation thereof. The fact, that only one principal (C1:P) has a qualification in education management, highlights the possible shortage of sound management practices in the schools, which may be a contextual factor that influences the implementation of HIV & AIDS programmes.

4.4 QUESTION 3: HOW LONG HAVE YOU BEEN A TEACHER?

4.4.1 The aim of Question 3

I posed Question 3 to determine the participants' years of teaching experience. I believed that this information would contribute to my understanding of the competence level of a participant, and of the relation between the latter fact and his/her involvement in HIV & AIDS programmes in the school. A participant's expertise and skills acquired through years of teaching might serve as motivation (a contextual factor) for his/her willingness (or reluctance) to become involved in HIV & AIDS programmes that include very sensitive content.

Table 4.3: Participants' teaching experience

Participants' teaching experience				
Participant	Years experience as a teacher			
	0-5 years	5-10 years	10-20 years	20 years or more
C1: P				X
C1: HOD				X
C1: T1				X
C1: T2				X
C2: P				X
C2: HOD			X	
C2: T1	X			
C2: T2			X	
C3: P				X
C3: HOD			X	
C3: T1	X			
C3: T2	X			
TOTAL	3	0	3	6

4.4.2 Interpretation of Table 4.3

Regarding the number of years experience of the participants, the three principals each had more than 20 years experience. Each of the three heads of department had more than 10 years experience (one had more than 20 years experience). Two of the six teachers each had more than 20 years experience, while three of the teachers each had up to 5 years experience, as illustrated in Diagram 4.3 below.

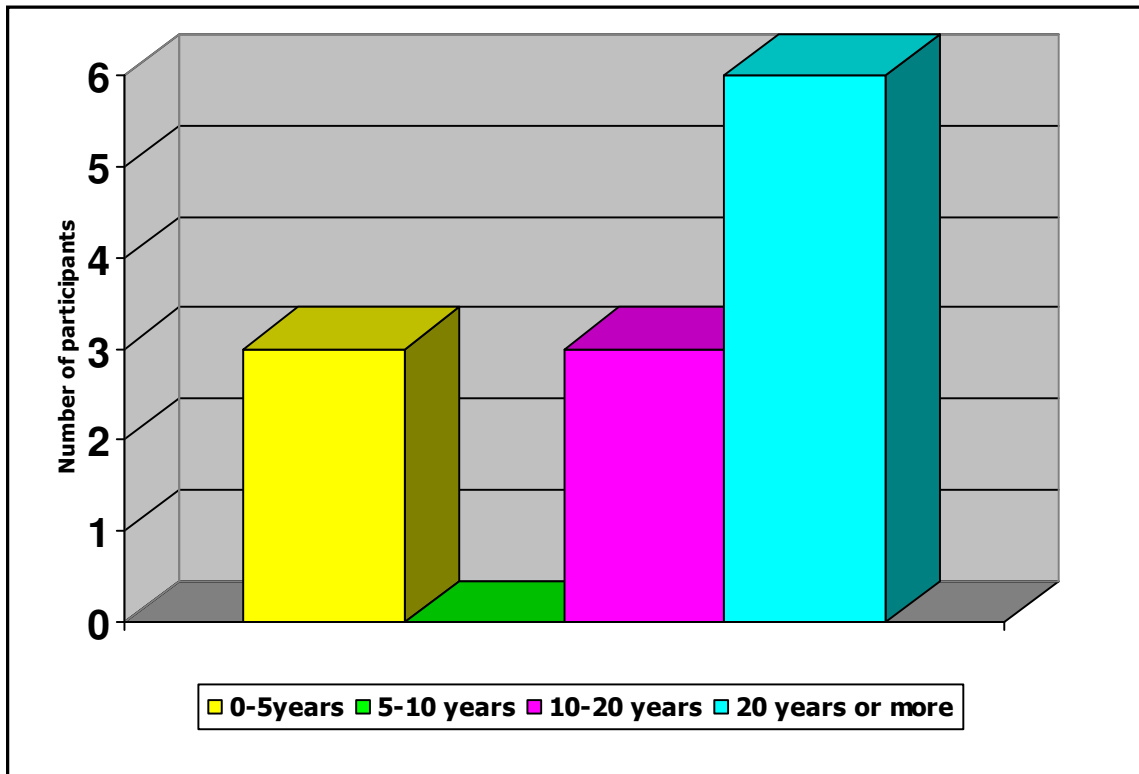


Diagram 4.3: Visual presentation of the participants' years of experience

4.4.3 Conclusions regarding Question 3

In view of the fact that the participants in managerial positions (three principals and three HODs) each had more than ten years of teaching experience, I am of the opinion that the schools in the Case Studies had experienced education managers on site who ought to be competent with regard to the implementation of the HIV & AIDS programme. Furthermore, the participants in managerial positions in all three Case Studies have adequate educational qualifications, as discussed in paragraphs 4.3.2 and 4.3.3 above. I thus conclude that there were teachers with adequate qualifications and managerial experience in these schools for the implementation of the HIV & AIDS programme.

4.5 QUESTION 4: TO WHAT EXTENT ARE YOU INVOLVED IN HIV & AIDS PROGRAMMES IN YOUR SCHOOL?

4.5.1 The aim of Question 4

The aim of Question 4 was to determine the extent of the participant's involvement in HIV & AIDS programme implementation or in the management thereof in his/her school. This information may indicate significant relations between position (Question 1), highest qualification (Question 2), years of experience (Question 3), and level of involvement (Question 4), which may be contextual factors.

Table 4.4: A summary of the involvement of all the participants

Participants' level of involvement			
Participant	Involvement		
	Not involved at all	Indirectly involved	Directly involved
C1: P		X	
C1: HOD		X	
C1: T1		X	
C1: T2			X
C2: P		X	
C2: HOD			X
C2: T1			X
C2: T2			X
C3: P			X
C3: HOD			X
C3: T1		X	
C3: T2			X
TOTAL	0	5	7

4.5.2 Interpretation of Table 4.4

Table 4.4 indicates the fact that the twelve participants regarded themselves as being either directly or indirectly involved in the HIV & AIDS programme in their respective schools. Five participants (2 principals, 1 head of department and 2 teachers) indicated their indirect involvement. Seven participants (1 principal, 2 heads of department and 4 teachers) indicated their direct involvement. These facts are visually displayed in Diagram 4.4.

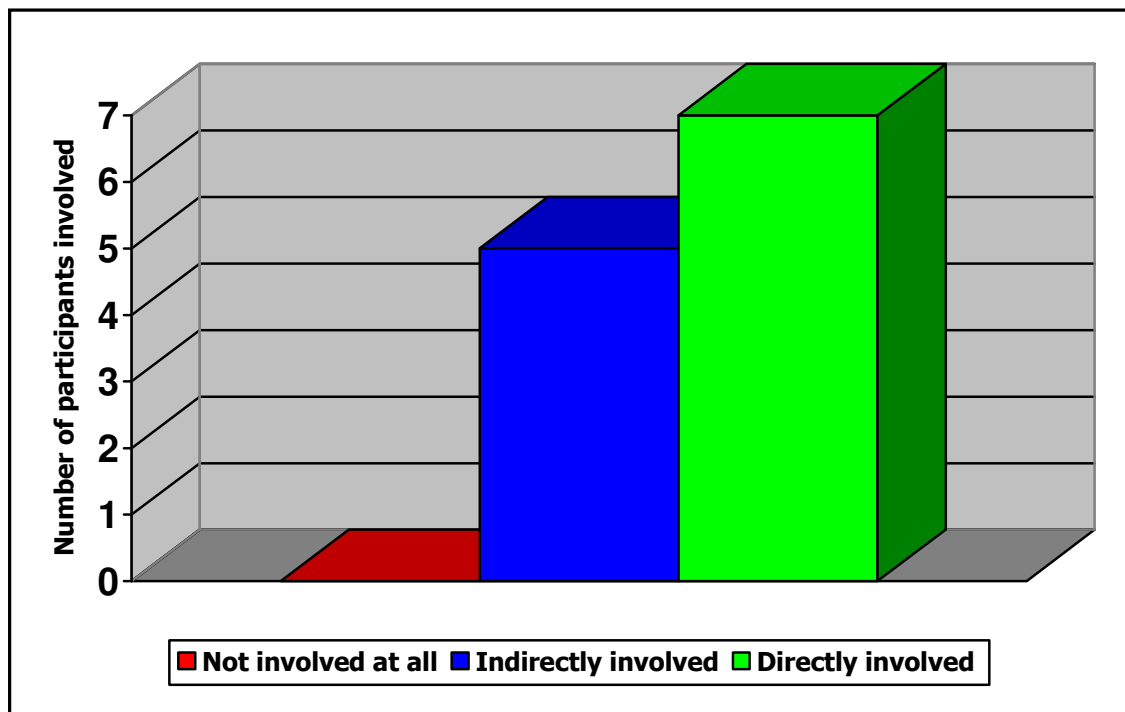


Diagram 4.4: Visual presentation of the involvement of the participants in HIV & AIDS programmes in their schools

4.5.3 Conclusions regarding Question 4

It is encouraging to note that all the participants regard themselves as being either directly or indirectly involved in the implementation of the HIV & AIDS programme. This may imply that the HIV & AIDS programme is implemented at

the schools in the Case Studies. The question would then remain as to the manner in which the programme is implemented in the respective schools.

I noted that one HOD and two teachers indicated that they were indirectly involved in the implementation of the HIV & AIDS programme. This confusion may be ascribed to teachers not being aware that the HIV & AIDS programme forms part of Life Orientation as a school subject, or that HIV & AIDS is not dealt with, within the subject. I also consider the possibility that teachers are not aware of or are not complying with the requirements in respect of Life Orientation as a subject (in this regard also refer to paragraph 4.11.3).

SECTION B: TRAINING WITH REGARD TO HIV & AIDS EDUCATION

4.6 QUESTION 5: HAVE YOU ATTENDED ANY TRAINING SESSIONS, WORKSHOPS OR INFORMATION SESSIONS WITH REGARD TO HIV & AIDS? IF SO, WHERE, WHEN AND BY WHOM WERE THESE SERVICES RENDERED?

4.6.1 The aim of Question 5

I posed Question 5 with the aim of determining the nature and duration of the training that the participants had received. I assumed that this information would highlight the specialised training that the participants had received with regard to HIV & AIDS programmes, and would indicate the relation between further training (a contextual factor) and the quality of the implementation of HIV & AIDS programmes in schools.

Table 4.5.1: Training that participants in Case Study 1 had received

CASE STUDY 1				
Participant	Trained	Nature of HIV & AIDS training	When?	Provided by?
C1: P	Yes	Workshop for principals	2002	Department of Education (Tshwane North district office)
C1: HOD	No	No training	n/a	n/a
HT1	Yes	HIV & AIDS training	Long ago	Department of Education
HT2	Yes	HIV & AIDS workshops	Continuously	City Council of Pretoria Department of Education NGOs
Total	3	n/a	n/a	n/a

4.6.2 Interpretation of Table 4.5.1

In Case Study 1, three participants affirmed that they had received training with regard to HIV & AIDS. One participant had no training (C1: HOD had not received any training). This was an alarming discovery, because I would expect the head of department (of Human and Social Sciences) of a school to be at the forefront of programmes and developments within the department for which he/she is responsible. Two of the participants who had received training stated that this had happened long ago. This convinced me that, although they had attended training, the current relevancy and significance thereof might be questionable.

Table 4.5.2: Training that participants in Case Study 2 had received

CASE STUDY 2				
Participant	Trained	Nature of HIV & AIDS training	When?	Provided by?
C2: P	Yes	Lecture on HIV & AIDS at school	Long ago	Lecturers
C2: HOD	Yes	HIV & AIDS training Training for the girl learners	2003	Department of Education
C2: T1	No	Attended no such training	n/a	n/a
C2: T2	Yes	HIV & AIDS training Training as counsellor	2006	District office (medical doctor) University
Total	3	n/a	n/a	n/a

4.6.3 Interpretation of Table 4.5.2

Case Study 2 revealed that three participants were trained while one participant was not trained. The principal and HOD of the school reported that their training had been received 'long ago' and in 2003. Again, this raised the question with regard to the current relevancy and significance of their training.

Table 4.5.3: Training that participants in Case Study 3 had received

CASE STUDY 3				
Participant	Trained	Nature of HIV & AIDS training	When?	Provided by?
C3: P	Yes	HIV & AIDS training (Support for infected and affected learners)	2006	Department of Education
C3: HOD	Yes	Attended a workshop	2003	Unknown
C3: T1	Yes	HIV & AIDS training	2006	Department of Education
C3: T2	No	Never received any training	n/a	n/a
Total	3	n/a	n/a	n/a

4.6.4 Interpretation of Table 4.5.3

In Case Study 3 the same pattern with regard to the training of participants emerged. I established that three of the participants had received training, while one participant had no training. One participant (C3: HOD) once attended a workshop in 2003. Two participants (C3: P and C3: T1) reported that they had received training in 2006, and that was the last training opportunity they were aware of. This again gave me a clear indication that training opportunities for these two participants had been inconsistent and limited.

Table 4.5.4: Summary of participants' training

Participant	Trained	Nature of HIV & AIDS training	When?	Provided by?
C1: P	Yes	Workshop for principals (general/ generic training)	2002	Department of Education (Tshwane North district office)
C2: P	Yes	Lecture on HIV & AIDS at school	Long ago	Unknown
C3: P	Yes	HIV & AIDS training: To support infected and affected learners	2006	Department of Education
C1: HOD	No	No training	n/a	n/a
C2: HOD	Yes	General HIV & AIDS workshop	2003	Department of Education
C3: HOD	Yes	Workshop	2003	Unknown
C1: T1	Yes	HIV & AIDS training	Long ago	Department of Education
C1: T2	Yes	General HIV & AIDS workshops	Continuous training	City Council of Pretoria, Department of Education, NGOs
C2: T1	No	n/a	n/a	n/a
C2: T2	Yes	HIV & AIDS training Training as counsellor	2006	Department of Education, University
C3: T1	Yes	HIV & AIDS training	2006	Department of Education
C3: T2	No	n/a	n/a	n/a
Total	9	n/a	n/a	n/a

4.6.5 Interpretation of Table 4.5.4

Nine of the participants indicated that they had undergone training with regard to HIV & AIDS. The remaining three participants indicated that they had not received any training. One HOD (who I assumed would bear more responsibility with regard to the implementation of HIV & AIDS programmes) had not received any training in this regard. One principal mentioned that he had only attended an information lecture offered at the school (during the interview this participant seemed distant and not interested in HIV & AIDS).

In contrast, three participants who were teachers, seemed to have a sincere interest in HIV & AIDS related issues. They were either involved in community structures where they supported people with HIV & AIDS education, or they were enrolled at higher education institutions to improve their qualifications.

4.6.6 Conclusions regarding Question 5

In the light of the above responses I concluded that opportunities for attending training, workshop or information sessions with regard to the implementation of the HIV & AIDS programme varied significantly. There appears to be a lack of training opportunities for teachers with regard to the implementation of the HIV & AIDS programmes in schools. I am also of the opinion that information sessions and workshops ought to be presented on a continuous basis, in order to assist and monitor the implementation of the HIV & AIDS programme. The continuous further training of teachers involved in the implementation of the HIV & AIDS programme should be made a priority.

4.7 QUESTION 6: ON A SCALE OF 1 TO 5, HOW HIGH WOULD YOU RATE YOUR KNOWLEDGE WITH REGARD TO HIV & AIDS?

4.7.1 The aim of Question 6

The aim of Question 6 was to determine how adequate the participants regarded their knowledge with regard to HIV & AIDS. I presumed that this information would indicate how candid and open a participant might respond to HIV & AIDS related issues.

Table 4.6: Participants' self-perceived level of knowledge with regard to HIV & AIDS

CASE STUDY 1, 2 and 3					
Participant	Level of knowledge				
	1: Low	2: Below average	3: Moderate	4: Above average	5: Very high
C1: P			X		
C1: HOD			X		
C1: T1			X		
C1: T2				X	
C2: P			X		
C2: HOD			X		
C2: T1			X		
C2: T2					X
C3: P			X		
C3: HOD			X		
C3: T1				X	
C3: T2					X
TOTAL	0	0	8	2	2

4.7.2 Interpretation of Table 4.6

Three of the participants in Case Study 1 perceived their knowledge with regard to HIV & AIDS as being moderate, while one participant considered himself as having an above average knowledge.

As in Case Study 1, three of the participants in Case Study 2 considered their knowledge with regard to HIV & AIDS to be moderate, but one participant felt that his knowledge was exceptional.

Only two participants in Case Study 3 perceived their knowledge with regard to HIV & AIDS as moderate. One participant considered his knowledge as being moderate, while one participant regarded his knowledge as exceptional.

In total, eight of the participants indicated that their knowledge with regard to HIV & AIDS was moderate, two participants indicated an above average knowledge, and two participants reported outstanding knowledge.

I found it interesting that, even though these participants rated their knowledge as being above average, there was no indication that a specific HIV & AIDS programme was being followed in their schools.

I found it interesting that the principals and heads of department indicated only a moderate level of knowledge, while the teachers perceived their knowledge as being above average or outstanding (as visually presented in Diagram 4.5 below).

4.7.3 Additional information

One teacher, who is involved in the community, remarked the following:

- ❑ The level of ignorance with regard to HIV & AIDS is still very high.
- ❑ People within the community still ignore the existence of the disease and believe that it is "... the whites that are coming with the stories...".
- ❑ People are not using condoms, although there are "many funerals and the HIV & AIDS death rate is high".
- ❑ Even educated people in the community take risks.

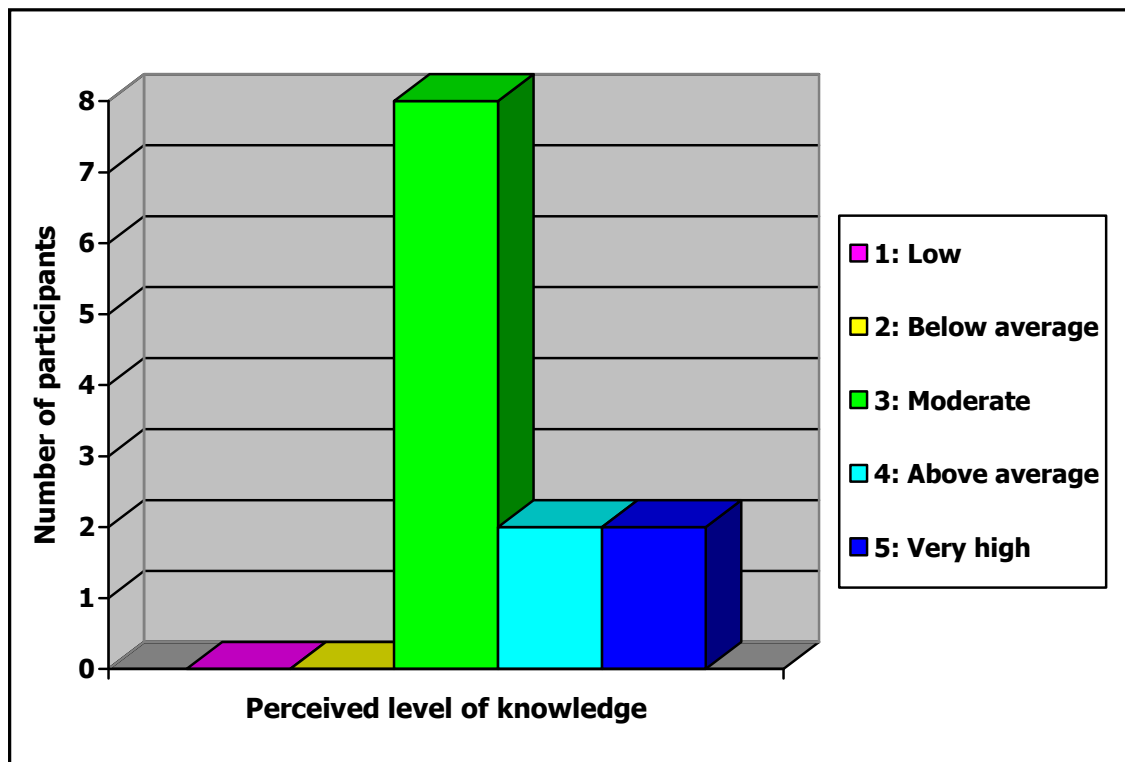


Diagram 4.5: Visual presentation of the participants' perceived level of knowledge with regard to HIV & AIDS

4.7.4 Conclusions regarding Question 6

An interesting consistency became evident, that those participants, who reported an above average to exceptional knowledge with regard to HIV & AIDS, had attended various departmental training activities and/or had enrolled at higher institutions of learning. They were also involved in other community structures, and manifested a very enthusiastic attitude during the interview.

One participant indicated that he had not attended any training programme with regard to HIV & AIDS, but reflected that he had outstanding knowledge with regard to the programme. This apparent contradiction made me wonder where and how the participant had acquired his knowledge. It became clear that the participant, although not officially trained by the department of education, had acquired knowledge on HIV & AIDS from the local clinic and by means of extensive reading.

It became clear to me that the participants perceived themselves as being knowledgeable with regard to HIV & AIDS related matters. They revealed self-confidence in this regard during the interviews, and I therefore expected that high levels of knowledge with regard to HIV & AIDS matters may ensure and enhance the implementation of the HIV & AIDS programme. This proved not to be the case. Even though the participants perceived themselves as being knowledgeable with regard to HIV & AIDS, and displayed confidence in discussing matters related to HIV & AIDS, it did not ensure their involvement in and implementation of the HIV & AIDS programme.

4.8 QUESTION 7: DO YOU AGREE OR DISAGREE WITH THE STATEMENT THAT HIV & AIDS CAN BE PREVENTED. IF YES, HOW?

4.8.1 The aim of Question 7

I presented Question 7 in order to determine what the participants' insights and perceptions were about the fact that HIV & AIDS infection could be prevented. This information would provide me with insight into the participants' opinions with regard to the feasibility of HIV & AIDS prevention. I assumed that the participants' views with regard to the prevention of HIV infection might be a decisive contextual factor that could influence the implementation of an HIV & AIDS programme in their schools.

Table 4.7: Participants' opinions on HIV & AIDS prevention

SUMMARY OF CASE STUDY 1, 2 AND 3			
Can HIV & AIDS be prevented?			How can HIV & AIDS be prevented?
Participant	YES	NO	
C1: P	X		Prevent HIV by educating people, learners and the community. They must know the causes and how the virus is spread. They have to use ABC (Abstain, Be loyal and Condomise).
C2: P	X		It is easy to prevent HIV & AIDS by advising people to abstain from sex.
C3: P	X		Prevention should entail abstinence from sexual activity (ABC). Transmission through body fluids, such as blood, should also be prevented.
C1: HOD	X		It can be prevented, but learners do not take prevention seriously. Leaders and authority figures have a negative impact on HIV & AIDS prevention. We need a campaign that is supported by all stakeholders. Adults need to set good examples to learners. The low morality of society makes prevention difficult.
C2: HOD	X		Prevention should include teaching morals. Some cultures do not allow parents to talk to their children about sex. Parents should be involved in prevention by talking to their children openly about sex and prevention.
C3: HOD	X		Prevention can be done by providing workshops and information sessions. When you share knowledge, you are doing prevention.
C1: T1	X		Young people must abstain and adults must be faithful to one partner.
C1: T2	X		All stakeholders such as government, teachers, learners and the community must participate in HIV & AIDS prevention programmes (education) to make it work.
C2: T1	X		Prevention can be done by abstaining from sex. Parents are not involved in prevention efforts.
C2: T2	X		Prevention is to take precautionary measures, educating the community and being open about HIV & AIDS. Schools should assist parents to talk to their children about HIV & AIDS. Cultural taboos often make it difficult for parents to talk about it.
C3: T1	X		Prevention is to educate our learners about sexuality and sex. Learners should abstain from sex and protect themselves if they are sexually active by using condoms. Prevention is to inform the learners and the community.
C3: T2	X		Prevention means that you should abstain from sex, or condomise if it is possible.
Total	12		

4.8.2 Interpretation of Table 4.7

The participants in Case Study 1 agreed that HIV & AIDS can be prevented. They mentioned education, abstinence (ABC), faithfulness, loyalty and the participation of all stakeholders in prevention programmes, as topics that they associate with prevention. One participant referred to the fact that learners do not take the disease seriously. The participant also referred to the negative impact of the behaviour of authority figures and low social morality as obstacles in the prevention of HIV & AIDS.

The participants in Case Study 2 had the same opinion as those in Case Study 1, that HIV & AIDS can be prevented. The participants associated abstinence, teaching of morals, precautionary measures and openness about HIV & AIDS with prevention. They mentioned two obstacles to prevention efforts: cultural taboos that do not allow parents to talk about sex, and uninvolved parents.

In Case Study 3 the participants were in agreement that HIV & AIDS can be prevented. The participants' opinions on HIV & AIDS prevention included aspects such as abstinence, workshops and information sessions for learners and the community, education, and the use of condoms. I found it interesting that none of the participants mentioned any obstacles with regard to HIV & AIDS prevention.

In summary, there were seven participants who indicated that they regard abstinence from sexual activity as the most important strategy in the prevention of HIV & AIDS transmission. Three participants held the opinion that prevention also entailed the use of condoms and faithfulness to one's partner.

4.8.3 Additional information

In addition to sharing their understanding of HIV & AIDS prevention, the participants also mentioned the following obstacles that they felt were important to keep in mind when dealing with prevention in the school. This included aspects such as:

- The teaching of appropriate moral values.
- The examples that were set by adults and authority figures in society and the school.
- The lack of parent involvement in prevention efforts.
- The poor support from other stakeholders in education, such as the government, teachers and the community.

4.8.4 Conclusions regarding Question 7

In view of the responses to Question 7, I concluded that the participants are familiar with the ways in which HIV infection can be prevented, that is abstinence from sexual activity, faithfulness to one's partner and condomising. I am of opinion that this might indicate the high level of knowledge of the participants with regard to HIV & AIDS, as discussed in paragraph 4.7.3 and 4.7.4 above.

4.9 QUESTION 8: WHAT IS YOUR VIEW WITH REGARD TO THE ROLE OF EDUCATION IN THE PREVENTION OF HIV & AIDS INFECTION? DOES EDUCATION HAVE A ROLE TO FULFIL IN PREVENTION?

4.9.1 The aim of Question 8

I directed Question 8 in order to create an opportunity for the participants to clarify their perceptions with regard to the role of education in HIV & AIDS prevention. This information could help me understand how important the participants regarded education in preventing HIV infection. I anticipated that the perceptions with regard to the importance (or unimportance) of education regarding HIV & AIDS might be a prominent contextual factor that influences the implementation of HIV & AIDS programmes.

Table 4.8: Participants' opinions on the role of education in the prevention of HIV & AIDS

Participant	Does education have a role in prevention of HIV infection?		Participants' views with regard to the role of education in the prevention of HIV infection.
	YES	NO	
C1: P	X		Prevention through education can work if learners are educated and they "listen". Parents must play a role in prevention efforts and the same efforts must be emphasised at school. The African cultural taboos make it difficult for the parents to talk about sexuality. Parents must also be educated to talk to their children about sex and HIV & AIDS.
C2: P	X		Education must inform and provide knowledge to learners and parents that HIV & AIDS is a serious reality.
C3: P	X		Education provides learners with knowledge on HIV & AIDS as the parents are unable to do so. Education also assists learners who are infected or affected to cope and care.
C1: HOD	X		Prevention in education requires the integration of all programmes, and sending the same message on prevention. "All must sing the same song". Sexual relationships between teachers and learners make prevention difficult. The morality of some teachers causes prevention to fail.
C2: HOD	X		Education plays a minimal role because it only provides learners with information on HIV & AIDS.
C3: HOD	X		Education is a way to make contact with vulnerable children. The school environment makes it possible to establish contact with learners.
C1: T1	X		Education is a way to inform learners and the community about HIV & AIDS.
C1: T2	X		Education can help to impart knowledge and provide programmes in order to prevent HIV & AIDS infection.
C2: T1	X		Education provides learners with knowledge with regard to issues that parents are not discussing with them because their culture prohibits it. Education helps to overcome cultural barriers to information.
C2: T2	X		Education provides learners with knowledge on preventing HIV & AIDS as well as how to care for and to cope with those who are infected. Education provides an opportunity for learners who are affected by HIV & AIDS to come to terms with their situations.
C3: T1	X		Education must provide learners with knowledge on prevention by means of the Life Orientation programme.
C3: T2	X		Education must make people aware of HIV & AIDS.
Total	12	0	

4.9.2 Interpretation of Table 4.8

The twelve participants answered positively to the question whether education has a role to play with regard to the prevention of HIV & AIDS. The participants' views with regard to the role of education in HIV & AIDS prevention included the following aspects:

- ❑ The provision of knowledge and information to learners and parents about sexuality, sex and HIV & AIDS.
- ❑ Assistance to parents who are unable to talk to their children about HIV & AIDS because of cultural barriers.
- ❑ Support for learners who are infected or affected by HIV & AIDS to care and/or cope with their situations.
- ❑ Creates an environment for establishing contact with vulnerable learners, for example orphans.

4.9.3 Additional information

One participant viewed the role of education with regard to prevention of HIV & AIDS as minimal. The participant felt that the time allocated to Life Orientation (the programme in which HIV & AIDS education is offered) was limited. The participant was of the opinion that more time was needed to reach the learners, and that teachers should be allocated who solely dealt with Life Orientation as a programme. I realised that HIV & AIDS programmes were only dealt with during Life Orientation periods (2 hours per week), and that teachers were allocated to the programme over and above their other programmes.

Another participant strongly felt that all school programmes should convey the same prevention message ... "all teachers must sing the same song". The participant also stated that sexual relationships between teachers and learners

were hindering prevention efforts and messages communicated through education.

4.9.4 Conclusions regarding Question 8

In view of the responses to Question 8, I concluded that all the participants regarded education as having an important role with regard to the prevention of HIV infection. This indicated that the participants might also regard the implementation of the HIV & AIDS programme as equally important.

In addition, I concluded that the two hours per week, allocated to the HIV & AIDS programme as per departmental requirements, were either insufficient or the allocation of time on the schools' timetables had been wrongly calculated.

4.10 QUESTION 9: WHICH ASPECTS DO YOU REGARD AS IMPORTANT WHEN DEALING WITH HIV & AIDS PREVENTION?

4.10.1 The aim of Question 9

The intention of asking Question 9 was to allow the participant to identify and prioritise aspects with regard to HIV & AIDS prevention according to his/her view. I was of the opinion that his/her answer would elucidate how he/she understood prevention, and what his/her view on prevention programmes encompassed. This information might lead the participant to a realisation of the importance of education in changing behaviour.

Table 4.9: Important aspects with regard to HIV & AIDS prevention in Case Studies 1, 2 and 3

SUMMARY OF CASE STUDIES 1, 2 AND 3							
Participants	Important aspects with regard to HIV & AIDS prevention						
	Abstinence	Safe sex/ Condomising	Sexual activity	Faithfulness	Education/ Knowledge	Communication /Openness	Life style/ risks
C1: P			X		X		
C2: P			X		X		
C3: P					X	X	X
C1: HOD	X	X					
C2: HOD					X		
C3: HOD	X	X		X		X	X
C1: T1	X	X		X			
C1: T2					X		
C2: T1	X	X		X		X	
C2: T2	X	X			X	X	
C3: T1	X	X					X
C3: T2			X		X	X	
Total	6	6	3	3	7	5	3

4.10.2 Interpretation of Table 4.9

The participants spontaneously mentioned 7 aspects that they regarded as important with regard to HIV & AIDS prevention. These aspects were reported in different frequencies as follows (refer to Diagram 4.6 below):

- ❑ Education/Knowledge, (seven responses);
- ❑ Abstinence, (six responses);
- ❑ Condomising/Safe sex, (six responses);
- ❑ Communication/Openness, (five responses);
- ❑ Faithfulness, (three responses);
- ❑ Life style/Risks, (three responses);
- ❑ Sexual activity, (three responses).

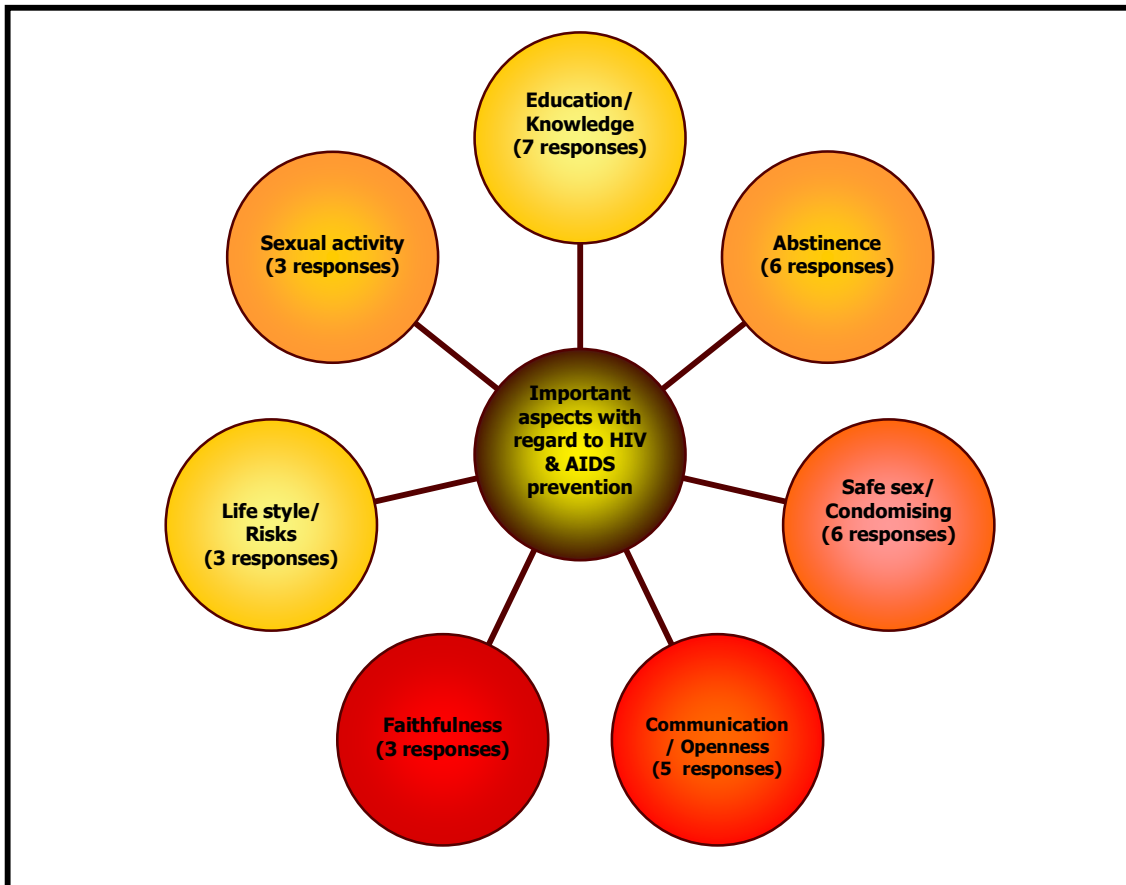


Diagram 4.6: Important aspects mentioned with regard to HIV & AIDS prevention

4.10.3 Additional information

In response to Question 9, the participants provided additional information with regard to aspects of HIV & AIDS education that they found challenging. These include:

- ❑ The encouragement of learners to condomise if they do not want to abstain from sex;
- ❑ Simultaneously dealing with learners who are sexually active, and learners who have not yet engaged in sexual activities, without differentiating between them;

- ❑ The mindset of learners and parents who still believe that HIV & AIDS does not exist;
- ❑ The law that allows 12 year old children to obtain condoms (may be interpreted as permission to have sex);
- ❑ The limited time in school that is allocated for HIV & AIDS awareness (only two hours per week and one day per year);
- ❑ Myths that only people of a certain age can become infected with the virus, or that if you live in a certain area you are sure to be infected, or that HIV & AIDS does not exist;
- ❑ Poverty, peer pressure and substance abuse make learners vulnerable to becoming sexually active.

4.10.4 Conclusions regarding Question 9

In view of the responses, I conclude that the participants have a sound understanding of what prevention of HIV infection entails. This concurs with the expected high levels of knowledge with regard to HIV & AIDS, as discussed in paragraphs 4.7.3, 4.7.4 and 4.8.4 above. I also conclude that, despite their apparent high levels of knowledge, the participants experience challenges with regard to the implementation of HIV & AIDS programmes.

SECTION C: The school's HIV & AIDS programme

4.11 QUESTION 10: DOES YOUR SCHOOL PRESENT AN HIV & AIDS PROGRAMME TO THE LEARNERS? IF NOT, IGNORE QUESTION 10 AND PLEASE ANSWER QUESTIONS 11A TO 11D.

4.11.1 The aim of Question 10

The aim of Question 10 was to determine whether a participant's school has an HIV & AIDS programme in place. I anticipated that the answer to this question would confirm whether the school was (was not) implementing an HIV & AIDS programme, and whether the participant was aware of it.

Table 4.10: Implementation of an HIV & AIDS programme at school

Participant	Implementation of an HIV & AIDS programme		
	YES	NO	Details
C1: P	X		Life Orientation and an HIV & AIDS awareness day.
C1: HOD		X	Had a class for HIV & AIDS programmes years ago.
C1: T1	X		Life Orientation programme.
C1: T2	X		Life Orientation programme.
C2: P		X	Will have one HIV & AIDS awareness day during the year.
C2: HOD	X		Life Orientation programme and one HIV & AIDS awareness day.
C2: T1		X	Waiting for a programme to be provided by the education department.
C2: T2	X		Life Orientation.
C3: P	X		Life Orientation and an HIV & AIDS awareness day, a clinic that visits the school; people living with HIV & AIDS visiting the school.
C3: HOD	X		Life Orientation.
C3: T1	X		Life Orientation and HIV & AIDS programme integration with other programmes.
C3: T2	X		Life Orientation.
Total	9	3	

4.11.2 Interpretation of Table 4.10

Table 4.10 shows that nine participants indicated that their schools were implementing an HIV & AIDS programme. Three participants stated that their schools were not implementing an HIV & AIDS programme.

4.11.3 Conclusions regarding Question 10

I realised that there were significant contradictions regarding the responses of participants of the same school. One participant (a principal) indicated that his school was implementing an HIV & AIDS programme, while the head of department indicated that no programme was being implemented. I realised that the participants, who indicated that their schools did not implement an HIV & AIDS programme, might not be aware that the HIV & AIDS programme for schools is included within Life Orientation. I explained to these three participants that the HIV & AIDS programme forms part of the Life Orientation curriculum. The ignorance of these teachers may be ascribed to a lack of communication and understanding within the management of the school, or to a possible misconception of what an HIV & AIDS programme comprises. Therefore I also conclude that some teachers (principals and HODs included) may not be abreast with the development and implementation of the subjects within the New Curriculum Statement for the Further Education and Training band (in this regard also refer to paragraphs 4.5.3, 4.16.3 and 4.17.5).

After clarifying the possible misunderstanding and/or lack of knowledge of the three participants, I conclude that all three schools were implementing the HIV & AIDS programme as part of Life Orientation.

ALTERNATIVE QUESTIONS TO QUESTION 10, IN THE INSTANCE OF NON-IMPLEMENTATION OF THE HIV & AIDS PROGRAMME.

4.12 QUESTION 11a: WITH REFERENCE TO QUESTION 10, WHY IS YOUR SCHOOL NOT IMPLEMENTING THE HIV & AIDS PROGRAMME?

4.12.1 The aim of Question 11a

Question 11a was presented in order to obtain information as to why the participant's school is not implementing the HIV & AIDS programme.

Table 4.11: Reasons for not implementing the HIV & AIDS programme

SUMMARY OF CASES STUDY 1, 2 AND 3	
Participant	Why the school is not implementing the HIV & AIDS programme
C1: P	n/a
C1: HOD	n/a
C1: T1	n/a
C1: T2	n/a
C2: P	n/a
C2: HOD	n/a
C2: T1	n/a
C2: T2	n/a
C3: P	n/a
C3: HOD	n/a
C3: T1	n/a
C3: T2	n/a

4.12.2 Interpretation of Table 4.11

All the participants reported that their schools were implementing the HIV & AIDS programme as part of the prescribed Life Orientation¹⁴ curriculum (in this regard please refer to paragraphs 4.5.3 and 4.11.3).

4.12.3 Additional information

Even though the participants reported that their schools were implementing the HIV & AIDS programme, as prescribed within the Life Orientation curriculum, they mentioned the following factors that have an effect on the implementation:

- ❑ The lack of facilities such as sick rooms and rooms for private counselling of learners.
- ❑ Timetables that are very congested with other subjects in addition to Life Orientation.
- ❑ Some male teachers do not regard the pandemic as serious, and want to continue sexual relationships with girls.
- ❑ Schools need more information and guidance on how to handle HIV & AIDS within the school.
- ❑ Teachers must take it upon themselves to become knowledgeable with regard to HIV & AIDS programmes.
- ❑ Schools are in need of resources that make the content of HIV & AIDS programmes come "...alive..." for the learners.
- ❑ The management of the school does not take Life Orientation as a subject seriously, and consequently teachers neglect the subject.

¹⁴ In this regard refer to paragraph 2.8.8

4.13 QUESTION 11b: DO YOU REGARD THE IMPLEMENTATION OF THE HIV AND AIDS PROGRAMME AS IMPORTANT? IF NOT, WHY?

4.13.1 The aim of Question 11b

The aim of Question 11b was to determine whether the participants, whose schools were not implementing the HIV & AIDS programme, regarded such a programme as important or not.

Table 4.12: Participants' views on the importance or unimportance of the HIV & AIDS programme

SUMMARY OF CASES STUDIES 1, 2 AND 3			
Participant	Do you regard the implementation of the HIV & AIDS programme as important? If not, why?		
	Yes	No	Reasons for regarding the implementation as unimportant.
C1: P	X		
C1: HOD	X		
C1: T1	X		
C1: T2	X		
C2: P	X		
C2: HOD	X		
C2: T1	X		
C2: T2	X		
C3: P	X		
C3: HOD	X		
C3: T1	X		
C3: T2	X		
Total	12		

4.13.2 Interpretation of Table 4.12

In Table 4.12, the twelve participants stated that they regard the implementation of the HIV & AIDS programme as important.

4.13.3 Additional information

The participants regarded the implementation of the HIV & AIDS programme as important because:

- The programme will promote the prevention of HIV infection.
- HIV & AIDS negatively affects individuals, families, the economy and the nation as a whole.
- Most people still believe that HIV & AIDS is “just a story”, and they need to change their behaviour.
- Learners must be reminded continuously about the danger of HIV & AIDS, and about prevention (abstinence and condomising).
- Many learners, who are sexually active, believe that they cannot become infected with HIV, because they are still young and attending school.

4.14 QUESTION 11c: DO YOU THINK THE IMPLEMENTATION OF SUCH A PROGRAMME CAN MAKE A DIFFERENCE?

4.14.1 The aim of Question 11c

I asked Question 11c in order to determine the participant’s perceptions with regard to the possible difference that the implementation of the HIV & AIDS programme might make.

Table 4.13: The difference that an HIV & AIDS programme makes

SUMMARY OF CASES STUDIES 1, 2 AND 3			
Participant	Do you think the implementation of such a programme can make a difference?		
	Yes	No	Additional information about participants' perceptions
C1: P	X		It must promote prevention of HIV & AIDS.
C1: HOD	X		
C1: T1	X		Must make learners more aware of HIV & AIDS in order to change their behaviour.
C1: T2	X		
C2: P	X		If learners are informed about HIV & AIDS, they will inform other people such as their parents.
C2: HOD	X		Learners must continuously hear about HIV & AIDS in school.
C2: T1	X		
C2: T2	X		
C3: P	X		
C3: HOD	X		The school can inform learners about prevention.
C3: T1	X		
C3: T2	X		HIV & AIDS information must be presented continuously in order to show the learners that the school is serious about the matter.
Total	12	0	

4.14.2 Interpretation of Table 4.13

The twelve participants were of the opinion that the implementation of the HIV & AIDS programme can make a difference in the sense that the programme:

- ought to promote the prevention of HIV & AIDS;
- ought to enhance learners' awareness with regard to HIV & AIDS, in order to encourage behaviour change;
- can reach other community members such as parents;
- should continuously provide information on HIV & AIDS, consequently emphasizing the seriousness thereof.

4.15 QUESTION 11d: HOW CAN THESE CHALLENGES BE ADDRESSED IN ORDER TO FACILITATE THE IMPLEMENTATION OF SUCH A PROGRAMME IN YOUR SCHOOL?

4.15.1 The aim of Question 11d

I presented Question 11d in order to provide the participants with an opportunity to reflect on their own practices and identify the challenges they experience. I further aimed to explore the participants' views on possible solutions to the challenges they faced with regard to the implementation of the HIV & AIDS programme in their schools.

Table 4.14: Addressing challenges to the implementation of the HIV & AIDS programme in schools

SUMMARY OF CASE STUDIES 1, 2 AND 3	
Participant	Ways to address challenges with regard to the implementation of the HIV & AIDS programme.
C1: P	Need to have more resources and a HIV & AIDS resource centre that serves as a library with regard to HIV & AIDS issues.
C1: HOD	All teachers must provide learners with the same message with regard to HIV & AIDS. Sexual relationships between teachers and learners must be strictly addressed. Government officials and leadership must convey the same message with regard to HIV & AIDS, in order not to confuse the public.
C1: T1	More should be done than what is prescribed in the Life Orientation programme like visiting hospices, inviting people living with HIV & AIDS to school, and management should take Life Orientation more seriously.
C1: T2	Teachers should receive more training, and follow-up school visits must be done to ensure that schools are implementing the programme.
C2: P	There should be more trained Life Orientation teachers.
C2: HOD	The Department of Education must provide more training and help schools to develop an HIV & AIDS policy.
C2: T1	Schools need more resources and training for Life Orientation teachers.
C2: T2	Schools need to have a policy in place providing guidelines and safeguarding learners and teachers.
C3: P	Learners need something new to listen; they are tired of hearing the same message about HIV & AIDS. The mindset and attitude of the learners need to be changed through a fresh approach that utilizes resources that learners possess, like cell phones and television sets.
C3: HOD	The Department of Education and the School Governing Body must be more involved.
C3: T1	Schools must obtain specialists from outside to assist in developing the Life Orientation programme. Teachers need more guidance and training.
C3: T2	The Department of Education, NGOs and people from the community must be more involved in the school in order to assist with HIV & AIDS programmes. Parents do not discuss sex and HIV & AIDS with their children.

4.15.2 Interpretation of Table 4.14

In response to Question 11d, the participants provided possible solutions to the challenges that they experience with the implementation of the HIV & AIDS programme. The solutions included the following:

- Obtaining more resources.
- Establishing an HIV & AIDS resource centre.
- Integrating the HIV & AIDS programme with all school subjects.
- More training and guidance for teachers with regard to HIV & AIDS.
- Addressing sexual relationships between teachers and learners.
- Including visits to hospices and to people living with HIV & AIDS in the school's programme.
- Developing and implementing an HIV & AIDS school policy.
- Involving other stake-holders such as the Department of Education, NGOs, the community, SGB and parents in the implementation of the HIV & AIDS programme.

4.16 QUESTION 12: ARE YOU AWARE OF THE FACT THAT THE IMPLEMENTATION OF THE HIV & AIDS PROGRAMME IS COMPULSORY?

4.16.1 The aim of Question 12

Question 12 was asked in order to determine whether the participants were aware of the fact that the implementation of the HIV & AIDS programme is compulsory. I anticipated that this information might indicate whether the school consulted relevant departmental policy documents, and, as a consequence thereof, adhered to prescribed curriculum requirements.

Table 4.15: Compulsory development of an HIV & AIDS programme

Participant	Awareness of the compulsory implementation of the HIV & AIDS programme		
	YES	NO	Details about documentation
C1: P	X		Departmental circulars state that content with regard to HIV & AIDS in Life Orientation is compulsory.
C1: HOD		X	Not aware of any documentation.
C1: T1	X		Not aware of any documentation.
C1: T2	X		The HIV & AIDS policy at school makes it compulsory.
C2: P	X		Not aware of any documentation.
C2: HOD	X		Not aware of any documentation.
C2: T1	X		Not aware of any documentation.
C2: T2	X		Not aware of any documentation.
C3: P	X		Not aware of any documentation.
C3: HOD		X	Not aware of any documentation.
C3: T1	X		Programme guidelines for Life Orientation.
C3: T2	X		Not aware of any documentation.
Total	10	2	

4.16.2 Interpretation of Table 4.15

Table 4.15 indicates that ten participants were aware of the compulsory implementation and development of an HIV & AIDS programme in schools, while two participants were unaware. I found it contradictory that, even though ten participants were aware of the compulsory implementation of HIV & AIDS programmes in schools, nine participants were not aware of any documentation in this regard. It is interesting to note that two HOD participants were unaware of HIV & AIDS programmes being compulsory, despite the responsibilities they have with regard to the implementation thereof (in this regard also refer to paragraphs 4.11.3 and 4.17.5).

4.16.3 Conclusions regarding Question 12

In this regard I conclude, that despite being aware of the compulsory development and implementation of the HIV & AIDS programme, the

participants were mostly unaware of the documentation that provides guidelines for the implementation of such a programme. I also conclude that teachers in managerial positions, who are expected to monitor and oversee the implementation of such a programme, seem to be less informed with regard to relevant documentation than teachers who present the programme.

4.17 QUESTION 13: REGARDING YOUR SCHOOL'S HIV & AIDS PROGRAMME, ANSWER THE FOLLOWING QUESTIONS:

When is the programme presented?	
Who is responsible for the programme?	
How long does the presentation take?	
Where is the programme presented?	
According to your opinion, what is the core message of the programme?	

4.17.1 The aim of Question 13

Question 13 was presented in order to determine what the HIV & AIDS programme in a participant's school entailed. I believed that this ought to provide me with an overview of the school's HIV & AIDS programme, as well as an indication of what the logistical set-up for the programme in his/ her school was.

Table 4.16.1: The HIV & AIDS programme in Case Study 1

CASE STUDY 1		
Participant	What does your school's HIV & AIDS programme entail?	Response
C1: P	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers and specialists in the subject.
	How long does the presentation take?	90 minutes a week for Life Orientation (2 periods of 45 minutes each).
	Where is the programme presented?	In classes and sometimes specialists at assembly.
	What is the content (message) of the programme?	Prevention of HIV & AIDS as well as taking care of people who are infected or affected.
C1: HOD	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers.
	How long does the presentation take?	90 minutes a week for Life Orientation.
	Where is the programme presented?	In classes.
	What is the content (message) of the programme?	Prevention of HIV & AIDS.
C1: T1	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers (six teachers).
	How long does the presentation take?	Four lessons for HIV & AIDS in the year.
	Where is the programme presented?	In classes.
	What is the content (message) of the programme?	Knowledge of HIV & AIDS. "We just give them knowledge".
C1: T2	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers (six teachers).
	How long does the presentation take?	Six lessons a year in the Life Orientation periods.
	Where is the programme presented?	In classes.
	What is the content (message) of the programme?	Awareness and prevention.

4.17.2 Interpretation of Table 4.16.1

In Table 4.16.1 it became apparent that this school's HIV & AIDS programme formed part of the official Life Orientation Programme. Two participants explained that in their school, six teachers were involved in the presentation of

Life Orientation. Two periods of 45 minutes per week with a total of six periods per year were allocated for this purpose. To the question regarding the core message of the programme, the above-mentioned participants gave a variety of answers, ranging from knowledge and awareness regarding HIV & AIDS, ways to prevent HIV infection, to caring for people infected with HIV & AIDS.

Table 4.16.2: The HIV & AIDS programme in Case Study 2

CASE STUDY 2		
Participant	What does your school's HIV & AIDS programme entail?	Response
C2: P	When is the programme presented?	The end of August.
	Who presents (implements) the programme?	The Human and Social Science Department of the school.
	How long does the presentation take?	One school day.
	Where is the programme presented?	At their assembly area.
	What is the content (message) of the programme?	Awareness of HIV & AIDS.
C2: HOD	When is the programme presented?	In Life Orientation periods and one AIDS awareness day.
	Who presents (implements) the programme?	Life Orientation teachers (four female teachers).
	How long does the presentation take?	In Life Orientation periods and one whole day.
	Where is the programme presented?	In classes and at assembly area.
	What is the content (message) of the programme?	Abstaining and condomising when they "...indulge in sex".
C2: T1	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers.
	How long does the presentation take?	90 minutes a week (two periods of 45 minutes each).
	Where is the programme presented?	In classes. (Learners remain in same class and teachers rotate).
	What is the content (message) of the programme?	Awareness of HIV & AIDS.
C2: T2	When is the programme presented?	In Life Orientation periods and one Aids awareness day.
	Who presents (implements) the programme?	Life Orientation teachers (four female teachers).
	How long does the presentation take?	90 minutes a week (two periods of 45 minutes each).
	Where is the programme presented?	In classes.
	What is the content (message) of the programme?	Abstinence.

4.17.3 Interpretation of Table 4.16.2

On the basis of Table 4.16.2, it became clear that this school's HIV & AIDS programme formed part of the official Life Orientation Programme. A special AIDS awareness day is also organised during the year. Four female teachers, who were also responsible for the organisation of an HIV & AIDS awareness day, presented the school's Life Orientation programme in two periods of 45 minutes each per week. The core message of the school's HIV & AIDS programme included knowledge and awareness regarding HIV & AIDS, and abstaining and condomising.

It is interesting to note that the teachers in this school rotated from one class to another, while learners remained in the same class for the whole school day.

Table 4.16.3: The HIV & AIDS programme in Case Study 3

CASE STUDY 3		
Participant	What does your school's HIV & AIDS programme entail?	Response
C3: P	When is the programme presented?	In Life Orientation periods and one AIDS awareness day.
	Who presents (implements) the programme?	Life Orientation teachers.
	How long does the presentation take?	In Life Orientation periods and one school day.
	Where is the programme presented?	In classes and at assembly area.
	What is the content (message) of the programme?	Awareness, prevention and support for people who are infected or affected.
C3: HOD	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers and NGOs who come to school.
	How long does the presentation take?	35 minutes a period. ("...not sure how many periods we have.")
	Where is the programme presented?	In classes.
	What is the content (message) of the programme?	Awareness and prevention.
C3: T1	When is the programme presented?	In Life Orientation periods.
	Who presents (implements) the programme?	Life Orientation teachers (four teachers).
	How long does the presentation take?	Two periods of 35 minutes each (70 minutes a week).
	Where is the programme presented?	In classes. (Learners remain in the same class and teachers rotate).
	What is the content (message) of the programme?	Abstinence.
C3: T2	When is the programme presented?	Last year for one day.
	Who presents (implements) the programme?	"Someone from outside".
	How long does the presentation take?	One day for three hours.
	Where is the programme presented?	At the assembly area.
	What is the content (message) of the programme?	Abstinence and prevention.

4.17.4 Interpretation of Table 4.16.3

The responses in Table 4.16.3 indicate that this school's HIV & AIDS programme included the content of the formal Life Orientation Programme¹⁵, as well as one AIDS awareness day per year. Four Life Orientation teachers were responsible for implementing the HIV & AIDS programme within Life Orientation, for two periods of 35 minutes each per week. An AIDS awareness day is organised once a year. According to the participants, the core message of the school's programme ranged from awareness, abstinence and prevention to caring for people infected and affected by HIV & AIDS.

In this school, learners remain in one class for the whole school day, while teachers rotate to different classes.

4.17.5 Conclusions regarding Question 13

On the basis of Question 13, I conclude that the three schools implement the HIV & AIDS programme as part of Life Orientation. It appears that not all schools adhere to the prescribed time allocation for the programme according to policy requirements, and this finding highlights the fact that not all teachers are aware of the relevant documentation and official requirements with regard to the implementation of the HIV & AIDS programme within Life Orientation (in this regard also refer to paragraphs 4.5.3 and 4.16.3). In addition to this, some schools seem to regard the one-day HIV & AIDS awareness day that they organise as the only HIV & AIDS programme.

¹⁵ In this regard it has to be kept in mind that HIV & AIDS is only being treated as a topic in the Life Orientation Programme and not as an independent programme as stated in the relevant policy (in this regard refer to paragraph 2.8.8).

I also conclude that the teachers, who are responsible for the implementation of the HIV & AIDS programme, experience logistical challenges due to a lack of suitable venues for presenting the programme (in this regard also refer to paragraphs 4.19.2 and 4.19.3).

4.18 QUESTION 14: IN YOUR OPINION, WHAT IS THE IMPACT OF YOUR SCHOOL'S HIV & AIDS PROGRAMME?

4.18.1 The aim of Question 14

The aim of Question 14 was to determine the manner in which a participant viewed the impact of his/her school's HIV & AIDS programme on the learners, in other words: Does the programme make a difference? I anticipated that this information would highlight the participants' perceptions of the value that their schools' HIV & AIDS programme had for learners.

Table 4.17: The impact of the schools' HIV & AIDS programmes

SUMMARY OF CASE STUDIES 1, 2 AND 3													
Participant	The programme has an impact	The programme has a limited impact	The programme has no impact	Additional information that represents personal views of participants									
				Aware of many new HIV infections in the school	Number of teenage pregnancies increase	Learners still have unsafe sex	Behaviour does not change	Programme not integrated with different subjects	Programme only focuses on awareness	Teachers not sufficiently trained	A more direct approach is necessary	No parental support	Learners share their problems with teachers
C1: P	n/a	X	n/a	X	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
C2: P	n/a	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	X	n/a	n/a	n/a
C3: P	n/a	X	n/a	X	n/a	n/a	X	n/a	n/a	n/a	X	n/a	X
C1: HOD	n/a	n/a	X	n/a	X	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a
C2: HOD	n/a	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	X	n/a	n/a	n/a
C3: HOD	n/a	X	n/a	n/a	X	X	X	n/a	n/a	n/a	n/a	n/a	n/a
C1: T1	n/a	X	n/a	n/a	n/a	n/a	n/a	X	n/a	n/a	X	n/a	n/a
C1: T2	n/a	X	n/a	n/a	n/a	n/a	n/a	n/a	X	n/a	n/a	n/a	n/a
C2: T1	n/a	n/a	X	n/a	n/a	n/a	n/a	n/a	n/a	n/a	X	n/a	n/a
C2: T2	n/a	X	n/a	n/a	n/a	n/a	n/a	X	n/a	X	n/a	X	n/a
C3: T1	n/a	n/a	X	n/a	X	X	n/a	n/a	n/a	n/a	n/a	n/a	X
C3: T2	n/a	X	n/a	n/a	X	X	n/a	n/a	n/a	n/a	n/a	n/a	X
Total	0	9	3	2	5	4	4	1	3	3	1	2	1

4.18.2 Interpretation of Table 4.17

In Table 4.17 nine participants reported that the HIV & AIDS programme of their schools had a limited impact. Three participants reported that their school's programme had no impact. The participants lack of confidence in the programme, can be ascribed to the fact that they only view and present HIV & AIDS as a topic in the Life Orientation programme.

4.18.3 Additional information

The participants shared the following personal views regarding the causes of the limited or no impact that the programme had, according to their opinions (refer to Diagram 4.7 below):

- ❑ Two participants reported they were aware of many new HIV infections in their school.
- ❑ Five participants stated that the number of teenage pregnancies had increased in their schools.
- ❑ Four participants mentioned that they suspect learners still practise unsafe sex.
- ❑ Four participants held the opinion that sexual behaviour did not change.
- ❑ One participant reported that HIV & AIDS education was not integrated with different subjects.
- ❑ Three participants held the view that the programme only focused on awareness of HIV & AIDS.
- ❑ Three participants were of the opinion that teachers were not sufficiently trained.
- ❑ One participant suggested that a more direct approach (for example handing out condoms) must be followed.

- ❑ Two participants' viewpoint was that there was no parental support.
- ❑ One participant stated that the impact of the programme was limited, although learners began sharing their problems with teachers.

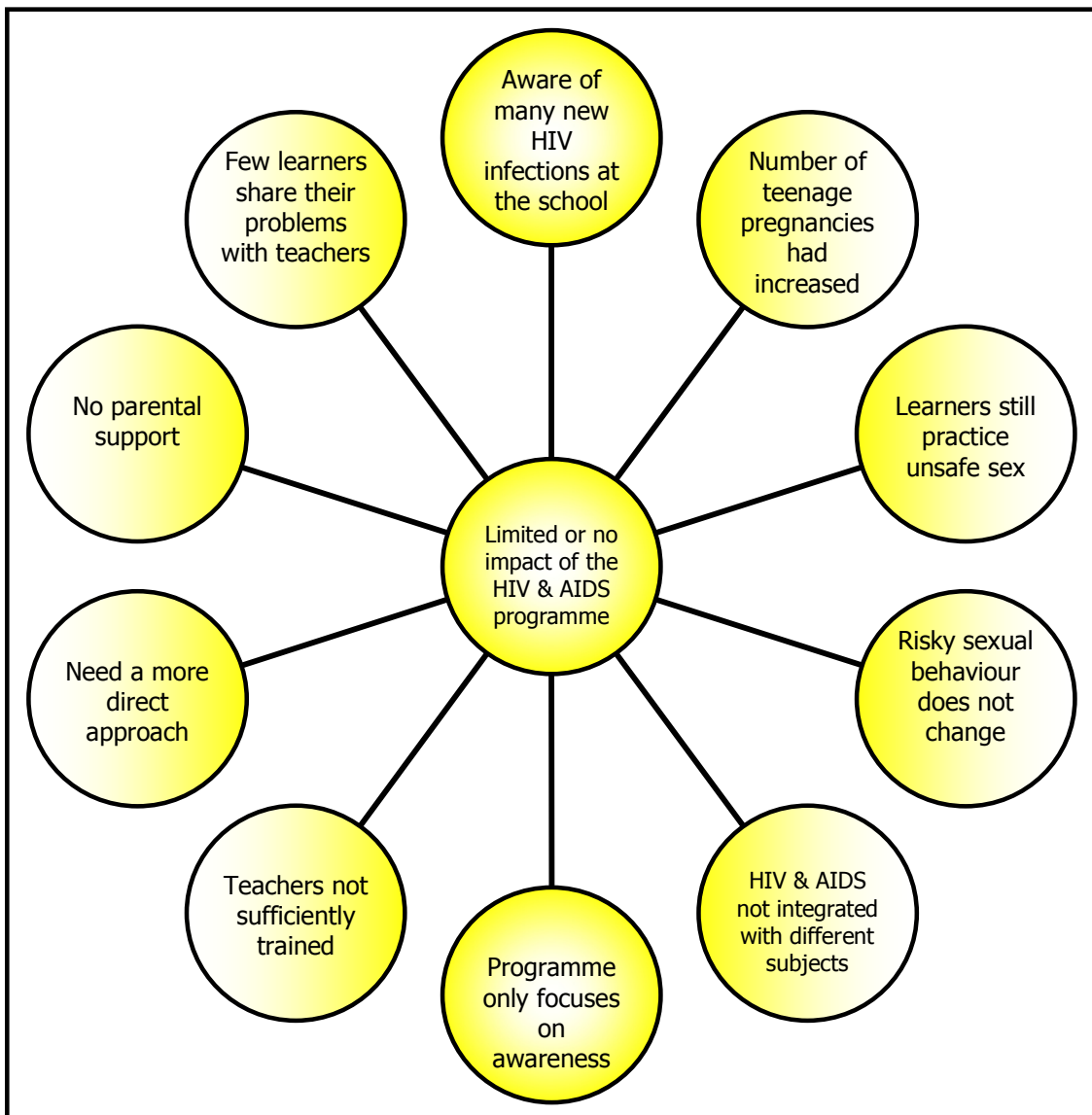


Diagram 4.7: Visual presentation of participants' opinions on the limited or no impact of HIV & AIDS programmes

4.18.4 Conclusions regarding Question 14

Regarding Question 14, I conclude that the HIV & AIDS programme, as implemented by the schools, seems to have little or no impact. Even though the HIV & AIDS programme is apparently implemented teachers experience the following:

- new HIV infections still occur;
- teenage pregnancies increase;
- learners still practise unsafe sex;
- risky sexual behaviour does not change;
- HIV & AIDS is not integrated into all subjects;
- teachers are not sufficiently trained;
- parental support with regard to the HIV & AIDS programme is poor.

4.19 QUESTION 15: WHICH RESOURCES FOR FACILITATING THE IMPLEMENTATION OF THE HIV & AIDS PROGRAMME ARE AVAILABLE IN YOUR SCHOOL?

RESOURCE	AVAILABLE	UNAVAILABLE
Teachers allocated to the HIV & AIDS programme.		
Teachers trained with regard to HIV & AIDS education.		
Classrooms dedicated to the HIV & AIDS programme.		
Textbooks.		
Posters, wall charts.		
Pamphlets, booklets.		
Video player and/or a DVD player.		
Videocassettes and/or DVD material related to HIV & AIDS education.		
First aid kit and supplies.		
Library.		
Internet.		
Computer access for teachers.		
Computer access for all learners.		
Budget allocation for HIV & AIDS education.		

4.19.1 The aim of Question 15

The aim of Question 15 was to determine what resources for the implementation of an HIV & AIDS programme were available at the school. The availability of (or lack of) resources could be a contextual factor within the school that impact on the implementation of an HIV & AIDS programme.



Table 4.18: Availability¹⁶ or unavailability of resources in

Participant	Resources that are available or unavailable in Case studies 1, 2 and 3																												
	Teachers allocated to the HIV & AIDS programme.		Teachers trained with regard to HIV & AIDS education.		Classrooms dedicated to the HIV & AIDS programme.		Textbooks.		Posters, wall charts.		Pamphlets, booklets.		Video player and/or a DVD player.		Videocassettes and/or DVD material related to HIV & AIDS education.		First aid kit and supplies.		Library.		Internet.		Computer access for teachers.		Computer access for all learners.		Budget allocation for HIV & AIDS.		
	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	A	U	
C1: P	X		X			X	X		X		X		X		X	X		X		X		X		X		X		X	
C2: P	X		X			X		X		X		X		X		X	X		X		X		X		X		X		X
C3: P	X		X			X	X		X		X		X		X	X		X		X		X		X		X		X	
C1: HOD	X		X			X	X		X		X		X		X		X		X		X		X		X		X		X
C2: HOD	X		X			X	X		X			X		X		X	X		X		X		X		X		X		X
C3: HOD	X			X		X		X		X		X		X		X		X		X		X		X		X		X	
C1: T1	X		X			X	X		X		X		X		X		X		X		X		X		X		X		X
C1: T2	X		X			X	X		X		X		X		X		X		X		X		X		X		X		X
C2: T1	X			X		X	X			X		X		X		X	X				X		X			X		X	
C2: T2	X		X			X	X		X		X		X		X		X	X				X		X			X		X
C3: T1	X		X			X		X		X		X		X		X		X		X		X		X		X		X	
C3: T2	X			X		X		X		X		X		X		X		X		X		X		X		X		X	
Total	12	0	9	3	0	12	8	4	10	2	10	2	1	11	X	11	1	11	4	8	1	11	4	8	0	12	0	12	

¹⁶Please note that in Table 18 'A' will refer to Available and 'U' will refer to Unavailable.

4.19.2 Interpretation of Table 4.18

According to Table 4.18, twelve participants reported that their schools had teachers who were allocated to the HIV & AIDS programme of the school. Nine participants indicated that they had trained teachers with regard to HIV & AIDS education available, while three participants reported that they did not have teachers trained in this regard.

All twelve participants indicated the unavailability of classrooms for the HIV & AIDS programme. The unavailability of classrooms must be interpreted in the light of the fact that the schools in the three case studies use a system whereby the learners remain in the same classroom for the whole day, while the teachers rotate to different classrooms. As a result thereof, classrooms where teachers can dedicate themselves exclusively to implementing the HIV & AIDS programme are unavailable, as one classroom is actually shared by several teachers (in this regard also refer to paragraphs 4.17.3, 4.17.4 and 4.17.5).

Eight participants reported that they had relevant textbooks available, while four participants reported that relevant textbooks were unavailable. I found it contradictory that some participants from the same school, for example Case Study 2, indicated that textbooks were available while their colleagues indicated that textbooks were unavailable. I ascribed this contradiction to participants that might have interpreted the question as relating to the availability of textbooks that only deal with HIV & AIDS, or to textbooks that were not sufficient.

Ten participants affirmed the availability of resources such as posters and wall charts, while two participants said it was unavailable. Pamphlets and booklets were available according to ten of the participants, while two participants stated that they were unavailable.

One participant reported that a video and a DVD player as well as videocassettes and DVD material were available at their school, while eleven participants reported the unavailability of such resources.

One participant indicated that their school had a first aid kit with supplies, while eleven participants declared that their schools lacked such resources.

Four participants, all from one school, confirmed the existence of a library at their school. Eight participants, from two different schools, affirmed that their schools were in need of library facilities.

One participant affirmed the availability of access to the Internet, while eleven participants reported that access to the Internet was unavailable at their schools.

Four participants stated that teachers at their schools had access to computer facilities, while eight participants indicated that teachers at their schools did not have access to computer facilities.

Twelve participants reported that computers at their schools were not accessible to all learners.

Twelve participants affirmed that at their schools no budget allocation had been made with regard to HIV & AIDS. This may be an indication of the lack of commitment to HIV & AIDS programmes in the midst of the School Governing Body (SGB) and members of the management team that are responsible for the school's budget, or of the fact that sufficient funds are not available.

4.19.3 Conclusions regarding Question 15

Regarding Question 15, I conclude that schools do not have adequate resources available for the implementation of the HIV & AIDS programme. Even though schools have allocated teachers with the responsibility to implement the HIV & AIDS programme, not all of them are trained to do so. The insufficient number of classrooms available may compel schools to resort to teaching practices that are not conducive to the implementation of the HIV & AIDS programme. Furthermore, resources that directly support teaching practices, such as textbooks, posters, wall charts, pamphlets, booklets, libraries, video and DVD players as well as videocassettes and DVD material are not available at all schools. Many of the schools are also in need of computers and access to the Internet, in order to support and enhance their teaching practices and keep abreast with new developments.

4.20 QUESTION 16: HOW IS THE HIV & AIDS PROGRAMME ACCOMMODATED WITHIN THE SCHOOL'S TIMETABLE?

4.20.1 The aim of Question 16

I asked Question 16 in order to determine how the programme had been organised within the daily timetable of the school. The implementation of an HIV & AIDS programme is supposed to be reflected on the school's timetable. The manner in which the timetable had been structured, in order to accommodate the implementation of an HIV & AIDS programme, may be a contextual factor that influences the implementation of such a programme. The responses to Question 16 would also enable me to validate the responses to Question 13 (page 41) and therefore determine the consistency of responses by the participants.

Table 4.19: Facilitation of the HIV & AIDS programme within the school's timetable

SUMMARY OF CASE STUDIES 1,2 AND 3	
Participant	Participant's response with regard to the facilitation of the HIV & AIDS programme in the school's timetable
C1: P	Two Life Orientation periods of 45 minutes each per week, and an HIV & AIDS week for the whole school.
C1: HOD	Two Life Orientation periods of 45 minutes each per week. Dealing with HIV & AIDS is "periodical", depends on when the teachers deal with it.
C1: T1	Two Life Orientation periods of 45 minutes each per week.
C1: T2	Two Life Orientation periods of 45 minutes each per week.
C2: P	Two Life Orientation periods of 40 minutes each per week.
C2: HOD	Two Life Orientation periods of 40 minutes each per week. One HIV & AIDS day per year.
C2: T1	Two Life Orientation periods of 45 minutes each per week.
C2: T2	Two Life Orientation periods of 45 minutes each per week. One HIV & AIDS day and on Cultural day.
C3: P	Four Life Orientation periods of 30 minutes each per week.
C3: HOD	Four Life Orientation periods of 30 minutes each per week. "... long since we had the HIV & AIDS awareness day."
C3: T1	Four Life Orientation periods of 30 minutes each per week.
C3: T2	Four Life Orientation periods of 30 minutes each per week.

4.20.2 Interpretation of Table 4.19

According to Table 4.19, the four participants in Case Study 1 indicated that their school's HIV & AIDS programme was facilitated in two Life Orientation periods of 45 minutes each per week (90 minutes per week) in the school's timetable. One of the participants highlighted the fact that, in addition to this, the school also made a week available for HIV & AIDS related issues.

The four participants in Case Study 2 pointed out that their school implemented the HIV & AIDS programme during two Life Orientation periods of 45 minutes each per week (90 minutes) in the school's timetable. Two participants added that their school also had one additional HIV & AIDS day and one cultural day during the year during which HIV & AIDS issues were addressed.

In Case Study 3, the four participants explained that their school's timetable allowed for four Life Orientation periods of 30 minutes each per week (2 hours). One participant added that "... it was long since we had the HIV & AIDS awareness day".

4.20.3 Conclusion regarding Question 16

With regard to Question 16, I conclude that not all schools allocate the prescribed time to the implementation the HIV & AIDS programme, as required by the Department of Education.

4.21 QUESTION 17: DOES YOUR SCHOOL HAVE AN OWN, UNIQUE SCHOOL POLICY ON HOW TO DEAL WITH HIV & AIDS RELATED ISSUES, IN THE SCHOOL AND ON THE PLAYGROUND?

4.21.1 The aim of Question 17

I asked Question 17 in order to determine whether the participant's school had developed its own school policy with regard to HIV & AIDS education, in accordance with the requirements of the departmental policy on HIV & AIDS.

Table 4.20: Existence of a school policy on HIV & AIDS

SUMMARY OF CASE STUDIES 1, 2 AND 3			
Participant	Does your school have an own unique school policy on how to deal with HIV & AIDS related issues, in the school and on the playground?		
	YES	NO	Additional information
C1: P	X		"Draft policy that still has to be ratified"
C1: HOD		X	
C1: T1		X	
C1: T2		X	
C2: P	X		"Was done long ago"
C2: HOD		X	
C2: T1		X	
C2: T2		X	
C3: P	X		"I found it here"
C3: HOD		X	"Never had that policy here"
C3: T1		X	
C3: T2		X	
Total	3	9	

4.21.2 Interpretation of Table 4.20

Three participants, all of them principals, reported that their schools had developed their own unique school policy on how to deal with HIV & AIDS related issues, in the school and on the playground. Nine of the participants, all HODs and teachers, stated the opposite, that their schools did not have such a policy.

I ascribed this contradiction in responses between the principals and the rest of the participants to the possibility that policies might have been developed but not communicated to the teachers that were supposed to implement them. It can also be that all the relevant stake-holders were not involved when the policy was developed, and therefore they were not aware of its content. Consequently, the policy was limited to managerial level and did not reach the teachers responsible for the presentation thereof. Furthermore, it might be that the policy was only developed for the sake of satisfying the managerial requirements of the

department, and that it was never implemented. I also ascribe this to the possibility that the principals wanted to impress me during the interviews, and that they provided information that reflected favourably on them, although it was not the truth.

4.21.3 Conclusion regarding Question 17

With regard to Question 17, I seriously doubt whether unique school policies with regard to HIV & AIDS were ever developed.

4.22 QUESTION 18: CAN YOU DESCRIBE THE PROCESS THAT WAS FOLLOWED FOR DEVELOPING THE SCHOOL'S HIV & AIDS POLICY?

4.22.1 The aim of Question 18

Question 18 was included in order to determine the process that a participant's school followed in developing an own HIV & AIDS school policy. Information on the development of the school's HIV & AIDS policy would indicate whether the school was adhering to the prescribed policy on HIV & AIDS. Compliance or non-compliance with the prescribed policy would be regarded as a contextual factor that influences the implementation of an HIV & AIDS programme. This question will also serve as verification of the responses obtained to Question 17.

Table 4.21: Process followed during the development of the school's HIV & AIDS policy

SUMMARY OF CASE STUDIES 1, 2 AND 3	
Participant	Response regarding the development process of the school's HIV & AIDS policy.
C1: P	One staff member with knowledge with regard to HIV & AIDS designed the policy. It was studied by the staff and school governing body and must still be ratified.
C1: HOD	There was no process.
C1: T1	There was no process.
C1: T2	There was no process.
C2: P	The policy was drafted by the HOD, who attended workshops.
C2: HOD	There was no process.
C2: T1	There was no process.
C2: T2	There was no process.
C3: P	It was based on the HIV & AIDS policy of Gauteng Department of Education (GDE).
C3: HOD	There was no process.
C3: T1	There was no process.
C3: T2	There was no process.

4.22.2 Interpretation of Table 21

In Table 4.21 only the three principals from the respective schools indicated that they had followed a process during the 'development' of the schools' HIV & AIDS policies. The responses of the other nine participants indicated that no process had been followed for the development of HIV & AIDS policies for their schools. The responses to Question 18 correspond to the responses given to Question 17, which indicates to me a consistency in the responses of the participants.

4.22.3 Conclusion regarding Question 18

In addition to my initial doubt as to the existence of HIV & AIDS policies in the schools, I conclude that no development process had been followed, should such a policy exist.

4.23 QUESTION 19: ARE YOU AWARE OF OTHER SOURCES THAT WERE CONSULTED DURING THE DEVELOPMENT OF YOUR SCHOOL'S HIV & AIDS POLICY, FOR EXAMPLE EXPERTS, DEPARTMENTAL REQUIREMENTS, THE INTERNET OR BOOKS?

4.23.1 The aim of Question 19

The aim of Question 19 was to determine whether a participant's school had consulted other sources during the development of the school's HIV & AIDS policy. This information would indicate to what extent the school had made efforts with the development of an HIV & AIDS policy. The effort and seriousness with regard to the development of an HIV & AIDS policy could give me an impression of the vigour with which it will be implemented.

Table 4.22: Sources utilised for HIV & AIDS policy development in schools

SUMMARY OF CASES STUDIES 1, 2 AND 3	
Participant	Sources that were utilised for the development of schools' HIV & AIDS policies
C1: P	Experts on HIV & AIDS and departmental requirements.
C1: HOD	Not aware of any.
C1: T1	Not aware of any.
C1: T2	Not aware of any.
C2: P	Only what the department requires.
C2: HOD	Not aware of any.
C2: T1	Not aware of any.
C2: T2	Not aware of any.
C3: P	Only what the department requires.
C3: HOD	Not aware of any.
C3: T1	Not aware of any.
C3: T2	Not aware of any.

4.23.2 Interpretation of Table 4.22

Three participants, all of them principals, indicated that they had made use of departmental requirements when their respective schools' HIV & AIDS policies were developed. One of the three participants added that experts on HIV & AIDS had been consulted in addition to the departmental requirements for the development of an HIV & AIDS policy for the school. I requested a copy of each school's HIV & AIDS policy, but did not receive any. One participant (C2:P) only provided me with the Departmental Guidelines for an HIV & AIDS policy (refer to Figure 6 in Addendum G). Nine participants reported that they were not aware of any HIV & AIDS policy that had been developed for their schools; consequently they were not aware of any sources that had been consulted.

4.23.3 Conclusion regarding Question 19

I am of the opinion that not much (if any) effort was made in order to consult sources other than the requirements of the Department of Education. None of the participants could provide me with any HIV & AIDS policy for a school except the official departmental requirements. I therefore conclude that no school had developed an own unique policy with regard to HIV & AIDS, and, should such a policy exist, it may not consist of much more than mere statements regarding what is required by the department.

4.24 QUESTION 20: WHO WERE THE STAKEHOLDERS THAT WERE INVOLVED IN DRAFTING YOUR SCHOOL'S HIV & AIDS POLICY?

4.24.1 The aim of Question 20

Question 20 was asked in order to determine whether a participant's school had involved the relevant stakeholders during the development of the school's HIV & AIDS policy, for example parents, community leaders, experts, departmental representatives, learners, and the clergy. The inclusion of stakeholders could indicate the effort and seriousness that the school displayed with regard to the involvement of the community in the implementation of the HIV & AIDS programme.

Table 4.23: Involvement of stakeholders in drafting the HIV & AIDS school policy

SUMMARY OF CASES STUDIES 1, 2 AND 3	
Participant	Stakeholders that were involved during the development of schools' HIV & AIDS policies
C1: P	The teachers and the School Governing Body (SGB).
C1: HOD	No policy was drafted, no one was involved.
C1: T1	No policy was drafted, no one was involved.
C1: T2	No policy was drafted, no one was involved.
C2: P	A member of the SGB and a teacher.
C2: HOD	No policy was drafted, no one was involved.
C2: T1	No policy was drafted, no one was involved.
C2: T2	No policy was drafted, no one was involved.
C3: P	The former deputy principal and a teacher.
C3: HOD	No policy was drafted, no one was involved.
C3: T1	No policy was drafted, no one was involved.
C3: T2	No policy was drafted, no one was involved.

4.24.2 Interpretation of Table 4.23

The three principals indicated that stakeholders such as the SGB and teachers had been involved during the development of the schools' HIV & AIDS policies. In contrast to these responses nine participants indicated that they were neither aware of the development of a school policy nor of any stakeholders that had been involved during the development thereof.

4.24.3 Conclusions regarding Question 20

I doubted the inclusion of stakeholders and the community in the development of HIV & AIDS policies, as it seemed to me that no policy had been developed in any case. Nevertheless, I consider the exclusion of stakeholders, such as teachers who are supposed to implement the HIV & AIDS policy, and the community, as a contextual factor that will have a significant impact on the implementation and presentation of a school's HIV & AIDS programme (also refer to paragraphs 4.21.3; 4.22.3 and 4.23.3 in this regard).

4.25 QUESTION 21: DOES YOUR SCHOOL'S HIV & AIDS POLICY DEAL WITH UNFORESEEN INCIDENTS THAT MAY OCCUR ON THE CAMPUS OF THE SCHOOL (ACCIDENTS WHICH COULD LEAD TO BLEEDING)?

4.25.1 The aim of Question 21

The aim of Question 21 was to determine whether a school's policy provides for unforeseen accidents. This information would serve as an indication of the scope and quality of a school's HIV & AIDS policy.

Table 4.24: Provision made for unforeseen incidences in the school's HIV & AIDS policy

SUMMARY OF CASES STUDIES 1, 2 AND 3	
Participant	How provision is made for unforeseen incidences in the school's HIV & AIDS policy
C1: P	Yes, it does.
C1: HOD	No provision is made for unforeseen incidences.
C1: T1	No provision is made, "... we deal with it as if there is no AIDS."
C1: T2	No provision is made.
C2: P	Yes, learners and teachers must wear gloves and not touch any blood.
C2: HOD	Not in a policy, "... but one teacher received first aid training and is usually called to help..."
C2: T1	Not in a policy, "... we apply first aid and call the parents..."
C2: T2	Not in a policy, "... the teachers will call the parents or look away..."
C3: P	No provision is made.
C3: HOD	No provision is made, "... we do not have trained people..."
C3: T1	No provision is made, "... we use gloves and do not touch the blood."
C3: T2	No provision is made, "... if a learner bleeds, we must use gloves."

4.25.2 Interpretation of Table 4.24

Table 4.24 shows that only two participants affirmed that their school's HIV & AIDS policies provided for unforeseen incidences such as accidents which could lead to bleeding. Ten participants stated that no provision had been made for such incidences in the HIV & AIDS policy of the school. Teachers either "deal with it as if there is no AIDS", or "use gloves and do not touch the blood".

4.25.3 Conclusion regarding Question 21

In consideration of the fact that nine participants stated that no school policy with regard to HIV & AIDS had been developed in their schools, it is sound to conclude that no provision for unforeseen incidences, such as accidents that could lead to bleeding, had been made in any school policy (also refer to paragraphs 4.21.3; 4.22.3; 4.23.3 and 4.24.3 in this regard).

4.26 QUESTION 22: DOES YOUR SCHOOL MAKE PROVISION FOR/ALLOW OUTSIDERS SUCH AS LOVELIFE, SOUL BUDDYZ, THE DEPARTMENT OF HEALTH, COMMUNITY INSTITUTIONS, NGOS OR THE CLERGY TO PARTICIPATE IN OR PRESENT HIV & AIDS PROGRAMMES IN YOUR SCHOOL?

4.26.1 The aim of Question 22

I put Question 22 in order to determine whether a participant's school had made provision for or had allowed other stakeholders to become involved in the implementation of the school's HIV & AIDS programme.

Table 4.25: Other stakeholders that were involved in the implementation of the school's HIV & AIDS programme

SUMMARY OF CASES STUDIES 1, 2 AND 3			
Participant	Does your school make provision for/allow outsiders such as loveLife, Soul Buddyz, the Department of Health, community institutions, NGOs or the clergy to participate in or present HIV & AIDS programmes in your school?		
	YES	NO	OUTSIDERS THAT ARE ALLOWED
C1: P	X	n/a	loveLife, the Department of Health, people living with HIV & AIDS.
C1: HOD	X	n/a	loveLife.
C1: T1	X	n/a	loveLife, the Department of Health.
C1: T2	X	n/a	loveLife, the Department of Health.
C2: P	X	n/a	loveLife.
C2: HOD	X	n/a	loveLife, the Department of Health.
C2: T1	X	n/a	loveLife, the Department of Health.
C2: T2	X	n/a	loveLife, the Department of Health.
C3: P	X	n/a	loveLife.
C3: HOD	X	n/a	loveLife.
C3: T1	X	n/a	loveLife.
C3: T2	X	n/a	loveLife, the Department of Health.
Total	12	0	

4.26.2 Interpretation of Table 4.25

Twelve participants indicated that they had made provision for or had allowed outsiders to participate in or present HIV & AIDS programmes in their schools, such as the Department of Health, loveLife and people living with HIV & AIDS.

4.26.3 Additional information

In Case Study 1 a participant indicated that loveLife had frequented the school in the past, but the programme had been discontinued, because it was presented after school hours, and the learners were “uneasy” (restless), and did not want to attend. Another participant (C1:T2) shared the fact that visits from people living with HIV & AIDS had made a real impact on the learners and teachers.

In Case Study 2 one participant mentioned that they were not allowed to invite the clergy to the school, because they (the clergy) “shy away from speaking about sex”. The participant also remarked that the principal did not allow teachers to talk to learners about sex, because “she is a born-again Christian, and to them it is a no-no subject”.

In Case Study 3 one participant was of the opinion that the presenters of the loveLife programme had made a greater impact on the learners than the teachers had. The learners were more “free and flexible” with the loveLife presenters, because they were young and could communicate easier with the learners. The participant also mentioned that talking to learners about sexual activities was difficult for both teachers and learners, because it is a cultural taboo to talk about sex, as the discussion thereof indicated a lack of respect and discipline.

4.26.4 Conclusions regarding Question 22

From the responses to Question 22, I concluded that outsiders such as loveLife and the Department of Health were allowed to participate and/or present HIV & AIDS programmes at the schools, although on a sporadic basis.



4.27 QUESTION 23: ARE YOU COMFORTABLE OR UNCOMFORTABLE ABOUT TALKING TO LEARNERS ABOUT SENSITIVE TOPICS SUCH AS:

TOPIC	Comfortable	Uncomfortable	Reasons for being uncomfortable with the topic
HIV & AIDS?			
HIV & AIDS transmission?			
HIV & AIDS prevention?			
HIV & AIDS testing?			
HIV & AIDS status?			
Caring for people living with HIV & AIDS?			
Sex?			
Sexual relationships?			
Sexual activities? (heterosexual, homosexual, bisexuality, oral, anal, group)			
Sexual orientation?			
Sexual reproductive development?			
Sexual abuse?			
Sexually Transmitted Infections?			
Condom availability and use?			
Unwanted pregnancies?			
Substance abuse?			
Prostitution?			
TOTAL			

4.27.1 The aim of Question 23

Question 23 was presented in order to determine whether a participant felt comfortable or uncomfortable when discussing sensitive topics such as those listed above. I anticipated that feeling comfortable or uncomfortable when dealing with sensitive topics such as these could influence participants' willingness to become involved in the implementation of the HIV & AIDS programme in the school.

Table 4.26: Feeling comfortable¹⁷ or uncomfortable when dealing with sensitive topics

Topic	HIV & AIDS?		HIV & AIDS transmission?		HIV & AIDS prevention?		HIV & AIDS testing?		HIV & AIDS status?		Caring for people living with HIV & AIDS?		Sex?		Sexual relationships?		Sexual activities?		Sexual orientation?		Sexual reproductive development?		Sexual abuse?		Sexually Transmitted Infections?		Condom availability and use?		Unwanted pregnancies?		Substance abuse?		Prostitution?		Condensed summary of reasons for being uncomfortable with the topics?	
	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U				
Participant	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U	C	U				
C1: P	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Age difference.	
C1: HOD	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Age difference. Cultural taboo. Embarrassment. Need training.	
C1: T1	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X					
C1: T2	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X					
C2: P	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Age difference. Condoms encourage sex.	
C2: HOD	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Language difficulties. Condoms encourage sex.	
C2: T1	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Cultural taboo.	
C2: T2	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Cultural taboo. Church does not encourage condoms.	
C3: P	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X				Condoms encourage sex. Afraid of infected people. Age difference. Too intimate. Against religion.	
C3: HOD	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X					
C3: T1	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X					
C3: T2	X		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X					Need training.
Total	12	0	12	0	11	1	12	0	11	1	10	2	7	5	11	1	7	5	10	2	11	1	12	0	12	0	8	4	11	1	12	0	12	0		

207

¹⁷ Note that in Table 4.26, 'C' will refer to Comfortable, and 'U' will refer to Uncomfortable.

4.27.2 Interpretation of Table 4.26

Twelve participants reported that they were comfortable talking to learners about HIV & AIDS, as well as HIV & AIDS transmission. Eleven participants indicated that they were comfortable talking to learners about HIV & AIDS prevention, while one participant was uncomfortable with the topic.

All twelve participants affirmed that they were comfortable dealing with the topic of HIV & AIDS testing. Eleven participants were comfortable with talking to learners about HIV & AIDS status, while one participant was uncomfortable. Ten participants felt comfortable dealing with the caring for people living with HIV & AIDS, whereas two participants felt uncomfortable.

Seven participants indicated that they were comfortable talking to learners about sex, whilst five participants stated that they were uncomfortable talking about sex. In contrast to this, eleven participants felt comfortable talking about sexual relationships, whilst one participant was uncomfortable. Seven participants were comfortable dealing with the topic of sexual activities with learners, although five participants were uncomfortable talking about sexual activities.

Ten participants reported that they were comfortable dealing with sexual orientation as a topic, whereas two participants felt uncomfortable talking about the topic. Eleven participants stated that they were comfortable guiding learners with regard to sexual reproductive development, whilst one participant was uncomfortable doing so.

All twelve participants felt comfortable discussing sexual abuse and sexually transmitted infections as topics with learners. Eight participants stated that they were comfortable dealing with condom availability and use as a sensitive topic, whereas four participants regarded the topic as too sensitive to deal with.

Eleven participants affirmed that they were comfortable discussing unwanted pregnancies with learners, and one participant reported being uncomfortable therewith. The twelve participants stated that they were comfortable with discussing sensitive topics such as substance abuse and prostitution with learners.

4.27.3 Additional information

The participants named the following reasons for being uncomfortable when dealing with sensitive topics (refer to Diagram 4.8 below):

- ❑ The age difference between teachers and learners.
- ❑ Cultural taboos that, for example, do not allow older people to talk to younger people about sex.
- ❑ Embarrassment that teachers want to avoid.
- ❑ The lack of specific training on how to deal with sensitive topics.
- ❑ Being afraid of encouraging sexual activity amongst learners by discussing condom use, sexual activities and intimate issues.
- ❑ Language difficulties, due to the fact that English is not their first language, and many first languages still lack the necessary vocabulary for describing sensitive topics.
- ❑ Churches and religious convictions that do not allow the use of condoms, or discussion of sexually related topics.
- ❑ Teachers will feel more comfortable if they had more time to discuss sensitive topics and did not have to rush through the prescribed content. The time allocated for the discussion of sensitive topics was not enough, and did not allow for the establishment of trusting relationships between teachers and learners.

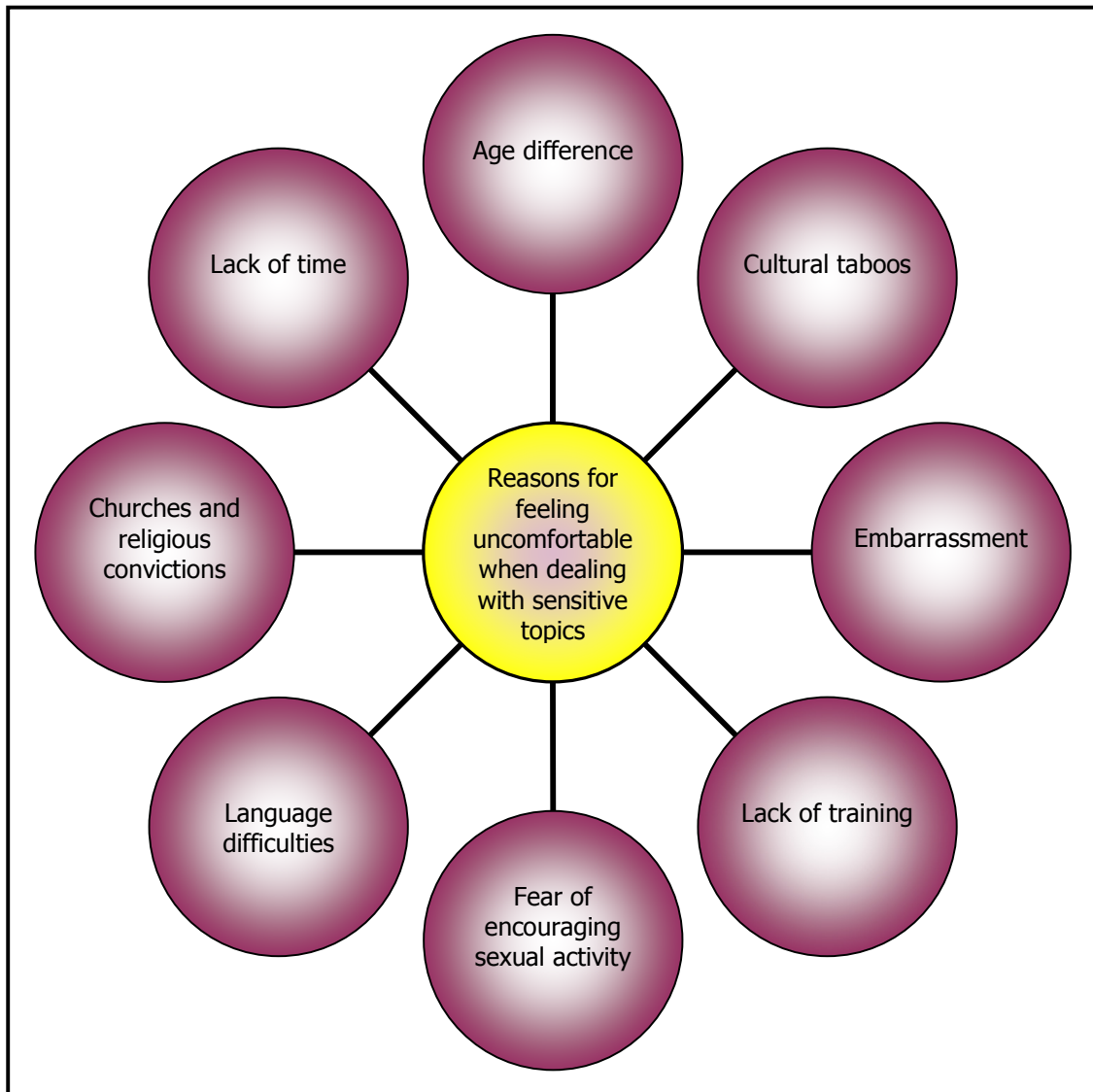


Diagram 4.8: Reasons for feeling uncomfortable when dealing with sensitive topics

4.27.4 Conclusions regarding Question 23

Regarding Question 23, I conclude that, although the HIV & AIDS programme is apparently implemented as part of Life Orientation, some participants feel

uncomfortable dealing with sensitive topics that are central to the prescribed curriculum content of the programme. In addition to this, I conclude that the participants' avoidance of dealing with sensitive topics apparently stems from personal convictions, preferences and experiences.

SECTION E: Reflection on the implementation of the HIV & AIDS programme at a participant's schools

4.28 QUESTION 24: ACCORDING TO YOU, WHAT ARE THE STRENGTHS AND WEAKNESSES OF THE IMPLEMENTATION PROCESS FOLLOWED BY YOUR SCHOOL?

4.28.1 The aim of Question 24

I asked Question 24 in order to investigate the participants' views with regard to the implementation process of their schools. This information would provide me with insight into the manner in which the participants reflect on the influences that contextual factors had on the implementation of the HIV & AIDS programme in their schools.

Table 4.27: Strengths and weaknesses in the schools' implementation of the HIV & AIDS programme

SUMMARY OF CASE STUDIES 1, 2 AND 3		
Participant	The schools' implementation of the HIV & AIDS programme	
	Strengths	Weaknesses
C1: P	Ability to educate learners about HIV & AIDS. Encourage learners to disclose their HIV status.	Learners and teachers do not know procedures in the HIV & AIDS policy.
C1: HOD	No strengths mentioned.	HIV & AIDS is not taken seriously enough at the school.
C1: T1	No strengths mentioned.	HIV & AIDS is not taken seriously enough at the school. The school has no policy and no follow-up is done in Life Orientation.
C1: T2	Teachers are eager to know more about HIV & AIDS.	Teachers do not have enough training with regard to HIV & AIDS. No male teachers at school are willing to discuss HIV & AIDS. Mainly seen as the female teachers' responsibility. Boys need male teachers as role models who are not afraid to discuss sex and HIV & AIDS.
C2: P	No strengths mentioned.	Most teachers are not interested in discussing HIV & AIDS. Not enough time at the school to implement the subject. Learners have many subjects.
C2: HOD	No strengths mentioned.	HIV & AIDS does not get much attention. The school management team regard HIV & AIDS and Life Orientation as a waste of time. Learners do not take it seriously.
C2: T1	No strengths mentioned.	HIV & AIDS is not regarded as a serious issue at school. Management and teachers undermine Life Orientation because it is not an examination subject.
C2: T2	No strengths mentioned.	HIV & AIDS and Life Orientation are not priorities.
C3: P	School has human and physical resources available to address HIV & AIDS issues.	School lacks consistency with regard to implementation of the HIV & AIDS programme. Events happen periodically and are not emphasized enough.
C3: HOD	Teachers are available to implement the HIV & AIDS programme.	Teachers are not adequately trained with regard to HIV & AIDS and Life Orientation.
C3: T1	No strengths mentioned.	Learners are ignorant with regard to HIV & AIDS and do not take it seriously.
C3: T2	Teachers are available to implement the HIV & AIDS programme.	The school management team does not take Life Orientation and HIV & AIDS seriously.

4.28.2 Interpretation of Table 4.27

Five participants affirmed that, regardless of weaknesses, their schools also had strengths with regard to the implementation of the HIV & AIDS programme. The strengths included the following:

- ❑ The availability of teachers to implement the programme.
- ❑ Teachers who were eager to know more about HIV & AIDS.
- ❑ Although limited, some physical resources were available for facilitating the implementation of the HIV & AIDS programme.

Seven participants stated that their schools lacked any strengths with regard to the implementation of the HIV & AIDS programme. The mentioned weaknesses included:

- ❑ The lack of an HIV & AIDS school policy and/or policy procedures that teachers and learners were not aware of.
- ❑ The lack of seriousness with regard to dealing with HIV & AIDS issues at schools.
- ❑ Teachers who were inadequately trained and supported with regard to Life Orientation and HIV & AIDS.
- ❑ The perception that dealing with HIV & AIDS related topics was the responsibility of female teachers.
- ❑ An aversion amongst teachers in general to discuss HIV & AIDS.
- ❑ The view amongst school management teams and teachers that Life Orientation was less important than other subjects, because it is perceived not to be examinable.
- ❑ Inadequate time allocation to Life Orientation, and inconsistent implementation of the HIV & AIDS programme.

4.28.3 Conclusions regarding Question 24

In light of answers to Question 24, I conclude that, although some schools have positive experiences with regard to the implementation of the HIV & AIDS programme, the majority are burdened with curriculum management challenges, insufficient training of teachers, cultural taboos and uninformed and unsupportive colleagues.

4.29 QUESTION 25: IF YOU WOULD BE ASKED TO ADVISE THE SCHOOLS IN SOSHANGUVE WITH REGARD TO IMPROVEMENT OF THE PROCESS OF HIV & AIDS PROGRAMME IMPLEMENTATION, WHAT WOULD YOUR ADVICE BE?

4.29.1 The aim of Question 25

Question 25 was asked in order to allow the participant to share his/her recommendations (possible solutions) for the implementation of the HIV & AIDS programme in schools. I anticipated that this question would urge the participants to reflect on the interview and on their roles in the implementation of the HIV & AIDS programme, and to share their expertise with regard to the implementation of the HIV & AIDS programme.

Table 4.28: Advice on how to improve the implementation of an HIV & AIDS programme in schools

SUMMARY OF CASES STUDIES 1, 2 AND 3	
Participant	Participants' advice on ways to improve the implementation of the HIV & AIDS programme in schools
C1:P	All schools must have an HIV & AIDS policy, of which all concerned should be made aware of. All people in schools should be open about their HIV status in order to urge people to maintain a healthy life style. Schools should emphasize prevention at all cost.
C1:HOD	Schools should create a special classroom dedicated to HIV & AIDS with a specially trained teacher who can answer all the questions of the learners. Invite people who are living with HIV & AIDS to visit the school, so that learners can see the reality. Learners should be taken to Hospices and assist people who are living with HIV & AIDS.
C1: T1	Schools should regard HIV & AIDS and Life Orientation as serious as any other subject. There should be subject advisors for the control and enforcement of the subject.
C1: T2	The schools should ensure that all stakeholders are involved, to guarantee the implementation of the HIV & AIDS programme.
C2: P	The programme should be presented to learners in small groups. Parents should also be informed and workshopped about the programme. Female teachers should present the programme, because they find it easier than men.
C2: HOD	Schools should discuss HIV & AIDS on a continuous basis. Invite people who are living with HIV & AIDS to the school and visit hospices. All subjects in the school should deal with HIV & AIDS across the curriculum, not only in Life Orientation. Male and female teachers should be involved in dealing with HIV & AIDS. The Department of Education should be more serious, about Life Orientation and allocate the subject more time.
C2: T1	The whole community must be involved in the schools HIV & AIDS programme. Life Orientation should not be taken lightly and allocated more time.
C2: T2	All the teachers in the school should be involved. The Department of Education should provide more training for teachers. Schools should address the myths in the community with regard to HIV & AIDS.
C3: P	All schools should have a School Based Support Team (SBST). Schools should not take it for granted that learners will know about HIV & AIDS, they must reiterate the prevention message continuously. All teachers need to be trained and involved with regard to HIV & AIDS. Schools should also focus on counselling, support, coping and caring for people who are infected and affected by HIV & AIDS.
C3: HOD	Schools must involve all stakeholders in the presentation of the HIV & AIDS programme. The school must involve the community in order to show to the learners that the community is also serious about HIV & AIDS. Schools must have a classroom where they can deal specifically with HIV & AIDS issues.
C3: T1	Schools should involve the Department of Health and people from outside the school to assist in the presentation of the HIV & AIDS programme. All teachers in the school should be trained in order to be able to deal with HIV & AIDS issues in the school.
C3: T2	Schools should provide learners with knowledge, skills and condoms. Experts should be invited to the school on a regular basis to share their experiences with regard to HIV & AIDS with teachers and learners. Male teachers should become more involved and be prepared to talk to boys about sex, puberty and females.

4.29.2 Interpretation of Table 4.28

On the basis of their own experiences, and their reflection during the interview about the implementation of the HIV & AIDS programme in their schools, the participants made the following recommendations:

- ❑ All schools should develop an HIV & AIDS policy that includes all stakeholders and which is known to all involved.
- ❑ Life Orientation as a subject should receive the serious attention that it deserves by allocating more time to it and providing teachers with adequate training.
- ❑ Subject advisors should be appointed to guide and control the implementation of Life Orientation in schools.
- ❑ Special HIV & AIDS classrooms should be provided in schools, where learners and teachers can obtain information and counselling with regard HIV & AIDS issues.
- ❑ Learners should continuously be reminded of the reality of HIV & AIDS, and prevention must be emphasized.
- ❑ The HIV & AIDS programme should be integrated across the curriculum in all the subjects offered in the school.
- ❑ The school's HIV & AIDS programme should involve parents, the Department of Health, people living with HIV & AIDS, Hospices and the community as a whole.
- ❑ All the teachers should be trained with regard to dealing with HIV & AIDS in the school. Male teachers should become more involved in the HIV & AIDS programme and serve as a role models for male learners.
- ❑ The school HIV & AIDS programme should also focus on counselling, support, coping and caring for people who are infected and affected by HIV & AIDS.

- Schools should organise more interactions with, and visibly support, people living with HIV & AIDS, in order to bring learners closer to the reality of AIDS.

4.29.3 Conclusions regarding Question 25

I wish to conclude Question 25 with recommendations that the participants proposed for promoting the implementation of the HIV & AIDS programme. This includes the development of an HIV & AIDS school policy that includes all stakeholders; passionate support and attention regarding the implementation of Life Orientation as a subject that is as important as any other; the appointment of subject advisors for Life Orientation; development of HIV & AIDS information and counselling centres at schools; continuous reiteration of the prevention message and reality of HIV & AIDS; integration of HIV & AIDS programme (content) within all subjects; the involvement of all stakeholders and the community as a whole; training of teachers in order to involve more male teachers in the presentation of the programme; more interaction with and support at school level for people living with HIV & AIDS.

4.30 CONCLUSIVE SUMMARY

Diagram 4.9 (on page 222) provides a summary and visual presentation of all the above findings, as categorized in four themes, at a glance.

4.30.1 Reflections on the findings of the study

In reflection on the findings in my study, I categorised the contextual factors that influence the implementation of HIV & AIDS programmes in four themes that emerged during the data analysis.

The first theme highlights teachers' perceptions and experiences of the HIV & AIDS programme. It became apparent that teachers find it challenging to encourage positive behaviour change among learners (p. 164, par. 4.10.3; Chapter 2, par. 2.5.3.8). The sensitive nature of HIV & AIDS appears to be demanding and most teachers avoid HIV & AIDS as a topic because of personal convictions, preferences and beliefs (p. 203, par. 4.26.3; p. 210, Diagram 4.8; p. 210, par. 4.27.4; p. 213, par. 4.28.2; Addendum F, p. 280, line 20; Addendum F, p. 288, line 15). Teachers furthermore perceive the programme as having little or no impact on learners (p. 184, par. 4.18.2; p. 186, par. 4.18.4; Addendum F, p. 282, line 27). It became clear that the responsibility to deal with HIV & AIDS in these schools is regarded as the responsibility of female teachers (p. 217, par. 4.29.3; Addendum F, p. 283, lines 15-22; Addendum F, p. 285, line 5). The responses from the teachers also indicated that they are not fully aware of what the HIV & AIDS programme entails possibly because of a lack training opportunities for teachers in this regard (p. 150, par. 4.6.5 and par. 4.6.6; p. 154, par. 4.7.4; p. 167, par. 4.11.3; p.214, par. 4.28.2 and 4.28.3; Addendum F, p. 284, lines 1-3; Addendum F, p. 284, lines 4-5). Apparently, the continued sexual relationships between teachers and learners in some schools are hindering the implementation of HIV & AIDS programmes and defeat the aim thereof (p. 161, par. 4.9.3; p. 169, par. 4.12.3; Addendum F, p. 281, line 9).

The second theme that emerged categorizes the managerial factors in schools that influence the implementation of HIV & AIDS programmes. It became apparent that school managers are ignorant with regard to HIV & AIDS programmes and uninvolved in the implementation thereof (p. 145, par. 4.5.3; p. 167, par. 4.11.3; p. 175, par 4.16.2 and 4.16.3; p. 181, par. 4.17.5; Addendum F, p.280, line 12; Addendum F, p. 281, line 8; Addendum F, p. 285, line 17). The management further displayed a lack of sound management practices such as not involving all stakeholders and not developing HIV & AIDS policies in their schools (p. 162, par. 4.9.4; p. 167,

par. 4.11.3; p. 169, par 4.12.3; p. 174, par. 4.15.2; p. 175, par 4.16.3; p. 181, par 4.17.5; p. 195, par 4.21.3; p. 196, par. 4.22.3; p. 198, par. 4.23.3; p. 200, par. 4.24.3; Addendum F, p. 281, line 16; Addendum F, p.285, lines 10 and 19; Addendum G, Figure 6; Chapter 2, par. 2.6.7; Chapter 2, par. 2.6.7.1; Van Rooyen & Hartell 2001:17, 27, 28; Coombe 2001b:34). As a consequence of this limited and/or incorrect time is allocated for the HIV & AIDS programme and it appears that Life Orientation does not receive serious attention from school management (p. 179, par 4.17.3; p. 193, par. 4.20.3; p. 213, par 4.28.2; p. 217, par 4.29.3; Addendum F, p. 282, line 27; Addendum F, p.286, line 24; Addendum F, p287, lines 1, 16 and 22; Addendum G, Figure 1). This again highlights the need for intensified monitoring and evaluation of the HIV & AIDS intervention programmes as proposed by the World Bank (Chapter 2, p. 63; Chapter 2, par. 2.6.3; Chapter 2, par. 2.6.7).

Thirdly, I categorized societal and community influences as factors that influence the implementation of HIV & AIDS programmes in schools. It appeared that a lack of parental involvement, especially with regard to HIV & AIDS, is a barrier with regard to programme implementation (p. 186, par. 4.18.4; p. 209, par. 4.27.3; Addendum F, p. 283, line 1; Addendum F, p. 289 lines 1 and 23). Myths and cultural taboos in the community that do not allow parents to talk to learners about sex, sexuality and HIV & AIDS became apparent during the data analysis (p. 161, par. 4.9.2; p. 164, par. 4.10.3; p.184, par 4.18.3; p. 203, par. 4.26.3; p. 209, par. 4.27.3; Addendum F, p. 287, line 17; Addendum F, p. 290, line 10; Addendum F, p. 291, line 14). In addition to this the participants identified the low level of social morality in the community (p. 164, par. 4.10.3; p. 165, par. 4.10.4), and the behaviours and statements of authority figures (p. 158, par. 4.8.3; p. 161, par 4.9.3; p.174, par. 4.15.2; Addendum F, p. 281, line 10; Addendum F, p. 287, line 16) as factors that defeat the aims of the programme. The participants also mentioned societal factors such as poverty, substance abuse and peer

pressure in the community (p. 164, par. 4.10.3; p. 184, par. 4.18.3; p. 208, par. 4.27.2; Chapter 2, par. 2.5.3.5; Chapter 2, par. 2.5.3.6; Chapter 2, par. 2.5.3.8) as factors that encourage learners to engage in risky sexual behaviour and therefore complicates the implementation of the HIV & AIDS programme in schools.

The fourth theme categorizes the lived experiences of teachers with regard to HIV & AIDS as part of Life Orientation as a subject. It appears that Life Orientation is not perceived to be a serious subject (p. 175, par. 4.16.3; p. 184, p. 4.18.2; p. 196, par. 4.22.3; p. 213, par. 4.28.2; p. 216, par. 4.29.2; p. 217, par.4.29.3; Addendum F, p. 282, line 27; Addendum F, p. 283, line 14; Addendum F, p. 285, line 5) which may be regarded as a contextual factor that influence the implementation of HIV & AIDS programmes in schools. Furthermore, factors such as the sensitive subject matter that makes teachers to avoid the topic of HIV & AIDS (p. 203 par, 4.26.3; Diagram 4.8, p. 210; p. 210, par. 4.27.4; p. 213, par. 4.28.2; Addendum F, p. 280, line 22; Addendum F, p. 288, line 15). Teachers also indicated that the time allocation for Life Orientation in their schools is insufficient (p. 192, par. 4.20.2; p. 193, par. 4.20.3; p. 198, par. 4.23.3; p. 209, par. 4.27.3; p. 216, par. 4.29.2) in light of the two hours per week that is prescribed by policy (Chapter 2, p.92, lines 1-18; Haddon & Moore 2006:v). Schools apparently do not take initiative and sporadically have additional AIDS awareness days, involve NGOs and the Department of Health in their HIV & AIDS programme (p. 181, par. 4.17.5; p. 186, par. 4.18.4; p. 192, par. 4.20.2; p. 193, par. 4.20.3; p. 198, par. 4.23.3; p. 204, par. 4.26.4; p. 217, par. 4.29.3; Addendum F, p. 283, line 28; Addendum F, p. 287, lines 4-7; Addendum G, Figure 4). In addition to the inadequate utilisation of teaching resources (p. 191, par. 4.19.3; p. 213, par. 4.28.2; p. 216, par. 4.29.2; Addendum F, p. 281, line 5; Addendum G, p. 288, Figure 1 and p. 290, Figure 5), teachers also experienced logistical problems and a lack of suitable venues as serious contextual factors that influence the implementation of the HIV & AIDS programme in their schools (p. 181, par.

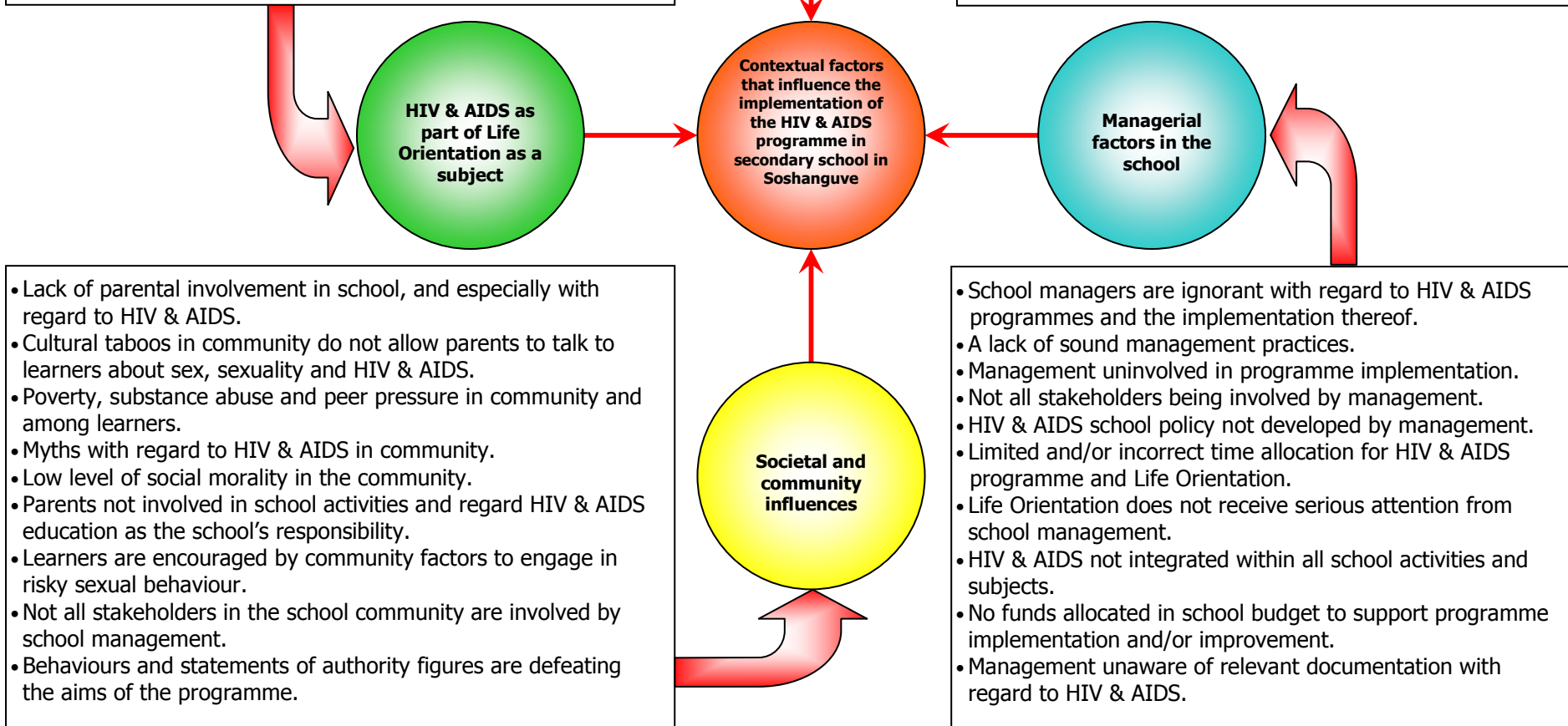
4.17.5; p. 213, par. 4.28.2; p. 216, par. 4.29.2; Addendum F, p. 286, lines 12-19; Addendum G, p. 290, Figure 5). The lived-experiences of teachers also highlighted that teachers and school managers are not abreast with NCS requirements with regard to Life Orientation (p. 145, par. 4.5.3; p. 167, par. 4.11.3; p. 175, par 4.16.2 and 4.16.3; p. 181, par. 4.17.5; Addendum F, p.281, line 14; Addendum F, p. 283, line 15; Addendum F, p.285, line 16). Teachers are also allocated Life-Orientation (for which they are not trained for) in addition to other subjects for which they are responsible. This apparently creates the impression that Life Orientation is of secondary importance and does not receive the serious attention it deserves from teachers and school management (p. 191, par. 4.19.3; p.193, par. 4.20.3; p.203. par. 4.26.3; p. 213, par. 4.28.2; p.214, par. 4.28.3; Addendum F, p. 282, lines 25-28; Addendum F, p. 287, lines 14-20).



Diagram 4.9: Conclusive summary of the findings in Chapter 4

- Life Orientation not perceived as a serious subject – management and teachers view it as less important.
- Sensitive subject matter makes teachers uncomfortable and they avoid the topics.
- Time allocated to Life Orientation and HIV & AIDS not according to departmental requirements.
- Additional AIDS awareness days, involvement of NGOs and Department of Health, and inclusion of outsiders are sporadic (schools do not take initiative).
- Logistical problems and lack of suitable venues for implementation of the programme.
- Inadequate utilisation of teaching resources and materials.
- Teachers and school managers not abreast with NCS requirements with regard to Life Orientation.
- Teachers are allocated to Life Orientation in addition to other subjects for which they are responsible (secondary importance).

- Challenge to encourage behaviour change among learners.
- Simultaneously dealing with learners who are sexually active and those who are not.
- Sensitive nature of HIV & AIDS topics is challenging for teachers.
- In general most teachers avoid HIV & AIDS as a topic because of personal convictions, preferences and beliefs.
- Teachers perceive programme as having limited or no impact on learners.
- Teachers perceive dealing with HIV & AIDS as the responsibility of female teachers.
- Lack of HIV & AIDS training opportunities for teachers.
- Teachers not fully aware of what HIV & AIDS programme entails.
- Sexual relationships between teachers and learners defeat the aim of the programme.



- Lack of parental involvement in school, and especially with regard to HIV & AIDS.
- Cultural taboos in community do not allow parents to talk to learners about sex, sexuality and HIV & AIDS.
- Poverty, substance abuse and peer pressure in community and among learners.
- Myths with regard to HIV & AIDS in community.
- Low level of social morality in the community.
- Parents not involved in school activities and regard HIV & AIDS education as the school's responsibility.
- Learners are encouraged by community factors to engage in risky sexual behaviour.
- Not all stakeholders in the school community are involved by school management.
- Behaviours and statements of authority figures are defeating the aims of the programme.

- School managers are ignorant with regard to HIV & AIDS programmes and the implementation thereof.
- A lack of sound management practices.
- Management uninvolved in programme implementation.
- Not all stakeholders being involved by management.
- HIV & AIDS school policy not developed by management.
- Limited and/or incorrect time allocation for HIV & AIDS programme and Life Orientation.
- Life Orientation does not receive serious attention from school management.
- HIV & AIDS not integrated within all school activities and subjects.
- No funds allocated in school budget to support programme implementation and/or improvement.
- Management unaware of relevant documentation with regard to HIV & AIDS.