THE EVALUATION OF THE IMPLEMENTATION OF HIV-AIDS POLICIES AT SCHOOL LEVEL WITH PARTICULAR FOCUS ON DISCRIMINATION AND STIGMA AMONGST EDUCATORS

by

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DECLARATION

I, Elizabeth Maboakae Mokwatlo, declare that the contents of this dissertation represent my own work, and that the dissertation has not previously been submitted for academic examination towards any qualification. Furthermore, it represents my own opinions and not necessarily those of the University of South Africa.

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Signed   **Date**

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DEDICATION

This is dedicated to Rakgadi, Friskie, Annah "Mmakgosi", Tshegofatso, Kgaogelo, Itani, Amos, Molamu, Freek, Bicca, Dixie, Poly, Pempe, Musa, Tiny, Rendani and Letlhogonolo.

SUMMARY

Against the background of evidence that HIV-AIDS has had and continues to have an enormous impact on all South African schools, a need has arisen for HIV-AIDS policies and programmes to be effectively implemented in all schools. In this study, a qualitative methodology was used to evaluate policy implementation in the North West province. Data was gathered by means of field notes, observation and interviews with management and educators. The study found that although principals and educators are knowledgeable about HIV-AIDS, there is a tendency to discriminate against infected educators, particularly in terms of educator workload. This study also revealed that educators fear being accidentally exposed to HIV-AIDS infected blood, despite the guidelines given in the National HIV-AIDS policy and the availability of emergency first aid kits. The key thought emerging from this study is that not all schools are able to deal effectively with HIV-AIDS and that schools urgently need to plan or implement their own policies in this regard. School-based HIV-AIDS policies can only be successful if they take cognisance of local contextual issues and involve the three spheres of influence in the lives of educators and learners, namely, the sphere of the school, the sphere of family life and the sphere of the community.

Key terms

Qualitative research; HIV-AIDS policy formulation and policy implementation; school-based HIV-AIDS policy; HIV-AIDS and stigma; HIV-AIDS and discrimination, education and human rights; educators living with HIV-AIDS

LIST OF ACRONYMS

AIDS   Acquired Immune Deficiency Syndrome

DoE   Department of Education

EFA   Education for all

ELRC   Education Labour Relations Council

HIV   Human Immunodeficiency Virus

HSRC   Human Sciences Research Council

LAC   Labour Court of Appeal

MRC   Medical Research Council

PLWH   People living with HIV-AIDS

UNAIDS   United Nations Programme on HIV-AIDS

VTC   Voluntary Testing and Counselling

WHO   World Health Organisation

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CHAPTER 1: INTRODUCTION

1.1   INTRODUCTION

The South African Department of Education's (DoE's) HIV-AIDS policy for educators and learners was the South African Government's first step towards addressing the challenges posed to educators and learners by the HIV-AIDS epidemic. The major challenge, however, is the implementation of the new HIV-AIDS policy as suggested by the DoE and formulating and implementing school-based policies tailored to meet the needs and unique contextual circumstances of each school (Coombe 2002).

Combating the spread of HIV-AIDS relies in part on the correct implementation of prevention policies at national, provincial and local levels. The South African DoE (2000:17) duly states that: *"educators make a valuable contribution to the education and lives of many learners in South Africa"*.

While the exact number of HIV-infections among educators is not known, the South African Department of Health's statistics show that infection rates are particularly high among people in the 15 to 35 year old age group. The South African DoE furthermore (2003:1) acknowledges that the spread of HIV-AIDS affects all schools, partly because when educators fall ill, they are unable to fulfil their teaching responsibilities.

South Africa has an estimated 443 000 educators and, according to Abt Associates (2000), approximately 12 per cent of them are infected with HIV-AIDS. This means that South Africa will lose many of its educators to AIDS; many will also become ill, will be absent from work or will resign to deal with family crises arising from the epidemic.

Within the context of HIV-AIDS, the South African DoE sees its responsibility as minimising *"the social developmental consequences of HIV-AIDS to the education system, all learners, students and educators, and to provide leadership to implement HIV-AIDS policy"* (Government Gazette 2000:4-5). One of the steps taken by the DoE thus far has been to protect the rights of learners and educators infected with and affected by HIV-AIDS.

The overall aim of the DoE's policy (2001:1) is to provide a framework for educators and learners across the country to manage the impact of HIV-AIDS. School principals are thus required to set up HIV-AIDS policies for their respective schools and maintain adequate standards for health and safety at school.

The DoE's policy and guidelines for learners and educators (South Africa, DoE 1999b) included the following guidelines:

- Equal protection for the Constitutional rights of all learners and educators;
- No compulsory disclosure of a HIV-positive status;
- The prohibition of testing of learners as a prerequisite for admission to an institution, or of an educator as a prerequisite for employment;
- The prohibition of discrimination against a HIV-positive learner or educator and the unjust, inhumane or none life-affirming treatment of HIV-positive learners or educators;
- The prohibition of denied admission, appointment to or continued attendance at an institution because of an actual or perceived HIV-positive status of learners or educators;
- Institutional universal infection control measures against accidental infection with HIV to ensure safe environments;
- Introducing education about HIV-AIDS and abstinence in the context of life skills education as part of an integrated curriculum;
- Training of educators to deal with, and give guidance on, HIV-AIDS.

The policy further relies on the following institutional framework

- Provincial Departments of Education are responsible for implementing this policy;
- Every provincial education department should designate an HIV-AIDS programme manager as well as a working group to communicate policy to all staff and to implement, monitor and evaluate it;
- Principals are responsible for implementation at schools;
- School governing bodies are responsible for health and safety equipment.

In further initiatives by the South African DoE, schools are encouraged to develop and implement their own HIV-AIDS policies which are consistent with the Constitution of the Republic of South Africa (Act 108 of 1996) and the National HIV-AIDS policy and guidelines for schools provided by the Department. Coombe (2000), however, estimates that a mere 15 per cent of schools have HIV-AIDS policies in place.

1.2   THE PROBLEM STATEMENT AND PURPOSE OF THE STUDY

The DoE's publication entitled *HIV-AIDS impact assessment in the education sector in South Africa* (1999a) recognises that HIV-AIDS threatens to wipe out the post-apartheid gains already achieved. It furthermore states that the requirements, provision and quality of education should meet the needs of human development and economic growth in South Africa.

This study focuses on the way in which schools deal with their mandate to implement their own HIV-AIDS policy and on the stigmatisation and discrimination of educators. I am a school principal and educator and found the following to be common problems in the South African DoE's policy concerning educators living with HIV:

- Educators find it difficult to implement HIV-AIDS policies, because they are not trained or involved in the formulation and implementation of such policies.
- The South African DoE's HIV-AIDS policy does not indicate how infected educators' conditions of service and workloads will be amended.
- Educators living openly with HIV are seldom promoted to higher post levels.
- Female educators are often discriminated against, because they are more often subjected to antenatal screening and are thus more likely to know their HIV-positive statuses than male educators.
- Educators who are infected with HIV need treatment and no provision is made for their treatment.
- Educators who are infected with HIV are not assisted with their medical expenses and are also not placed on community ARV programmes.

The general goal of this study is thus to examine whether educators regard these problems as hampering the implementation of school-based HIV-AIDS policies. This study thus supports the observation made by Curcio, Berlin and First (1996:23) that HIV-AIDS policies can be used as a guide to ensure that the rights of educators are respected.

The following questions can be derived from this general goal:
1.   Are educators living with HIV managed appropriately within their respective schools?
2.   Are our schools the caring, non-discriminatory environments required to deal with the problems associated with HIV-AIDS morbidity and mortality?
3.   Are new HIV-infections prevented at school level through information and education, and are universal protection methods in place to prevent exposure to infected blood?
4.   Are our educators equipped with sufficient knowledge on HIV-AIDS to combat stigma?

The first research question requires that this study investigate whether the rights of HIV-positive educators are protected by the active and present acceptance and support of such educators and the absence of discrimination. It also includes looking at leave and early retirement issues for educators living with HIV.

1.3   DEFINITION OF CONCEPTS

A few concepts are defined at this juncture so that the assumptions I made and the general orientation towards the study are made clear.

1.3.1 HIV-AIDS

HIV is an abbreviation for the Human Immunodeficiency Virus, while AIDS is an abbreviation for the Acquired Immuno Deficiency Syndrome. This virus only lives and multiplies in body fluids such as semen, vaginal fluids, breast-milk, blood and saliva. HIV attacks the immune system and reduces the body's resistance to all kinds of illness. It eventually weakens the body's ability to fight sickness and so causes death (South African DoE 1999a).

1.3.2 HIV-AIDS related discrimination and stigmatisation

For the purpose of this study, HIV-AIDS related discrimination is defined as any action that results from the stigma of the disease or of the people known to be or assumed to be vectors of the infection (UNAIDS 2001:2). Discrimination occurs when a person is treated unfairly and unjustly on the basis of his or her actual or assumed HIV-AIDS status (UNAIDS 2001:2)

Stigma is defined as negative thoughts about a person or group of people based on prejudice. Prejudice is an attitude of dislike or hostility towards people who are HIV-positive, who are believed to be HIV-positive, or who are believed to be at

particular risk. People living with HIV are often discriminated against, because they are blamed for their condition or are seen to have caused their own misfortune (UNAIDS 2001:1). As Goldstein (1989:84) aptly puts it, "*many illnesses transform their victims into stigmatized class, but HIV-AIDS is the first epidemic to take stigmatized classes and make them victims"*. Goldstein thus implies that many who are vulnerable to HIV-AIDS were already victims of prejudice and discrimination prior to the onset of the epidemic.

1.4   THE SCHOOL AS A CARING ENVIRONMENT

For the purpose of this study, the school is regarded as an important social institution. A school provides the institutional setting in which learning takes place and acts as a community-based institution that is capable of countering the devastating effects of HIV-AIDS. The World Bank (2005) believes that education has been called the social vaccine against the ravages of the devastating impact of HIV-AIDS on people, families and communities because evidence shows its effectiveness in reducing vulnerability to infection especially for girls and women. The Global Campaign for Education estimates that some 7 million HIV-infections could be prevented by the achievement of the Education of All (EFA) goal. But in an unkind paradox, HIV-AIDS is itself weakening the capacity of education to play this reducing role by reducing the supply of teachers, affecting demand for education, reducing the quality of education and increasing cost significantly.

In this study, the notion of the school as a caring environment is extended beyond the idea that the school should help to combat new infections to the understanding that it is an environment which can foster a culture in which the rights and needs of people infected with and affected by HIV-AIDS (and this includes educators) are recognised and championed.

1.5   QUALITATIVE DATA

This refers to the data collected in the form of words, pictures, sounds and videos. While numerical data may be employed, qualitative data is seldom analysed using advanced statistical techniques.

1.6   QUALITATIVE RESEARCH

This refers to a large variety of schools and research methods. The emphasis is on describing, giving meaning to and understanding what is being studied. Qualitative research entails in-depth analysis and interdisciplinary research. This research method is thus less concerned with collecting numerical data than with gathering data in the form of words, sounds and images.

1.7   SUMMARY

This chapter provides background information to the study. A review of the relevant literature is given in the next chapter.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

This chapter looks at the impact of HIV-AIDS on education, the problems associated with HIV-AIDS policy formulation and implementation, the risks to school safety, discrimination and the stigmatisation of educators living with or affected by HIV-AIDS at school. An outline is given of the situation in the North West province. Epstein's theory of three spheres of influence is also discussed.

There is no doubt that HIV-AIDS poses one of the greatest health threats of the century. According to Schneider and Stein (2001), lack of political will or commitment is a common reason given by both internal and external observers for the difficulties in implementing HIV-AIDS policies in South Africa. They argue that Nelson Mandela's political commitment included a number of things, such as personal and public identification, mobilising adequate resources and a fast-track policy implementation.

2.2 LITERATURE REVIEW

This study focuses on the way in which schools deal with their mandate to implement their own HIV-AIDS policies. Literature on these issues is discussed in this section.

2.2.1 The impact of HIV-AIDS on the education system

According to Streak (2005), HIV-AIDS is reducing the hard-won returns on investment in education in South Africa. According to the World Bank (2005:5), HIV-AIDS is affecting the education system of countries in sub-Saharan Africa by

- reducing the supply of educators
- reducing the ability of children to attend school and stay in school
- affecting the management capacity of National Departments of Education
- reducing the quality of education

2.2.1.1 *HIV-AIDS and the reduction in the supply of educators*

The World Bank (2005:5) asserts that *"HIV-AIDS affects education supply through increased absenteeism and increased teacher mortality".* A study by the Education Labour Relations Council (ELRC), conducted by the Human Sciences Research Council (HSRC) and the Medical Research Council (MRC), which was released in 2004, found that 12,7 per cent of the representative sample of 17 088 teachers who agreed to an HIV-AIDS test were HIV-positive and that 10 000 teachers were in need of immediate antiretroviral treatment for HIV-AIDS (Grant, Gorgens & Kinghorn 2004). In addition, it was found that in some provinces the prevalence of HIV-infection among educators exceeded 20 per cent. The study also found that women teachers in their most productive years (25 to 34 years) rated the highest in HIV-infection rates, exceeding an average prevalence of 21 per cent.

2.2.1.2 *HIV-AIDS and a reduction in the quality of education*

The South African DoE has set norms and standards for South African educators, but these the demands placed on educators can only be met in certain environments (Taylor & Bogdan 1995). Adequate consideration needs to be given to the impact of HIV-AIDS on educators, especially in those schools which are feeling the burden of HIV-AIDS related illnesses and deaths. The current educational trends in South Africa bring with them an enormous workload for educators. Care thus needs to be taken that this additional workload does not alienate educators. I therefore agree with Taylor and Bogdan (1995) that the workload of infected educators should be considered by the South African DoE.

2.2.1.3   HIV-AIDS and the reduction in school children's ability to attend school and stay in school

Just as the success of education rests on the continued presence of educators, it also depends on the ability of learners to attend school and to stay in school. Although relatively small percentages of school attendees are infected, many are affected by HIV-AIDS as mortality claims the lives of parents and primary caregivers, and as morbidity forces children to take over household tasks and the care-giving of younger siblings. Estimates by the UNAIDS (2004) indicate that by 2010 there will be more than 18 million AIDS orphans in sub-Saharan Africa. The World Health Organisation (WHO) states that 60 per cent of all new HIV-infections in African countries are young people between the ages of 15 and 24 years, and for every infection in young men there are two infections in young women. According to a South African study, 23 per cent of HIV-infections in the region are in children aged 10 to 19. Learners in secondary schools and in the higher grades of primary schools thus fall into the age group considered to be at high risk for contracting HIV. Learners generally become sexually active between the ages of 13 and 15 years. This age group is characterised by notions of infallibility, sexual experimentation and a high turnover of sexual partners (Oosthuizen et al 1999:44).

Despite the fact that this is an important aspect of the epidemic's influence on the national education system of the country, it falls outside the ambit of the present study.

2.2.1.4   HIV-AIDS and the management capacity of the South African Department of Education

The following factors related to high levels of HIV-AIDS infection can place a serious strain on the ability of the South African DoE:

- Educators who have died or who have become too ill to work need to be replaced.
- Death benefit payments can become crippling.
- Educators must be trained on how to incorporate HIV-AIDS education into lifestyle education curricula (World Bank 2005:5).

As with section 2.2.1.2 above, this aspect is an important contextual factor in this study, but falls outside the focus of this study.

2.2.2 Discrimination against educators living with HIV

Prejudice is a preconceived judgement or opinion about a phenomenon or a group of people (Oxford Dictionary of Sociology 1998). Prejudice follows from negative stereotypes about individuals or groups. Discrimination, or more precisely individual discrimination, as used in this dissertation is unfair treatment of a person or group on the basis of prejudice (Parker & Aggleton 2003). In the area of HIV-AIDS, prejudice, fear, discrimination and stigma combine. To show the link between prejudice, discrimination and stigma, we can look at Goffman's (1963), definition of stigma. He defines "stigma" as "an attribute that is significantly discrediting". He argues that stigmatised people are regarded as being of less value, that is, as possessing "an undesirable difference" and as being "spoiled".

Parker and Aggleton (2003:13) warn that Goffman never intended to posit social stigma as a static concept or as a fixed attribute. Rather, social stigma is a "constantly changing" and "often resisted" social construct linked to values placed on social identities through social processes. Consequently, stigmatising conditions may change with time and within cultures. Of particular interest to this study is Parker and Aggleton's (2003:19) reference to Castells' (1997:8-12)

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distinction between legitimised identities, resistance identities and project identities. Castells (1997:8-12) argues that there is a correlation between types of identities and social institutions so that "each type of identity-building process leads to a different outcome in constituting society".

For Castells (1997:8-12), the legitimised identity is introduced by the dominant institutions of society to extend and rationalise the domination over social actors. Legitimising identities generates civil societies. Castells (1997:8-12) conceptualises resistance identity as something that is produced by those social actors who are in the position of being devalued or stigmatised by the logic of domination. There is little doubt that deepening poverty and the HIV-AIDS epidemic have deepened the social exclusion of many people in this country. Finally, Castells' (1997:8-12) notion of a project identity is one that is formed by the proactive movements which aim to transform society as a whole, rather than merely establishing the conditions for their own survival in opposition to the dominant actors.

Project identities redefine their position in society and are transformative of the social structure. These include proactive movements such as environmentalism, feminism or gay and lesbian movements, and HIV-AIDS organisations. For Parker and Aggleton (2003:19), these ideas offer alternative insights into how to better react to the problems of HIV-AIDS stigma. For the purpose of this study, the notion of a project identity is in line with the idea of the school as a caring environment. At least in principle, a broader conceptualisation of "spoiled identities" that can be conscientized into "project identities" opens up the possibility for people living with HIV (including educators) to shift from rearguard defensive positions to transformative positions.

Treating a person differently because he or she is HIV-positive thus constitutes a form of discrimination. According to the National Policy on HIV-AIDS for learners and educators (South Africa, DoE 1999b), no learner or educator with HIV-AIDS

may be unfairly discriminated against either directly or indirectly. This means that educators must guard against discriminating against anyone suspected of having HIV-AIDS, whether an educator or a learner.

Studies conducted by Whiteside and Sunter (2000) show that in the developing world, an average person who is infected with HIV, may have a healthy and productive life of between six and eight years (even without the intervention of antiretroviral drugs) and infinitely longer with medication. Productivity amongst sero-positive people can, however, be seriously hampered when they are stigmatised and marginalised.

2.2.3 Stigma against educators living with HIV

It is a well-known fact that people living with HIV are stigmatised and experience different forms of discrimination. Ogina (2003:25) describes stigma as irrational responses directed towards HIV-positive people. Such responses may include being shunned by family members or being discriminated against in the workplace.

Ogina (2003) mentions that knowledge, attitudes and opinions towards HIV-AIDS are important factors to consider when designing educational policies and legislation regarding the disease. Moreover, Ogina (2003:15) argues that HIV-AIDS is increasing in Africa, because people have no or limited knowledge of the disease and struggle to interpret the meaning of the disease; this is further fuelled by a combination of factors such as attitudes towards sex and traditional practices.

2.2.4 Cultural and social issues related to HIV-AIDS which cause stigma and discrimination

Carballo (1990) provides a number of suggestions to counteract the possible stigma and discrimination linked to HIV-AIDS:

* By providing psychological support through HIV-AIDS counselling, National Health and Social Service personnel will be able to reduce the degree of discrimination experienced by those infected with and affected by HIV-AIDS.

* Cross-cultural HIV-AIDS counselling strategies will help to prevent or reduce the risk of transmission of HIV-AIDS.

* HIV-AIDS counselling is predicated on a number of principles and values, including confidentiality, privileged communication and the inter-personal relationship between the counsellor and client, which may not be acceptable in some cultures.

I support Carballo's view about psychological support and counselling. Women need counselling, as they are faced with social pressures and constraints to negotiate and make decisions about their sexual safety.

2.2.5 Labour court rulings with regard to stigma

The Labour Court of Appeal (LAC) has come under the spotlight recently following a landmark decision regarding an employer's right to discriminate against pregnant job applicants. The Court handed down dissenting judgement, leaving labour lawyers and industrial relations practitioners uncertain about important policy issues (Ogina 2003). This shows that, even in the context of a liberal Constitution and the Employment Equity Act (see below), the legal framework within which recruitment, training and employment takes place, still has shortcomings as far as the rights and civil liberties of people living with HIV are concerned. It is important to address stigma to facilitate the enforcement of existing laws. Stigma can encourage negative practices among health care

providers, such as secrecy, neglect and the poor treatment of infected educators The Labour Court ruling is an existing legal context related to stigma. In other words, if educators experience stigmatisation, they can report such issues to the labour court as they will need "legal protection" against stigma and discrimination.

2.2.6 The Employment Equity Act (Act 55 of 1998)

The Employment of Educators Act of 1998 (Act 76 of 1998) refers in section 11 (1) (d) to incapable educators as being unfit for the duties attached to the educators' post or incapable of carrying out those duties efficiently; poor work performance or injury are the two forms of incapacity which may affect the continuation of an employment relation. According to Oosthuizen et al (1999), the contract may be terminated, but in doing so, the employer should counsel and notify the employee fairly. The Employment Equity Act (Act 55 of 1998) has had a profound effect on work in South Africa. Recruitment practices have been revised to meet the requirements of the Act. For the purpose of this study, the Act's ban on unfair discrimination of any sort as far as employment is concerned, presents a bottom line for the treatment of educators living with HIV. If an educator is found to be HIV-positive, their application for employment may not be rejected.

2.2.7 Bill of Rights, equality and discrimination

The Bill of Rights is one of the cornerstones of democracy in South Africa. It enriches the rights of all people in our country and affirms the democratic values of human dignity, equality and freedom.

Section 11 (e) of the Bill of Rights clearly states that every person has the right to life. Every person also has the right to security, which included the right not to be treated in a cruel, inhumane way. Section 24 (a) also states that every person

has the right to an environment which is not harmful to their health or wellbeing, and to have the environment protected for the benefit of present and future generations, through reasonable legislation and other measures.

Everyone is, therefore, equal in the eyes of the law and has the right to equal protection and benefit from the law. Equality includes the full and equal enjoyment of all rights and freedom. The state may not discriminate unfairly, whether directly or indirectly, against anyone on any one or more grounds, including race, gender, pregnancy, marital status, ethnic or social origin, sexual orientation, age, disability, region, belief, culture, language or birth. No person may discriminate unfairly, whether directly or indirectly, against anyone on any one or more ground in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination

2.2.8 Policy implementation in schools

According to Schneider and Stein (2001), South Africa is currently experiencing a serious HIV epidemic. The implementation of a National HIV-AIDS policy was and continues to be characterised by a lack of progress and a breakdown of trust between government and other stakeholders. Schneider and Stein (2001) outline the political context which shaped the development of the policy and the difficulties experienced in implementing a comprehensive response to AIDS in a country undergoing restructuring at every level. They believe that inadequate political will is responsible for the lack of progress. Involvement by politicians has been experienced as a double-edged sword in South Africa with inappropriate actions creating conflict and hampering effective policy implementation. Every workplace should develop a specific HIV-AIDS policy in order to ensure that employees infected with and affected by HIV-AIDS are not unfairly discriminated against.

This policy is expected to include

- the organisation's position on HIV-AIDS
- an outline of the organisation's HIV-AIDS programme
- details on employment policies (HIV-AIDS testing, employee benefits and management)
- express standards of behaviour expected of employers and employees
- stated means of communication within the organisation on HIV-AIDS issues
- details of employee assistance programmes available to people infected with and affected by HIV-AIDS
- details of implementation responsibilities
- monitoring and evaluation mechanisms

A policy is important as it guides what people are expected to do and how resources are to be allocated. The introduction of a new policy takes time, however, and often has to co-exist with existing practices. The ever-present message in the literature is that policy does not translate directly into practice (Simbayi et al 2005).

According to the Mostert (2005) of the Sacred Heart College of Research and Development Unit much work still needs to be done to ensure optimal implementation of HIV-AIDS policies in both primary and secondary schools. Although most schools have received the South African DoE's HIV-AIDS policy and guidelines, a wide gap still exists between the policy and the implementation thereof. An example of this is as follows: One hundred and twenty-eight schools in the Free State were surveyed and found to have received the National HIV-AIDS policy documents; none of these schools has yet fully implemented the guidelines provided in the policy document. Furthermore, most schools with policies do not keep updated lists of chronically ill learners and this could impair their ability to implement action plans accordingly.

Mostert (2005) suggests that schools need to be more aware of the needs of their learners. Each school should, for example, appoint a team to support

vulnerable learners at school and should provide funds to train educators in first aid and funds to purchase first aid kits. She also recommends that all schools should be provided with coordinators and counsellors who deal exclusively with HIV-AIDS.

The previous Minister of Education, Kader Asmal, stated that the implementation of a National HIV-AIDS policy would be the responsibility of the Director General of Education and the Heads of Provincial Departments in accordance with their responsibilities as provided for in the Constitution of the Republic of South Africa and any other applicable law. Every Education Department must, therefore, appoint an HIV-AIDS programme manager and a working group to communicate the policy to all staff, to implement, monitor and evaluate the Department's HIV-AIDS policy, to advise management regarding policy implementation and progress, and to create a supportive and non-discriminatory environment.

2.3   EPSTEIN'S THEORY OF OVERLAPPING SPHERES OF INFLUENCE

Epstein (1987, 1990) emphasises the need for a holistic approach to activities and role players within the institutional setting of a school. Epstein's (1987:130) theory of community, family and school relations is predicated on the notion of overlapping spheres, which bring together the activities of all stakeholders into an interwoven core based on mutual trust. Epstein's (1987) theory takes three major context into account in which learners learn and develop, namely, the school, the family and community. In terms of this theory, all three contexts influence and, in turn, are influenced by one another. Educational institutions, for example, can make concerted efforts to bring all three spheres closer together through frequent and high-quality interactions with families and communities, or they can choose to keep their spheres relatively separate. One of the major tenets of the theory is that greater collaboration between the three spheres will result in positive benefits for the learners, parents and educators (Epstein 1990).

This notion of overlapping spheres implies that schools do not function or exist in a vacuum. The model of overlapping spheres includes both internal and external spheres. Internal spheres are the patterns of interaction between stakeholders within an area of interest. It is within these internal spheres that communication occurs. External spheres are the larger contextual factors that surround the internal spheres. Epstein envisages three threats to the integrity of the spheres, namely (1) time (and this includes the historic period, such as the Zeitgeist); (2) philosophies, policies and the practices of the family; and (3) philosophies and practices of the school.

Epstein's theory can be seen as two circles of interaction that are determined by the attitudes, practices and interactions of the individual with each context. The theory is built on the assumption that families and schools have mutual interests and influences. Such shared interests and influences can be prompted by the policies and programmes of the school and the actions and attitudes of the individuals involved (Epstein 1987:130). In terms of school-based HIV-AIDS policies, this notion of overlapping spheres tells us how comprehensive an approach has to be. Decision-making parents and community members are included in the governance structure of our schools. Ideally, stakeholders from all racial, ethnic, socioeconomic and other identities should be committed and included in the decision-making processes.

Epstein's theory is relevant to this study as HIV-AIDS is a major crisis for educators, students and communities, and requires a joint effort by all role players to address the situation. Furthermore, this kind of holistic thinking brings to the fore the relationship between education as a vehicle for personal empowerment and community action as a vehicle for social change. If one looks at the threats identified by Epstein, namely, perceptions and policies in the external environment, it becomes clear that in order for HIV-AIDS school-based policies to be effective, links should be found between the policy and what is happening in the spheres of the family and the community.

HIV-AIDS school policies should, therefore, encompass all three spheres: the family sphere, the community and the school. This study relates to all these spheres, despite the fact that family members and community members were not interviewed. The infected educators indicated that both families and community members discriminate against them. Family members, for example, refuse to share toilets, toiletries and utensils. Some relatives refuse to have any contact with them because they fear that HIV-AIDS is contagious. Educators are also discriminated against by the community. The educators then tend to carry that stress to their respective schools.

In view of the above discussion, school-based HIV-AIDS policies must be drawn up and implemented in collaboration with stakeholders (i.e. family and community members). This will also encourage HIV-AIDS infected educators to join community awareness activities and care groups. HIV-AIDS affects everyone, so it is necessary to enlist and train family members, educators and the community on the best ways of preventing the disease.

2.4   HIV-AIDS IN THE NORTH WEST PROVINCE

The North West province is the sixth largest of the nine provinces and has a total population of around four million people (see Table 1 below). More than half (65%) of the population in this province live in rural areas. The province is also one of the poorest in South Africa with a provincial gross geographic product (GGP) of about R 3 964 per person (the average for South Africa is R6 498). The Gini-coefficient (a measure of income inequality) is above 0,6 in the North West province. Learner-to-educator ratios are at 33:1 in the province (North West Province 2002:2).

HIV-AIDS statistics of the North West province are provided in Table 1. It is clear from these figures that the HIV-AIDS epidemic is continuing to wreak havoc on this province. Although new infections were lower in 2006 than in 2000, vertical transmission, morbidity, mortality and the number of HIV-AIDS orphans all show an upward trend, with life expectancy at birth declining by a staggering 13 years between 2000 and 2006.

Table 1: North West province (2000 & 2006)

North West	2000	2006
Total population	3 753 128	3 974 601
Total HIV-infections	466 730	671 451
Total births	92 573	89 032
Babies infected with HIV perinatally	4 613	5 776
Babies newly infected with HIV by mother's milk	1 286	1 735
Total sick with HIV-AIDS	19 324	91 931
DEATHS		
Non AIDS deaths	31 377	33 221
AIDS deaths	11 430	51 924
HIV-AIDS PREVALENCE RATES		
Of all pregnant women tested at antenatal clinics	24,2%	29,7%
Among women aged 15-49 years	22,4%	30,2%
Among adult women (aged 20-65 years)	20,0%	26,6%
Among adult men (aged 20-65 years)	21,6%	28,7%
Among all adults (aged 20-65 years) for the total population	12,4%	16,9%
Total new HIV-infections	80 012	55 245
Life expectancy birth	57 years	44 years
MARTENAL ORPHAN STATISTICS		
Total orphans (in the middle of the year)	37 388	83 613
Total AIDS orphans (in the middle of the year)	7 147	57 956

(Source: Dorrington, Bradshaw & Budlender 2002:27)

2.5   SUMMARY

In this chapter, the literature review on the impact of HIV-AIDS on educators and the quality of education were discussed. Issues such as the implementation of the school-based HIV-AIDS policy, stigma and discrimination, human rights, safety and security of educators were also discussed

CHAPTER 3: METHODOLOGY

3.1   INTRODUCTION

The nature of the study demanded a qualitative approach which focused on exploring and understanding educators' perceptions on the implementation of school-based HIV-AIDS policies. I personally went to the schools to submit permission letters and to gain access to the two schools. In this chapter, the methodology followed in this study is elaborated upon.

3.2   PARTICIPANTS

Ten educators took part in the research study. Out of the ten educators who participated in this study, two (one male and one female) are HIV-AIDS infected. This generated a sample of ten educators. Only two secondary schools participated in the research study and all schools in the North West province are bound to implement the HIV-AIDS policies in line with the National HIV-AIDS policy.

3.3   RESEARCH DESIGN

The approach of this study was interpretive. Two schools in the North West province were chosen as case studies, namely, School A and School B. For the sake of confidentiality, the real names of the schools are not mentioned in the study.

The study was informed by an interpretive qualitative approach. The focus of the enquiry was on the educators' perceptions and understanding of the HIV-AIDS

policies in the school context. Following Taylor and Bogdan's (1995) approach to qualitative methodology, this study focused on producing descriptive data from the research participants' own words and observable behaviour.

The study represents a hybrid between an intrinsic case study and an instrumental case study. It represents an intrinsic case study (see Stake 2000) which focuses on obtaining a better understanding of the particular context, in that the study looked at the uniqueness, context, issues and stories of the educators in both of the schools. It represents an instrumental case study (see Stake 2000) that focuses on studying a case in order to understand larger issues in that the study explored issues related to educators' experiences and perceptions of HIV-AIDS policies in schools.

3.4   SAMPLING

Two levels of sampling were used, namely, the sampling of the cases (i.e. the two schools) and the sampling of the participants in each school. Purposeful sampling was used at both levels.

At the first level, two schools were selected: One with its own HIV-AIDS policy and another without its own HIV-AIDS policy, but working within the general guidelines provided by the South African DoE. The schools were purposefully selected on the basis of their agreement with the HIV-AIDS school policy and because I have a known and trusted role as a colleague in these two schools.

At the second level, participants were chosen from among school management and educators. To recruit participants, several visits and telephone calls were made to the principals of the two schools to inform them of the goals of the study and to arrange for dates for the interviews and for observation sessions to take place. The educators were purposefully selected for participation in consultation

with the principals on the basis of their involvement and interest in school-based HIV-AIDS policies. Participation was voluntary and none of the educators identified as potential participants refused to participate in the study. In total, the two school management members and ten educators --- five from each school --- volunteered to participate in the research study.

Qualitative methods such as observations, individual interviews and focus group interviews were used to collect data. Semi-structured focus group interviews were organised.

Observation and interviews took place at the schools. These were familiar and convenient spaces for me and the research participants. Observation consistently took place both inside and outside of the classrooms. Fieldnotes were kept during the observations.

3.5   DATA COLLECTION METHODS

According to Glesne and Peshkin (1992:24), three data gathering techniques dominate in qualitative inquiry, participant observation and document collection. The qualitative researcher uses a combination of techniques to collect research data, rather than using a single technique. The more sources used, the more credible the findings. For the purpose of this study, participant observation, interviewing and the analysis of written documents were used as data collection methods.

3.6   PARTICIPANT OBSERVATION

Participant observation, according to Glesne and Peshkin (1992:42), is a process where the researcher carefully and systematically experiences and consciously

records in detail the many aspects of a situation. According to Cohen and Manion (1994:114), one of the advantages of participant observation is that investigators are able to discern ongoing behaviour as it occurs and are able to make appropriate notes about its salient features. During participant observation, the researcher needs to take note of what he or she hears, sees, experiences and perceives while involved and engaged in a particular situation.

For the purpose of this study, observation took place at the research sites, namely, the two secondary schools. I observed the management styles and assessed the programmes and policies, staff development programmes, school climate and social environment in which educators and learners interact. In order to maximise the effectiveness of participant observation, I made use of field notes.

3.7   INTERVIEWING

Semi-structured interviews were used at the two secondary schools. Field notes were taken during interviews to be used in data analysis and to help to properly clarification during the interview process and interpretation. An interview guide will be used focusing around formulation and the implementation of HIV-AIDS policies, issues on stigma and discrimination. Group and individual interviews were conducted. Permission to undertake the interviews was negotiated with the interviewees. The interviewer wrote down field notes to ensure accuracy in the information gathered.

The purpose of the group and individual interviews was to obtain in-depth knowledge and understanding of policy formulation and policy implementation. The interview was used for various reasons but for the purpose of this study the focus was on a research technique which facilitated the process of seeking information and that of providing it. The participants remained anonymous

throughout the study and the confidentiality of their responses was stressed. The interview with educators was conducted in English, they were comfortable to communicate in English but they were free to respond and ask for clarification in Tswana.

3.8   ANALYSIS OF DOCUMENTS

According to Glesne and Peshkin (1992:52), documents corroborate your observations and interviews and thus make your findings more trustworthy. Patton (1990:10) states that document analysis in a qualitative inquiry yields excerpts, quotations or entire passages from organisational, clinical or programme records, personal diaries, and open-ended written responses to questionnaires and surveys.

For the purpose of this study, the following documents were scrutinised and collected.
* The National HIV-AIDS policy
* The vision and mission statements
* HIV-AIDS school policy documents
* Staff development programmes
* Documents related to legislation that governs schools (e.g. the Employment Equity Act)

3.9   TRUSTWORTHINESS OF THE DATA

In order to safeguard the trustworthiness of the evidence in the study, the credibility, transferability, dependability and confirmability (see Lincoln and Guba 1985) of the data were assessed.

3.9.1   Credibility of the findings

I spent a prolonged time at each school, observing, interacting with and interviewing the participants. In addition, member validation was used in that the transcripts of the interviews were read to the participants for verification. I conducted the interviews personally and was, therefore, able to observe and hear what happens in both schools. This gives credibility to the findings.

3.9.2   Transferability of the findings

The research participants were data rich in that they were able to discuss the issues identified at length.

3.9.3   Dependability of the findings

This study comprised qualitative studies at the two schools in the North West province and provided examples of real people in real situations. It attempted to provide dense descriptions of everyday events within the broader social and historical dynamics of South Africa. By focusing on the everyday lives of educators at the two schools in the sample, the study provided examples of real struggles to provide quality education whilst dealing with problems of poverty and HIV-AIDS related morbidity and mortality. During the process of the study, the research participants and I quickly established mutual understanding and trust since I spoke the same language, had the same occupational background and lived in the same environment. As a result, the research participants exhibited open attitudes and expressed their opinions frankly.

3.9.4   Confirmability of the findings

The qualitative interviews were complemented by observation and a study of the policy documentation available at the schools. This enabled triangulation of

methods to strengthen the trustworthiness and confirmability of the findings. In addition, field notes, interview transcripts and a code to analyse the data, were presented to my supervisor and co-supervisor in order to assist me in keeping a confirmability-audit of the study.

3.10 DATA ANALYSIS

In keeping with the qualitative approach, data analysis and data gathering were intermeshed. During the data reduction phase of the analysis, it was possible to extract the following general themes from the data:

- The implementation of the National HIV-AIDS policy
- Implementation of the school-based HIV-AIDS policy
- Stigma and discrimination
- Human rights
- Safety and security of educators infected with and affected by HIV-AIDS
- Psychological counselling for teachers infected with and affected by HIV-AIDS
- The value of educator training
- HIV-AIDS policy development

The results are discussed in the next chapter.

3.11 CONCLUSION

The research approach and the data collection strategies were outlined in this chapter. The scope of the study is limited to evaluating the implementation of HIV-AIDS policies, with a particular focus on stigma and discrimination, to ascertain whether or not educators have been able to comply with the National HIV-AIDS policy and the situation prevailing in their respective schools.

CHAPTER 4: FINDINGS

4.1 INTRODUCTION

The chapter looks at the findings of the study. The findings are presented against a background to the schools that were selected as research sites.

4.2 INFORMATION ABOUT THE SCHOOLS SELECTED AS RESEARCH SITES

The descriptions of the two schools selected for the study are based on the field notes made during visits to this research sites. A brief history of the two schools bears testimony to the struggle for liberation in South Africa. From the early mission schools to the education system that emerged in the 20th century, South African schools prior 1994 prepared the young Africans for low wage labour and protected the privileged white minority. As social institutions, schools reflected the Apartheid government's racial philosophy (Fiske & Ladd 2004; Van der Berg 2001:309).

The histories of schools in South Africa reflect the history of the struggle as many young people rose up against an unjust school system in the 1980's and student uprisings, vandalism, and violence seriously undermined the school's ability to function. By the early 1990's shortages of teachers, classrooms, and equipment exacerbated the problems of an under-resourced education system (Fiske & Ladd 2004).

The reorganisation of national education, therefore, became a daunting task for the government after 1994. Some of these tasks were to officially desegregate schools, to make education compulsory for all children between the ages of seven and sixteen years, to build new classrooms, to provide government assistance for teachers' salaries, to introduce Curriculum 2005 (aimed at

improving education), to provide new textbooks and other learning materials, and to reform standards for the training and hiring of teachers. Since 1994, the government has committed the largest single segment of its national budget to education (Ministry of Education 2000). However, the education legacy of apartheid is huge and as Fiske and Ladd (2005:14-15) explain, the *"importance of this legacy of inequality for the reform of the education system cannot be overstated. Efforts to keep children in and to succeed on the matriculation exam are complicated by extensive family poverty, child malnutrition, under-educated parents, and increasingly, the devastation of families caused by HIV-AIDS"* and implementing HIV-AIDS policies in schools should therefore be regarded as an additional complication in the reorganisation of South African schools.

4.2.1 School A

The first school selected in this study is a middle school in Bojanala East region in the Northwest province. The school started in January 1996, comprising of form 1 & 2.It grew out and operated under the auspices of a neighbouring school. In 1977 the school got its own principalship and the staff increased to five teachers caring for fifty learners. In September 1997, the school moved to its own site. This site was used as a football field. Initially the owners of the football field were hostile and not prepared to give up their sports field, but parents and lanterns insisted on erecting the school building. And a block of five classes was erected by parents on the football field.

In 1980 the building was completed and learners moved in. At that time more qualified teachers joined. Learner numbers increased, additional classrooms were built and Form 3 was established. The school produced good results with distinctions in subjects such as History and Agriculture. The school also hired a clerk who was in charge of school fund payments and banking.

In 1986 more classrooms were built, but the community and learners rioted against rising school fees and chased away the principal. Another teacher took over the principalship. Under his leadership the school introduced various activities such as music, athletics, football and netball. The school currently has twenty four educators

4.2.2   School B

The second school in this study is a high school in the Bojanala East region in the North West. The school started in 1966 with Forms 1, 2 and 3. It was erected by parents who paid for the building. The school started off as a very small high school with only three classrooms.

The school has had a total of four principals. The school has grown into a substantial high school with 15 classrooms, 5 offices, 1 staff room and a computer laboratory. The learner enrolment stands at 883 with 28 educators, including the principal, 4 head of departments and 1 deputy principal. The school has produced good results each year, with the exception of 2005, when the matriculation (Grade 12) results were dismal. This poor performance is partly due to a higher learner-teacher-ratio of one teacher for 55 to 60 learners. The school has a legally appointed governing body.

4.2.3   Conclusion from the histories of the two schools

The histories of the two schools chosen as research sites echo the problems facing this country at other institutional levels beyond the classroom. Although South Africa has undergone fundamental political transitions since 1994, the problem of HIV-AIDS and addressing backlogs in education coincides, as Hein Marais (2000:15) suggests, with *"the tragedy of South Africa and the AIDS epidemic is that the time at which something could be done was also the time of*

transition. So despite the warning and the incredible research, the plan effectively went on to the back-burner".

In the next section, I address the way the HIV-AIDS policy was received into the schools.

4.3 THE WAY IN WHICH THE HIV-AIDS POLICIES WERE RECEIVED IN THE SCHOOLS

The South African Ministry of Education recognises the seriousness of the HIV-AIDS epidemic and international and local evidence suggests that there is a great deal that can be done to influence the course of the epidemic. The South African Ministry of Education is committed to minimising the social, economic and developmental consequences of HIV-AIDS on the education system, learners, students and educators. The policy seeks to contribute to the promotion of effective prevention and care within the context of the public education system.

In 1998, The South African Minister of Education gave notice in terms of section 7 of the National Education Act (Act 27 of 1996) that school-based HIV-AIDS policies would need to be implemented in respect of curriculum frameworks, core syllabi and education programmes. In preparing the policy, the Ministry consulted with stakeholders and the public. During the process of consultation many issues were examined and re-examined.

In November 1999, a member of the Provincial Council of the North West province, Mr ZP Tolo, published the Provincial Policy on HIV-AIDS for educators and learners in public schools and students and educators in higher education and training institutions in the North West province. Copies of the policy were made available to independent schools registered with the Provincial Department

of Education (South Africa, DoE 1999b:26). The policy emphasised respect for the rights of the learners, students and educators living with HIV. Presently this policy is available in all schools situated in the North West province and schools are expected to draw up their own school policies in line with the National HIV-AIDS policy and the Constitution of the country.

4.4   FINDINGS FROM THE INTERVIEWS

This study focuses on the way in which schools deal with their mandate to implement their own HIV-AIDS policy and on the stigmatisation and discrimination of educators. The discussion of these issues and the responses by the participants are detailed in this section.

4.4.1 Availability of policies and participation in own school-based HIV-AIDS policies

Responding to the question of whether or not they had received the National HIV-AIDS policy, all participants at the two schools agreed that they had received the HIV-AIDS policy from the South African DoE. One participant from School A reported that they had formulated their own school-based HIV-AIDS policy in accordance with the guidelines from the National HIV-AIDS policy. One participant from School B reported that since they had received the National HIV-AIDS policy, they had made progress in terms of implementing the policy. All the participants agreed that they had received the policy but had not yet implemented it.

School A had their own policy on HIV-AIDS (see appendix). School B did not have their own policy. Both schools had the National HIV-AIDS policy but School B had not formulated its own policy or any other form of implementation plan on

HIV-AIDS in their school. The educators have little in the way of monitoring, evaluating and coordinating with other educators.

Responding to the question of teacher training, all the participants from both schools stated that they attended training on life skills programmes based on HIV-AIDS education for implementation to learners, programmes that comprises of aspects of life orientation curriculum, according to the participants from both schools they only knew about programmes that can reduce the prevalence of sexual risk behaviour amongst learners.

On the question about training of teachers on policy development and implementation, one participant from school B responded that all teachers do not go through HIV-AIDS policy training and that they are frustrated, since they need more information on policy development and policy implementation. All participants were worried about the vulnerability of their colleagues and learners and this also affected their teaching. They said that they needed more information on policy implementation and to be trained in basic control procedures. One of the participants from School B emphasised that due to lack of training on the implementation of HIV-AIDS polices, teachers find it challenging to develop their own HIV-AIDS policy.

Participants from school A indicated that they had developed a school-based HIV-AIDS policy. However, only four teachers were involved in the development of this school-based policy. The participants felt that in decision-making processes they should all participate as staff-members and enjoy the support of their principals as accounting officers. According to Graft (1993:344) decision-making is a process representing the brain and nervous system of the organisation. This view acknowledges the centrality of decision-making in the functioning of any institution. Ideally, principals in making managerial decisions related to policy development and implementation should involve management and teachers.

Two participants from school A (which had its own school-based HIV-AIDS policy) also expressed their concern about the involvement of stakeholders at the school. The school governing body of School A did not turn up at a meeting for the development of the school-based policy. Although learner representatives were present at this meeting, they did not have any knowledge on policy issues. The school governing body as stated in the South African Schools' Act is responsible for the governance of the school. There was transparency at both schools as HIV-AIDS committees have been formed. The committees constituted teachers, SGB members, parents and learners but according to my observations there was no draft HIV-AIDS activity year plan that are to be part of the school-based HIV-AIDS policy from both schools. I advised all participants to be actively involved in HIV-AIDS issues and to include their management and principals.

Respondents indicated that they wished to suggest to the North West Provincial DoE and the South African DoE, to look at policy implementation, policy development, teachers' workloads, medical benefits and free antiretroviral treatment services. The participants felt that something needed to be done to affirm teachers in their work and to improve their morale – in particular among teachers who are experiencing the effects of HIV-AIDS in their schools and communities.

All the participants felt that there was a need for them to be trained in policy formulation and implementation. Indeed training was regarded as very important in order to address the shortcomings of school-based policy formulation, implementation and evaluation. It was felt that when teachers acquire the skills to formulate a HIV-AIDS policy, they might also be motivated to implement such a policy. It was furthermore suggested by the research participants that the DoE of North West should develop a training programme for all teachers and that all teachers should be trained in the implementation of HIV-AIDS policies. Further

suggestions were that the DoE should set up curriculum support services to ensure that the policy is effectively translated into action.

4.4.2 Disclosure of a HIV-positive status

Teachers have a number of dearly defined rights such as protection of their physical health, safety emotional and psychological wellbeing. These rights also provide for security in interpersonal relations such as teachers and their colleagues or teachers and their learners. Against the background of these rights, we spoke about teacher-participants' views on voluntary HIV -testing. Some of the participants were honest enough to indicate that they would not go for HIV -testing. They confirmed that they were afraid and were not brave enough to take a HIV-test and to disclose their statuses to anyone. They also indicated that they would find it extremely to disclose a HIV -positive status to a sexual partner.

On the issue of discussing HIV-statuses with colleagues, the majority of the participants felt that the individual teacher who volunteers to disclose his or her status should do that voluntarily. Four participants from school B noted the severity of stigma and discrimination. It was during this discussion that two participants from both schools revealed their HIV -positive statuses to me and explained openly to all participants that they are infected.

The HIV-infected female teachers described how she had disclosed her status publicly during the launch of the prevention, care and treatment access programme initiated by SADTU. She said: "*Being HIV-positive is not a sin. It does not make me less of a person. I hope that my attitude will help educators who are contemplating suicide or divorcing their partner upon learning of their HIV-AIDS status to change their minds. I think I can help with the issues of voluntary testing for all educators and for educators and for community members. I can help the community to know more about care, prevention and treatment.*

The time has come for the walls of affluence, literacy and capitalism to be removed so that we may see one another as the same people not as poor, illiterates, have and have-not's. Gone are the days of calling each other names because you can never know whether you are infected by HIV or not unless you have been tested."

The other HIV -infected male teacher explained how he had disclosed his status to a pastor in the Lutheran Church in Majaneng. He felt that this disclosure benefited him as he received counselling from the Pastor and congregational members. Prior to this, he felt he was going to die, but the counselling process helped him and even encouraged other forms of help. Both these teachers said they were not going to isolate themselves by keeping their statuses secret.

The participants who were against disclosure were concerned about the safety of HIV-positive educators, given the negative effect of HIV -AIDS stigma.

4.4.3   Stigma and discrimination

A senior teacher at school A responded that stigma and discrimination are serious ethical issues which they are faced with. The participants from both schools knew about stigma and discrimination and the challenges they present, however the issue of stigmatisation and discrimination have been omitted in their school-based policy. I advised school A to revisit their policy and amend it. After a discussion, they understood that they should develop their own school-based policy in line with the National HIV -AIDS policy.

One of the two HIV-positive educators felt that she was stigmatised and discriminated against by her principal and by some of her colleagues. She expressed her views as follows: *"I don't have any support and sometimes some of them* [her colleagues] *will not even greet me. Some of my colleagues refused to take over my teaching hours when I was feeling poorly. Sometimes persistent*

coughing and vomiting makes it difficult to teach. Being a class teacher and teaching three classrooms English, with fifty to sixty learners is too much for me."

The same educator, however, also received different kinds of support from her colleagues. During a group interview it emerged that a fellow colleague had brought fruit and took them to this woman's house when she had been bed-ridden with an infection.

The other openly HIV-positive educator also expressed feelings of being discriminated against. In his case, he enjoyed support from his principal and some of his colleagues, but he felt that his deputy principal and some of his colleagues did not support him. He explained that the deputy principal allocated almost all the learning areas in each class to him. Both openly HIV-positive educators reported symptoms of fatigue (especially when teaching for longer periods), nausea and vomiting, sore feet and legs and chronic back ache (especially when they had to sit for long hours marking learners' work). Both of these research participants expressed a wish that their working hours should be reduced.

I asked the two HIV-positive participants about instances of discrimination. Both participants explained that there were some of their colleagues who during breaks would not eat with them. One of these participants complained about her principal who she felt *"said whatever he likes about me at the assembly in the presence of the learners and teachers".*

It was clear to me that teachers who are not HIV positive have that fear that they too will be infected when they are around infected teachers.

The HIV-positive teachers reported that they were often bed-ridden due to opportunistic infections and that this required sick leave of up to six months. They felt that during this period the DoE should appoint supplementary teachers so

that learners will not suffer due to teacher absenteeism. It emerged in the interviews however that many participants felt that their workloads (even in the hypothetical absence of HIV-AIDS) were already substantial and that this should be taken into consideration by the DoE as the increased problems placed on staff availability by HIV-AIDS illness and death further impacts on education and learning at schools.

4.4.4 Knowledge and perceptions of vulnerability to HIV-infection

All participants knew that HIV-AIDS can be transferred to them through exposure to infected blood if HIV-positive learners sustain injuries to which they have to attend. They indicated that they are not sufficiently trained in basic infection control procedures and that they were not equipped to deal with potential dangers such as blood or vomit.

One participant from school B stated that there are cases of sexual harassment committed by teachers and his concern is the potential for HIV-infection from teachers to learners. In this regard, UNAIDS (2000:4) suggests that schools should be brought closer to the homes of learners and this will encourage parents to be vigilant about possible sexual abuse by teachers. Some of the participants stated that many girls stay away from school because of the fear sexual abuse by teachers.

Many participants were aware of the impact that the behaviour, words and actions of teachers have on learners. They knew that they stand in "Loco parentis". They were aware that learners have rights to be respected. According to Madlala (2002:23), secondary school learners are at high risk for contracting HIV and teachers are also at risk if they have unprotected sex with learners.

Responding to the question about attending to injuries, all of the participants indicated that the risk of injuries was great, since some learners carry weapons

to school. Factors such as the availability of illicit drugs, the influence of gangsters and socioeconomic hardships were discussed as playing a discerning role in increased physical violence at school. The participants reported that learners bring weapons such as knives, pangas, sticks, screwdrivers and guns to school. One participant from school B spoke about a student who had used a gun to kill a classmate on the school premises. During this incident, the educators who attended to the injured classmate were exposed to blood. In another incident, a learner attacked and killed a fellow student and again the teachers who attended to these injuries were exposed to blood.

Responding to the question of severe injuries at school three participants responded that they used ordinary gloves instead of gloves recommended by the DoE.

Both school had two educators who were trained in safety and first-aid. Some participants felt that all teachers (including school management) should be trained in safety and security issues at school.

4.4.5   Bereavement counselling

One of the participants confirmed that there were no support systems for teachers, for example bereavement counselling for teachers to help them come to terms with the death of a fellow teacher, learners or family members. Besides bereavement counselling, educators who have suffered loss due to AIDS-related deaths in their families are in need of counselling and support to help them cope with the new challenges they face.

From this study it was clear that HIV-infected teachers need support from their colleagues, principals and officials from the DoE. All participants felt that the DoE should appoint full-time counsellors to visit schools for counselling of HIV-

infected teachers and learners. HIV-positive educators live in fear that they will be stigmatised.

4.5   SUMMARY

The implication of the findings of this study is that effective responses to the HIV-AIDS crisis in South Africa depend on institutional responses that take cognisance of the three overlapping spheres of influence, namely, the school, the family and the community.

Almost all the participants regarded their schools as being unsafe in terms of HIV- infections. Their fears related to safety and security were based on the lack of an HIV-AIDS policy, severe learner and educator injuries, learners carrying dangerous weapons to school, drugs and treating those with wounds.

The study found that HIV-positive educators perceived that they were discriminated against. This discriminative tendency was found to be more pronounced with principals and deputy principals. All educators (irrespective of their health statuses) reported feelings of stress which they related directly to their workloads and high learner educator-ratios. In relation to HIV-AIDS, there is concern about a lack of clarity on how educators who are affected by HIV-AIDS will be assisted by the DoE.

The study found that both schools received the National HIV-AIDS policy for implementation in their schools. School A drafted their school-based HIV-AIDS policy in the line of the National policy, but teachers and management did not implement the policy. School B did not develop their school-based HIV-AIDS policy and did not even implement the National HIV-AIDS policy.

The study found that training of teachers can improve their self-efficacy and their perceived abilities to implement policies. Training helped those who attended courses to feel confident in formulation and implementation of policies and to talk frankly with their colleagues about HIV-AIDS issues.

Not all school involve stakeholders in policy formulation. It is recommended that they form partnership with community organisations, the South African police services, community policing forums, churches and businesses to, for example, devise plans to deal with and prevent violence and crime in schools.

In 1999, the then Minister of Education said that public schools should become centres of community life (Asmal 1999). The ideal behind this statement was to promote collaboration and discourse between local communities and schools

The study found that there is a need for principals and teachers to be trained to formulate and implement HIV-AIDS school-based policies. A school-based HIV-AIDS policy should be explicit on how HIV-AIDS issues are to be integrated in the activities and functions of the school. It is the principal's duty is to check that all rights are balanced by responsibilities. Rosen et al (2003) state that HIV-AIDS will impact on every workplace due to prolonged staff illnesses, absenteeism and death. This, in turn, will impact on productivity, employee benefits, occupational health and safety, production costs and workplace morale.

The participants supported the idea that teachers and health workers should work together they have to break the silence in their own lives if they can do that they will be key agents of change in their own lives and for the community. There is still a great deal of work to be done in counteracting discrimination and stigma amongst teachers.

HIV-AIDS impact on school safety in different ways and on different levels which range from fear of being infected to dealing with stigmatisation and discrimination because of HIV-infection.

4.6   GAPS IDENTIFIED IN THE HIV-AIDS POLICY

- There is a general lack of awareness related to universal safety precautions and this could be why principals have not yet prioritised training for educators.
- Condoms are not freely available in schools.
- There is a general lack of financial resources and moral support.
- Community leaders do not seem to be targeting HIV-AIDS in schools.
- The majority of educators do not volunteer to be HIV-AIDS tested, due to high levels of stigmatisation and discrimination.
- Educators are not encouraged to participate in or identify HIV-AIDS prevention plans in their communities.
- Counsellors should be implemented in schools as to ensure the complete integration of HIV-AIDS infected people into the community. An HIV-positive educator can still be economically and intellectually productive for many years.
- Parents, educators and other stakeholders have not committed to working together to prevent HIV-AIDS and to provide circles of care.
- HIV-AIDS policies in schools, where they do exist, tend to focus on addressing issues of disclosure and absenteeism, voluntary testing and safety issues from a management perspective; they do not, however, tend to engage educators themselves in any type of self-reflection which would help policy makers to understand the everyday realities of how educators are coping (they should consider the knowledge, attitudes and personal beliefs of educators). How, for an example, do educators deal with their own feelings of being HIV-positive?

- Not all educators implement HIV-AIDS policies.
- Not all educators are trained in terms of policy formulation and implementation.

4.7   RECOMMENDATIONS

It is recommended that both schools should take part in the drafting of a HIV-AIDS activity year plan with the involvement of all stakeholders. Furthermore, all educators and principals should be fully involved in decision-making related to the development and implementation of the school-based HIV-AIDS policies. Decision-making should take place at all levels of an institution and should include all relevant stakeholders. The school governing body must adopt a school-based HIV-AIDS policy in consultation with educators, learners and parents. In this respect the South African DoE could open opportunities for educators to get involved in the development of HIV-AIDS policies after undergoing training of at least a year. Half-day training courses are insufficient in this regard.

It is suggested that educators should support one another in terms of any disease. All precautionary measures related to safety should be clearly stated in any school-based HIV-AIDS policy. Schools should appoint a safety officer to organise awareness courses and counselling for educators.   Educators should wear safety glasses and masks when dealing with injured learners or educators. All educators should receive training related to infection control, sexual violence, the use of drugs and pregnancy.

Schools need to be safe environments for teaching and learning. All schools should, therefore, have their own HIV-AIDS policy in place which is drafted in line with the principles of the National HIV-AIDS policy. The policy should seek to

create an environment for educators living in equal and non-discriminatory ways (i.e. employment conditions, sick leave, labour issues and access to support).

Awareness campaigns need to be launched to highlight issues such as discrimination and stigma. Our schools are like a busy crossroad where many sector of society meet. This puts parents and educators in a powerful position to become partners and to do something about the trauma caused by HIV-AIDS. When we work together, our schools will become symbols of hope and circles of care.

There is inadequate consideration of the impact of HIV-AIDS on educators, especially in schools that are likely to be more infected. At a minimum, there should be a policy on he provision of supplementary teaching, especially in schools with a heavier burden of HIV-AIDS related illnesses and deaths among educators. To encourage change, it is necessary to bring social and contextual factors affecting change into consideration.

Educators need to be part of policy formulation at national level, with inputs from school level where educators are experiencing problem on daily basis. Educators should be allowed to work closely with nurses and social workers and nurses; social workers should visit schools at least once a month.

4.8   CONCLUSION

The findings suggest that it may be helpful to expand our thinking about what is included in the school-based HIV-AIDS policies. In particular, the following should be investigated:

- Support for educators overwrought by illness and morality related to HIV-AIDS
- Policy formulation
- Policy implementation

- The problems of violence in schools and the use of weapons and alcohol by learners during school time and on school premises
- Infection control and
- Workload assessment.

The major criticisms expressed by the participants in this study regarding school-based HIV-AIDS policies was perceived difficulty in formulating and implementing HIV-AIDS policies and lack of research on the impact of HIV-AIDS on educators.

The theory of overlapping spheres of influence posit that there maybe multiple pathway to addressing the impact of HIV-AIDS on educators and on school. This study documents the struggle of two schools in a poor province in a democratic South Africa in customising HIV-AIDS policies that can address fears of infection whilst keeping the quality of education from sipping under the pressures of HIV-AIDS poverty and vulnerability.

The principals, teachers, learners and community members are responsible for the management of the HIV-AIDS pandemic. They have to take up responsibilities of protecting themselves to minimise infection rates. Teachers who are infected and affected should not be victims of discrimination and stigmatisation. Teachers should work hand-in-hand with their colleagues who are infected. The Occupational Health and Safety Act (1993) should be taken into consideration for the safety of all learners and teachers in school. Its purpose is to protect teachers from hazards to health safety of educators caused by severe injuries of both learners and teachers.

The two educators in the study who disclosed their HIV-positive statuses felt that their needs were not considered by the DoE. In particular, the high learner-teacher ratios in classes, having to teach in many different learning areas, having to attend to extramural activities and fearing for their personal safety due to

violence at schools were expressed as concerns. The DoE should give priority to these problems as major challenges faced by South African schools.

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I used the following questions as a guideline during the interviews. In most cases, however, I allowed groups to guide the conversation or discussion. No formal sequencing was, therefore, followed.

Policy implementation

- Did you receive the National HIV-AIDS policy?
- Are you implementing the National HIV-AIDS policy?
- Does your school have its own HIV-AIDS policy?
- Did you formulate your own HIV-AIDS policy?
- Are you trained in policy development and policy implementation?
- Do teachers discuss policy development and policy implementation at their meetings?

School-based policies

- Were you able to develop your own HIV-AIDS policy?
- Does your school's policy address issues such as stigma and discrimination?
- Were all the educators involved in the formulation of the school's HIV-AIDS policy?
- Did all the stakeholders, including learner representatives, take part in the drafting of your school's HIV-AIDS policy?

Teacher training

- Did you attend training on HIV-AIDS policy formulation and implementation?
- Did your training include information on how to deal with stigma and discrimination?
- Will you be able to formulate your own HIV-AIDS policy?

Decision making

- Are you involved in the decision-making processes of your school?
- Did you encourage the members of the school governing body to get involved in the drafting of the school's HIV-AIDS policy?

- Do you make decisions related to policy implementation?
- What can you as a teacher make suggestions to the Department of Education about policy formulation and policy implementation?

Blood status and support
- Do you discuss your blood status with your colleagues?
- Do you support one another, especially those infected and affected by HIV-AIDS?
- Do you know how HIV-AIDS can be transferred?
- Do Department officials send counsellors to support teachers?

Safety and security
- Have you had any cases where learners and/or educators have been severely injured at school?
- Do learners take drugs during school hours?
- Do learners use weapons during school hours?
- In terms of severe learner injuries, what do you do?
- Has your school appointed a first aid officer among the teachers?

Stakeholders
- Did the parents take part in the formulation of the school's HIV-AIDS policy?
- Do the school governing body and parents support the HIV-AIDS policy?
- Do the teachers work closely with community health workers?

APPENDIX B: **HIV-AIDS POLICY FOR SCHOOL A**

Policy on HIV-AIDS for learners and educators

1   Non-discrimination and equality with regards to learners and educators with HIV-AIDS

- To prevent discrimination, all learners and educators should be educated about HIV-AIDS.
- No learner or educator with HIV-AIDS may be discriminated against either directly or indirectly.
- Learners, educators and other staff members with HIV-AIDS should be treated in a just, humane and life-affirming way.

2   HIV-AIDS testing and the admission of learners to the school and/or the appointment of educators

- No HIV-AIDS testing is allowed for the purposes of admitting a learner to the school.
- No educator may be denied appointment to or be dismissed from the school on account of his or her HIV-AIDS status.

3   Attendance at school by learners with HIV-AIDS

- Learners with HIV-AIDS have the right to attend school.
- If and when learners with HIV-AIDS become incapacitated through illness, the school should allow the learner to work at home.

4   Disclosure of HIV-AIDS related information and confidentiality

- The school welcomes the voluntary disclosure of a learner or educator's HIV-AIDS status.

- No learner or educator is compelled to disclose his or her HIV-AIDS status to the school.

- Any person to whom any information about the medical condition of a learner or educator with HIV-AIDS has been divulged, should treat such information with confidentiality.

5   Prevention of transmission during play and sports

- A fully-equipped first aid kit should be made available wherever contact sport takes place.

- Learners, educators and other staff members should be trained to manage their own bleeding or injuries and to assist and protect others.

- The same precaution should be applied to injured educators, staff members and injured spectators.

6   Education on HIV-AIDS

- Teaching learners how to behave towards people with HIV-AIDS, and raising awareness about prejudice and stereotypes.

- Cultivating an environment and a culture of non-discrimination towards people with HIV-AIDS.

**APPENDIX C: COMPONENTS   OF   SUCCESSFUL   PREVENTION
PROGRAMMES**

- Provide basic knowledge.
- Ensure that all educators understand how the disease will affect their lives, their families and the community.
- Motivate educators to act positively on HIV-AIDS issues..
- Develop skills for decision making, negotiation and condom use.
- Encourage the development of supportive social values, such as gender equality.
- Enable educators to access appropriate counselling services and treatment,.
- Develop an environment of acceptance, non-discrimination and non-stigmatisation.
- Promote sensitive living messages.
- Provide incentives for HIV-AIDS testing in conjunction with the availability of treatment programmes.
- Deal with factors that increase the vulnerability of infected educators.

APPENDIX D: IMPLEMENTATION STRATEGIES

- Information, education and communication are major steps in, firstly, preventing HIV-AIDS/STDs and, secondly, caring for those infected with and affected by HIV-AIDS/STDs. Knowledge of how the diseases are transmitted and prevented are essential in order to change behaviour.

- Eradicating poverty will help to reduce the spread of HIV-AIDS .

- Behaviour plays the most important role in the transmission and prevention of HIV-AIDS/STDs. While research shows that behaviour change can and does occur, it requires an enabling and supportive legal and social environment. Behaviour change is a process which involves changes in sexual norms and societal values. A shift has occurred from a sole focus on "core groups" or "risk groups" to a focus on behaviour as the main target of intervention. This shift has occurred because many people who fall into the so-called "high-risk group" fail to identify their behaviour as "high risk". People must understand their own vulnerability and be made aware that they can take steps to protect themselves and their loved ones.

- Psychological support and ongoing counselling can help teachers to accept their HIV-AIDS status and develop a positive attitude. It can facilitate information sharing with partners, other educators and family members who may participate in the counselling. Disclosure is still a very difficult process for educators. Psychological support for educators can be provided at clinics, schools or community support groups. Some of the key implementation questions for psychological support are as follows:
  - How many teachers are trained in counselling and how many actively use their skills?
  - To what degree have teachers living with HIV been actively engaged in peer support?
  - To what degree are teachers involved in community support programmes?
  - Are churches involved in providing support?

- Palliative care is defined as controlling symptoms, relieving distress, promoting quality of life and attending to the psychological aspects of illness. These interventions are appropriate during all stages of all diseases. As the disease progresses, symptom relief management and attention to psychological needs will require increased attention. This can be provided in hospitals and/or in the home environment. Many educators lack access to palliative care services and medication. In many cases, educators' medical aid schemes are structured in such a way the schemes do not pay for hospitalisation. The following questions are thus important:
  - Have home-care programmes been developed to complement hospital-based care?
  - Does the school have an active referral system to refer educators/learners to clinicians and providers of palliative care?

- With antiretroviral therapy (ART), AIDS may become a manageable chronic illness; this will result in the restoration of economic productivity and social functioning. This, however, will only be possible where the drugs are affordable and where the necessary capacity exists to make the sustained, safe and effective use thereof possible.

- The following questions look at some strategic planning initiatives:
  - Are all the infected and affected educators involved in service delivery programmes?
  - Are the priority actions and required resources clearly identified?
  - Are infected educators involved in strategic planning?
  - Does the country have an approved National HIV-AIDS strategic plan?

- The protection of the human rights of those vulnerable to and infected by HIV-AIDS is an essential component of HIV-AIDS prevention and care worldwide. Strategies linked to behaviour changes are more likely to be effective if they occur in an enabling and supportive environment. Whether such an environment can exist depends on many factors:

- o HIV-AIDS/STD policies must be gender sensitive, because women are socially, culturally and economically vulnerability.

- o The transmission of HIV-AIDS/STDs from men to women is biologically more efficient than from women to men.

- o Gender in relation to HIV-AIDS/STDs refers to the relationship between a man and a woman, their sexuality and their sexual behaviour. The empowerment of men and women in terms of sexual responsibility is thus essential to the success of any HIV-AIDS/STD prevention programme.

- All schools should be given counsellors and coordinators who deal exclusively with HIV-AIDS.

- Dedicated people should be employed to focus exclusively on setting up viable systems in schools to deal with HIV-AIDS.

- Parents should (where practically possible) be educated on HIV-AIDS. Parents should be empowered to take care of and support HIV-positive educators. Parents should be major role players in developing and implementing HIV-AIDS action plans in schools.

- In accordance with the basic principles laid down in the National HIV-AIDS policy, the school or institution's HIV-AIDS plan should take into account the needs and values of the school and the specific communities it serves. Consultation with the relevant stakeholders on the school's implementation plan should address and attempt to resolve issues such as compulsory education programmes for parents, learners and educators; and whether condoms need to be made available to educators within a school as a preventative measure.

APPENDIX E: APPLICATION AND PERMISSION LETTERS